



**MEDICAL STAFF
ALLIED HEALTH MANUAL
2003**

**BAYLOR MEDICAL CENTER AT WAXAHACHIE
ALLIED HEALTH PROFESSIONAL MANUAL**

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SECTION 1.0 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 the Medical Center but is an individual who:
 - (1) Is qualified by academic and clinical training, prior and continuing experience, and current competence in a discipline which the Medical Center's Board of Trustees allows to practice in the Medical Center; and
 - (2) Functions under the direction and supervision and/or delegation of a Medical Staff member.
- b. Categories of AHPs currently authorized to provide services in the Medical Center.
 - (1) Certified Registered Nurse Anesthetist (CRNA)
 - (2) Physician Assistant (PA)
 - (3) Licensed Clinical Perfusionist
 - (4) LVN Scrub Technician
 - (5) Advance Nurse Practitioner (including Registered Nurse First Assistant, Family Nurse Practitioner, and Certified Nurse Midwife)
 - (6) Licensed Clinical Psychologist
 - (7) Licensed Clinical Social Worker
 - (8) Licensed Professional Counselor
 - (9) Other professionals as may be approved by the Board of Trustees.

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

1.2 Basic Qualifications of Allied Health Professionals

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

1.3.1 Professional Education/Training/Licensure/Certification/Registration:

- a. Advance Nurse Practitioner: Current and unrestricted Texas license or temporary authorization to practice as issued by the Texas State Board of Nurse Examiners to

practice as an advanced practice nurse.

- b. Physician Assistant: Current and unrestricted Texas license or provisional license issued by the Texas State Board of Physician Assistant Examiners.
 - c. Licensed Clinical Perfusionist: Current and unrestricted licensure issued by the Texas State Board of Examiners of Perfusionists.
 - d. Certified Registered Nurse Anesthetist: Current and unrestricted licensure issued by the Texas State Board of Nurse Examiners and certified by the Council on Recertification of Nurse Anesthetists.
 - e. Certified Nurse Midwife: Current and unrestricted Texas license issued by the Texas State Board of Nurse Examiners to practice as an Advanced Practice Nurse. Current certification as a nurse-midwife and must have participated in continuing competency assessment of the American College of Nurse-Midwives. Graduation from a formal nurse-midwifery program accredited by the American College of Nurse-Midwives. One-year experience as a Certified Nurse-Midwife.
 - f. LVN Scrub Technician: Current and unrestricted Texas license issued by the Texas Board of Vocational Nurse Examiners. Must have 2 years Scrub Tech experience or have gone through a formal Scrub Tech program.
 - g. Licensed Clinical Psychologist: Current and unrestricted Texas license to practice as a Licensed Psychologist issued by the Texas State Board of Psychologists, who has successfully completed a program in clinical psychology and obtained a license doctoral level of a Ph.D.
 - h. Licensed Professional Counselor: Current and unrestricted licensure issued by the Texas State Board of Professional Counselors or the Texas State Board of Marriage and Family Therapists.
 - i. Licensed Social Worker: Current and unrestricted licensure issued by the Texas State Board of Social Worker Examiners.
- 1.3.2. 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 efficiency in each Medical Center setting where services are or will be provided.
- 1.3.3. Cooperativeness: Ability to work with and relate to Medical Staff members, other AHPs, Medical Center 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.
- 1.3.4. Satisfaction of Obligations: Satisfactory compliance with the obligations outlined in Section 1.6 of this policy.
- 1.3.5. Professional Ethics and Conduct: Adherence to generally recognized standards of professional ethics and all applicable laws.
- 1.3.6. Health Status: Health status as necessary to provide services in the Medical Center 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

Executive Committee. Such examinations or tests shall be at the AHPs expense and performed by practitioners chosen or acceptable to the Credentials Committee or Executive Committee.

- 1.3.7. 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.
- 1.3.8. 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 the Medical Center, 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 Medical Center.
- 1.3.9. Delegating Medical Staff Member: Agreement by one or more Medical Staff members to provide required delegation, supervision or direction to the AHP.

1.4 Effects of Other Affiliations

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

- 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 Medical Center; or
- 1.4.6 Is, or is about to become, associated with a Medical Staff member(s) or AHP(s) practicing at the Medical Center through employment, contract, or otherwise.

