

**POLICY ON CREDENTIALING  
ALLIED HEALTH PROFESSIONALS  
At  
MIDLAND MEMORIAL HOSPITAL  
Midland, Texas 79701**

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**POLICY ON CREDENTIALING  
ALLIED HEALTH PROFESSIONALS  
GENERAL**

The Board of Trustees of Midland Memorial Hospital (the “Hospital”) permits certain types of practitioners to provide select patient care services without appointment to the Medical Staff, but with appointment to the Allied Health Professional (“AHP”) Staff. Such practitioners must be qualified by academic and clinical training to practice in a clinical or supportive role in providing services. Such persons shall include, but not be limited to, Ph.D.s, physicists, audiologists, physician assistants, nurse practitioners, certified nurse midwives, certified registered nurse anesthetists, surgical technicians/assistants, clinical nurse specialists, orthotists, prothetists and orthotic/prosthetic assistants whose privileges result in direct patient contact.

Certain types of AHPs may be permitted to provide patient care independently within the scope of their individual licenses and other legal certifications under this Policy as Independent AHPs. Others may provide services only under the supervision of a member of the Active Medical Staff under this policy as Practitioner-Directed AHPs.

Certified Registered Nurse Anesthetists (“CRNAs”), may provide anesthesia or anesthesia related services pursuant to a physician’s order, which need not be drug specific, dosage specific, or administration technique specific.

All AHPs may provide services only as permitted by the Hospital and in keeping with all applicable policies and rules of the Department(s) to which they are assigned.

*This Policy shall not apply to AHPs employed by the Hospital.* AHPs employed by the Hospital shall be credentialed according to Hospital personnel policies.

**ARTICLE I  
DEFINITIONS**

- 1.1 “Allied Health Professional” or “AHP”**-- a licensed or non-licensed health care professional other than a physician, dentist, or podiatrist, who is qualified by academic and clinical training, by prior and continuing experience and current competence, in a discipline that the Board of Trustees has determined to allow to practice at the Hospital and who:
- (a) is licensed by the State of Texas and permitted by the Hospital to provide consultative services within the Hospital without the immediate supervision of a physician, dentist, or podiatrist. This group includes psychologists, orthotists and/or prosthetists (hereinafter referred to as an “Independent AHP”);
  - (b) functions as an employee of and/or in a medical support role to and under the direction and supervision of a physician, surgeon, dentist, or podiatrist on the Medical Staff of the Hospital, such as a physician assistant, nurse practitioner, registered nurse, and/or licensed vocational nurse (hereinafter referred to as a “Practitioner-Directed AHP”); or

- (c) is a CRNA, a registered nurse licensed by the State of Texas and approved by the Texas Board of Nurse Examiners to practice as a nurse anesthetist based upon the completion of an acceptable nursing anesthesia program, and is permitted by the Hospital to provide anesthesia services pursuant to a physician's order for anesthesia or an anesthesia related service, which need not be drug, dosage, or administration specific **(may be an Independent or Practitioner-Directed AHP)**.

AHPs are not members of the Medical Staff.

- 1.2 **“Board”**-- The Board of Trustees of Midland Memorial Foundation, the governing body of the Hospital.
- 1.3 **“Hospital”** -- Midland Memorial Hospital, including all hospital campuses.
- 1.4 **“Policy”**-- This Policy on Credentialing for Allied Health Professionals.
- 1.5 **“Practitioner”**-- A licensed physician, dentist, or podiatrist who is authorized by law and who also is permitted by the Hospital to provide patient care services without direction or supervision, within the scope of his or her license and in accordance with individually granted clinical privileges.
- 1.6 **“Staff”** -- The Medical Staff of the Hospital.

## **ARTICLE II ALLIED HEALTH PROFESSIONALS**

This Article II shall apply to Independent AHPs, Practitioner-Directed AHPs, and CRNAs.

### **2.1 Qualifications for Clinical Privileges**

To be granted clinical privileges to practice as an AHP, an individual must:

- (a) seek clinical privileges in a discipline that the Board has determined to allow to practice within the Hospital;
- (b) meet the specific qualifications and requirements established by the Hospital for granting of clinical privileges;
- (c) be located close enough to the Hospital to provide timely care for his or her patients;
- (d) possess current, valid professional liability insurance coverage in such form and in amounts equal to those required by the Staff;

- (e) be able to document the following:
  - (i) background, relevant training, experience, and current clinical competence;
  - (ii) a degree from a recognized and accredited school or other supporting documentation stating that the AHP has completed the requisite course of study and training in his or her discipline, as applicable;
  - (iii) legal qualifications, including current state license and/or certification, without stipulation, to practice in a given discipline in the State of Texas, where applicable; and
  - (iv) clinical competence in his or her discipline;
- (f) adhere to the ethics of his or her profession;
- (g) have demonstrated good reputation and character;
- (h) have demonstrated health status, including physical health and mental and emotional stability;
- (i) be able 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; and
- (j) maintain compliance with and provide documentation of such compliance on or before the expiration date, if any:
  - (i) tuberculosis (TB) screening;
  - (ii) cardiopulmonary resuscitation (CPR) certification and/or advanced cardiac life support (ACLS);
  - (iii) appropriate licensure, board certification(s) and annual liability insurance requirements;
  - (iv) continuing education – in his or her field of practice.

The Board, after review by the AHP and Credentials Committees, may establish particular qualifications required of a specific category of AHPs provided that such qualifications are not based on arbitrary or discriminatory criteria and conform with applicable law.

## **2.2. Application for Clinical Privileges**

- (a) An application for clinical privileges to practice as an AHP shall be submitted to the Medical Staff Office on a form approved by the Hospital. If a specific application form is required by law, the AHP Committee, in consultation with the Medical Executive Committee, shall determine what additional information shall be required to be included with the application.
- (b) At a minimum, the application shall include: a request for the specific clinical privileges desired by the applicant, as well as documentation supporting such request; a current copy of the applicant's license to practice (if applicable); ~~and~~ the applicant's Drug Enforcement Administration (DEA) and Department of Public Safety (DPS) certification(s) (if applicable).
- (c) The application form shall also require information about the applicant's professional qualifications including:
  - (i) The names and addresses of at least three professional/peer references, who have had recent experience in observing and working with the applicant, as requested on the application form. A peer is defined as an individual who has similar clinical privileges at a hospital or health care facility as those being sought by applicant. One of the three must be a physician who has worked in concert with the applicant.
  - (ii) the names and addresses of any and all hospitals or other health care institutions at which the applicant has worked or trained;
  - (iii) whether the applicant's clinical privileges have ever been relinquished, denied, revoked, suspended, reduced, or not renewed at any hospital or health care facility with explanation as to the same;
  - (iv) whether the applicant has ever withdrawn his or her application for clinical privileges, or resigned such privileges before a final decision by hospital's or health care facility's governing board, with explanation as to the same;
  - (v) whether the applicant's membership in any local, state, or national professional society, license to practice any profession in any state, or federal certification is, or ever has been, suspended, modified, terminated, restricted, or is currently being challenged with explanation as to the same;
  - (vi) whether the applicant has professional liability insurance coverage, the name of the insurance company, the amount and classification of such coverage, whether the 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;

- (vii) information concerning the applicant's professional liability litigation experience, specifically information concerning final judgments, settlements and claims, with explanation as to the same;
- (viii) current information regarding the applicant's physical and mental health status;
- (ix) information regarding whether the applicant has ever been a defendant in a criminal action or convicted of a crime, with details about any such instance;
- (x) the applicant's signature; and
- (xi) any other information as the Hospital may require.

**2.3 Burden of Producing Information.** The applicant shall have the responsibility of producing information deemed relevant by the Hospital for proper evaluation of competence, character, ethics, and other qualifications and to resolve any doubts about such qualifications. The applicant shall have the burden of proving that all the statements made and information given on the application is true and correct.

**2.4 Effect of Application.** By applying for clinical privileges in the Hospital, each applicant expressly:

- (a) signifies the applicant's willingness to appear for interviews regarding his or her application;
- (b) authorizes the Hospital and its representatives to consult with administrators, employees, and members of medical staffs of hospitals or organizations with which an applicant has been associated with respect to his or her professional competence, character, and ethical qualifications;
- (c) consents to the Hospital and its representatives' inspection of all records and documents, including but not limited to, medical records of hospitals, which may be material to an evaluation of applicant's professional competence and professional, moral, and ethical qualifications, and physical and mental health status for practice at the Hospital;
- (d) authorizes the Hospital and its representatives to consult with applicant's past and present professional liability insurance carriers or self-insurance trusts with respect to professional liability, final judgments, settlements, and claims involving applicant;
- (e) consents to the release of information concerning applicant by hospitals and other organizations that are requested by the Hospital, its designated agent, and its



representatives to provide information relevant to the evaluation of applicant's application;