1.5 Prerogatives of Allied Health Professionals

The prerogatives of an AHP are to:

- 1.5.1 Perform such health care services as specifically defined for him/her 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 in the Medical Center or any other applicable Medical Staff or Medical Center 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 Medical Staff, a department or other clinical units;
- 1.5.4 Attend educational meetings of the Medical Staff, a department, or the Medical Center; and
- 1.5.5 Exercise such other prerogatives as the Board of Trustees, the Credentials Committee, or Executive Committee may accord AHPs in general or a specific category of AHP.

1.6 Obligation of Allied Health Professionals

Each AHP 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 Medical Center for whom he/she is providing services;
- 1.6.3 Participate in Medical Center 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 Medical Staff, department, and any clinical units with which he/she 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 Medical Center 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 Medical Center;
- 1.6.6 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;
- 1.6.7 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;
- 1.6.8 Immediately notify the Medical Staff Services or Medical Center of:
 - a. Any felony charges brought against the AHP;
 - 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 delegating Medical Staff member;
 - c. Any change made or investigation at another Medical Center or health care entity where he/she practices;
 - d. Any initiation, judgment, 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 reasonable be interpreted as being beyond, or an attempt to exceed, the scope of practice authorized within the Medical Center.

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 AHP 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 AHP shall be assigned to the same clinical department and/or Medical Center service as their sponsoring Medical Staff member. An AHPs provision of specified services within any department or Medical Center 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 an AHP within any department/service may be monitored and reviewed as part of the Medical Center's 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 AHP shall be developed by Medical Staff Services and either approved, modified or rejected, after consultation with the Executive Committee and the Board of Trustees. Input shall be obtained, as applicable, from the delegating Medical Staff member(s) and from representatives of the Medical Staff, Medical Center administration and other professional staffs.

For each category of AHP, 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 Medical Staff member in the treating of patients on Medical Center premises and any limitations thereon;
- d. The degree of Medical Staff member supervision, direction or delegation required for providing services (as outlined in 1.8.2) and;
- e. Minimum or threshold qualifications to apply for these services.

1.8.2 Medical Staff Member Supervision: The nature of supervision required from the delegating Medical Staff member(s) for the AHPs performance of a service shall be within the privileges that the Medical Staff member has been granted to perform by the Medical Center 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 in the Medical Center 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)

1.8.3 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 AHPs authorized scope of practice in the Medical Center as deemed necessary either for the efficient and effective operation of the Medical Center 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 in the Medical Center.

- 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, 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 AHPs 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.

1.9 Delegating Medical Staff Members Obligations

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

- 1.9.1 Accept full legal and ethical responsibility for directing or supervising the AHPs performance;
- 1.9.2 Accept full responsibility for the proper conduct of the AHP within the Medical Center, for the AHPs observance of all Bylaws, policies, procedures, rules and regulations of the Medical Center 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 AHPs activities in the Medical Center to ensure that directions and advice are being implemented;
- 1.9.5 Assure that the AHP 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 Medical Center policy;
- 1.9.7 Abide by all Bylaws, policies and rules governing the use of AHPs in this Medical Center and utilize the AHP in accord with the AHPs authorized scope of practice in the Medical Center;
- 1.9.8 Assure the AHP has valid and current professional liability coverage as required in Section 1.3.8;
- 1.9.9 Immediately notify the Credentials Committee or Medical Center in the event any of the following occur:
- a. Termination of an agreement to serve as a delegating Medical Staff member or employment of the AHP;
 - b. The Medical Staff members approval to supervise the AHP is revoked, limited, or otherwise altered by action of the applicable state licensing board; or
 - c. The Medical Staff member is notified of investigation of the AHP or of his/her supervision of the AHP by the applicable state licensing board or any other entity; and

1.10 Identification

At all times while on Medical Center premises, the AHP shall wear a non-Medical Center name tag clearly identifying himself/herself by name, sponsoring Medical Staff member(s), or department and the type of AHP 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 AHP in writing, signed and completed on an original Medical Center approved form. Applications shall only be provided to individuals in an AHP category approved by the Board of Trustees. The Medical Center 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, lack of need for additional AHPs, 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 Medical Center shall be subject to the qualifications and application procedures in this policy, 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 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 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;
- 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, probation's, 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. Professional Liability Insurance shall not be less than the minimum amount required by the Medical Center;
- 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 AHPs application to practice in the Medical Center 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 Medical Center in all matters relating to the AHPs practice in the Medical Center;
- 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 policy, including Section 1.9, as well as all obligations required by the Medical Center 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 three (3) Medical Staff members or other health care professionals who have personal knowledge of the AHPs qualifications based on observation within the past three years of the AHPs 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 A list of all services the AHP seeks to provide patients at the Medical Center; 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 in the Medical Center;
- 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 Medical Center;
- 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 Credentials Committee or Medical Center of any change in any of the information provided on the application;
- 2.3.6 Authorizes and consents to the Medical Center 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 AHPs qualifications.

For purposes of this section, the term Medical Center Representative means: the Board of Trustees and any member of committee thereof; the Medical Center 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 the Medical Center; and any individual authorized by any appropriate authority of the Medical Staff or the Medical Center 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 Medical Center representatives.
- 2.4.2 Verification of Information: The AHP shall provide to the Medical Center a completed, original application. After collecting and verifying the information submitted, the AHP shall be promptly notified, in writing, by the Medical Center of any additional information needed or of any problems in obtaining the information required. Upon such notification, it shall be the AHPs 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 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 with the effect as described:
 - a. 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 Medical Center 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.
 - b. Recommendation: A recommendation on the AHPs application is transmitted promptly, with all supporting information, to the 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 AHPs practice; or 2) deny authorization to practice as an AHP.

- 2.4.4 Executive Committee Action: At its next regular meeting, the 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 members supervision, department assignment, and any conditions on the AHPs practice. If, in the deliberations pursuant to this Section 2.4.4, the Executive Committee determines that it requires further information, it may defer action for up to thirty (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 Medical Center 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.
- 2.4.5 Board Action: Upon receipt, the Board of Trustees shall issue a final decision on the AHPs application. The Medical Center shall notify the AHP and any designated delegating Medical Staff member(s) in writing within twenty (20) days of the Boards decision. If the decision is adverse as defined in Section 5.2, the notice shall also advise the AHP of his/her right to review as outlined in Section 5.2.

SECTION 3.0 RE-EVALUATION PROCEDURES

3.1 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 Committee. An AHPs 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 forty-five (45) 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 AHPs 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.
- 3.1.2 Department Chair/Service Director Review: Upon receipt of a timely request, the Committee shall delegate a portion of its review function by directing that the AHPs file, any significant findings from Medical Center quality management activities, and the summary of the AHPs practice be forwarded to each applicable department chair and appropriate Medical Center service director for review.

At least thirty (30) days prior to the end of the probationary period, each applicable department chair and any appropriate Medical Center service Director (or their respective designees) shall review the information on the AHPs practice in the Medical Center and transmit to the Committee a statement as to whether or not, based on that information, the AHPs 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 AHPs provision of services that indicate actual or potential problems.

- 3.1.3 Committee Action: The Credentials Committee shall review the information on the AHPs practice in the Medical Center, the statements under Section 3.1.2 and other information available in the AHPs file, and formulate a recommendation as to whether the probationary period has or has not been successfully completed. The matter then follows the course outlined in Sections 2.4.3 through 2.4.5 above.

3.2 Renewal of Authorization to Practice

The Committee shall accomplish re-evaluation of each AHP every two (2) years beginning with the successful conclusion of the probationary period. At least ninety (90) days prior to the AHPs renewal date, the AHP must, on the Medical Center-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 Center for the specific purpose of providing information to the Committee for this re-evaluation, will compile for the AHPs file information regarding his/her satisfaction of the obligations in this policy and the frequency, quality and efficiency of services he/she is providing. Upon receipt of a timely application for re-evaluation, the Committee shall delegate a portion of its review function by directing that the AHPs file, any significant findings from the Medical Center quality management activities, and the summary of the AHPs practice be forwarded to each applicable department chair and appropriate Medical Center service director for review. Upon completion of such review a statement shall be transmitted to the Committee whether or not, based on that information the AHPs clinical performance is acceptable, whether he/she has complied with the obligations in this policy, and any incidents that have occurred in connection with the AHPs provision of services that indicate actual or potential problems. Processing is as described in Sections 2.4.3 through 2.4.5 of this policy. 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 policy or otherwise.

3.3 Requests for Modification 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 the Credentials 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 Medical Center 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 he/she has been granted, shall send written notice to the Medical Center, which shall, in turn, notify the applicable department chair, the Credentials Committee, the Executive Committee, the Board of Trustees, and the applicable Medical Center service directors. A copy of this notice shall be included in the AHPs file.

3.4 Contracted Services

A decision to terminate an exclusive contract shall result in the termination of the scope of practice of all AHP's associated with the group, and such AHP's shall not have a right to a hearing or

appeal procedure.

3.5 Quality Management

Evaluation of the practice of AHPs and compliance with any conditions on such practice, shall be included as an element of the Medical Centers quality management program and the results of such evaluations shall be provided to the Credentials Committee on at least an annual basis.

SECTION 4.0 DISCIPLINARY ACTION

4.1 Routine Action

An AHPs 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, practice fails to comply with the conditions placed on his/her practice, violates this policy or any Medical Staff, Medical Center, or department requirement, fails to provide services in accord with accepted professional standards, or takes any action that jeopardizes patient care or Medical Center operations.

- 4.1.1 Initiation: The Chiefs Committee shall be responsible to receive, investigate and review, and issue a recommendation as to any written complaint or inquiry regarding an AHP or his/her practice in the Medical Center within thirty (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 Committees sole discretion. Failure of the AHP to appear and/or provide requested information shall automatically terminate the AHPs authority to practice in the Medical Center, 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 Medical Center 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 Committee shall recommend if limitation or termination of the AHPs authority to practice is indicated and shall forward the recommendation to the Executive Committee for action. The Executive Committee shall evaluate the Chiefs Committees report and make and forward its recommendation to the Board of Trustees.
- 4.1.4 Final Action: At a subsequent regular meeting following receipt of a recommendation from the Executive Committee, the Board of Trustees shall review this recommendation and make a final decision. The Medical Center shall notify the AHP and any delegating Medical Staff member(s) in writing within twenty (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:
 - a. The AHPs licensure, registration or certification (if any) is terminated, revoked or suspended;

- b. The AHP has not maintained the required professional liability insurance coverage;
- c. The AHP does not have a delegating Medical Staff member with the necessary clinical privileges to supervise, direct or delegate to the AHP; or
- d. The AHP violates the terms of a return to work agreement signed as part of the Medical Centers impaired practitioner program.

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: The Medical Center 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 policy or otherwise.

4.3 Summary Action

In addition to the provisions above, the Chair of the Chiefs Committee, Chief of the AHPs assigned clinical department, Chairman of the Executive Committee or the Medical Centers President or designee shall have the authority to limit or terminate an AHPs authority to practice, effective immediately, if such believes that such action is necessary to protect the health and safety of patients or Medical Center 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 Medical Center operations. The Chiefs Committee shall investigate and review such action within fifteen (15) days and recommend to the Executive Committee whether such termination or limitation should be permanently imposed. The Executive Committee shall evaluate the Committees recommendation and shall within fifteen (15) days forward its recommendation to the Board of Trustees. The Board of Trustees shall make a final decision within thirty (30) days of receipt. The Medical Center shall notify the AHP and any delegating Medical Staff member(s) in writing within twenty (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 policy or accepted professional standards, the matter may be referred for corrective action as provided in Article VIII of the Bylaws of the Medical Staff.

4.5 Mental or Physical Impairment

Whenever an AHPs actions, demeanor, conduct, or information provided by any person, indicates that the AHPs 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 Medical Center, such AHP may be asked at any time by the Administration, the Chiefs Committee, Executive Committee, Chief of Service, 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 Credentials Committee or Executive Committee, and may include a blood and/or urine analysis for AHPs 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 Medical Center 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 policy.

5.2 Adverse Action

An Adverse Action is:

- 5.2.1 A decision by the Board of Trustees to deny the AHPs application, whether initial or renewal, for authority to practice in the Medical Center, except as authorized in Section 4.3 of this policy;
- 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 AHPs 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 AHPs 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 the Medical Center within ten (10) days of receipt of the notice, that the Chiefs Committee afford him/her 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 Committee shall submit to the 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 Executive Committee shall constitute an appellate review. The Medical Center shall notify the AHP and any delegating Medical Staff member(s) in writing within twenty (20) days of the Board of Trustees final decision.

5.4 Time Guidelines

The times provided for in this policy for the Chiefs Committee, Credentials Committee, Department Chair, Medical Center service director, Executive Committee, Board of Trustees, and Medical Center 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 one (1) year from the effective date of the final

adverse decision or the AHPs resignation or application withdrawal in lieu of an adverse action.