- (f) authorizes the Hospital and its representatives to release information regarding applicant's qualifications and performance to other hospitals, medical associations, and other appropriate persons upon their legitimate request; and
- (g) extends immunity to, and releases from any and all liability, the Hospital and its representatives, and any third parties, for any professional review actions, communications, reports, records, statements, documents, recommendations, or disclosures involving applicant, performed, made, requested, or received by the Hospital, its designated agent, and its authorized representatives to, from, or by any third party, including otherwise privileged or confidential information.

**2.5 Submission of Application.** Completed applications to practice as an AHP shall be submitted to the Medical Staff Office. Incomplete applications will NOT be processed. If all information required is not submitted within ninety (90) days of receipt of the incomplete application, the application will be considered void and no further processing shall take place. The application fee will not be refunded.

## **2.6 Credentialing Procedure.**

- (a) Review by AHP Committee. The AHP Committee shall review the completed application, including the applicant's references, professional competence, qualifications, practice patterns, prior behavior, and ethical standing, and make recommendations to the Credentials Committee regarding the applicant's request for clinical privileges. In evaluating the application, the AHP Committee shall pay particular attention to the privileges requested by the applicant. The AHP Committee may designate an appropriate employee or department chairman to evaluate the applicant's education, training, and experience and prepare a written report concerning the applicant's qualifications for the requested clinical privileges. The report shall be made part of the application. Such designee, in conjunction with a representative of the AHP Committee, may meet with the applicant to discuss any aspect of the application. Within sixty (60) days of its receipt of the completed application from the Medical Staff Office, the AHP Committee shall submit its report evaluating the applicant to the Credentials Committee.
- (b) Review by Credentials Committee. The Credentials Committee shall review the application, including the applicant's references, professional competence, qualifications, practice patterns, prior behavior, and ethical standing, as well as the AHP Committee's report, and make a recommendation to the Medical Executive Committee regarding the request for clinical privileges. In evaluating the application, the Credentials Committee may interview the applicant. Within sixty (60) days of receiving the AHP Committee's report, the Credentials Committee shall submit a report of its recommendations to the Medical Executive

Committee, recommending that the application be accepted, accepted with modifications, deferred, or rejected. Where a recommendation to defer is made, it must be followed within sixty (60) days thereafter by a recommendation to accept, accept with modifications, or reject. Any recommendation of acceptance shall include the specific delineation of privileges for the applicant.

- (c) Recommendation by the Medical Executive Committee. The Medical Executive Committee shall consider each applicant together with the recommendations of the AHP Committee and the Credentials Committee and, within thirty (30) days of its receipt of the record from the Credentials Committee, shall make a recommendation to the Board that the application be accepted, accepted with modifications, or rejected. Any recommendation of acceptance shall specify: (i) the privileges for which the applicant is recommended; and (ii) such special conditions, if any, which should be made a part of the appointment.
- (d) Final Action by the Board. The Board shall consider each applicant together with the recommendation of the Medical Executive Committee and may accept, modify, or reject the recommendation of the MEC, or may refer the matter back to the MEC for further consideration, stating the purpose for such referral. The applicant's notification of the Board's final action on the application shall be in writing and shall include the reason for any denial or restriction of the privileges requested.

## **2.7 Responsibilities.**

Each AHP shall:

- (a) retain appropriate responsibility within his or her area of professional competence for the care and supervision of each patient in the Hospital for whom he or she is providing services;
- (b) participate as appropriate in patient care reviews and other quality review, evaluation, and monitoring activities;
- (c) abide by the Hospital Bylaws, the Staff bylaws and policies, and all other standards, protocols, policies, and procedures of the Hospital, including policies applicable to AHPs;
- (d) prepare and complete in accordance with the policies and procedures of the Hospital the appropriate portions of all medical and other records for each patient for whom he or she provides services; and
- (e) perform other reasonable duties as requested by the Chief of Staff or the department chair to which the AHP or the AHP's sponsor (if applicable) has been assigned.

## **2.8 Dues.** Dues or fees, if any, for AHPs with privileges at the Hospital may be established from time to time by the Medical Executive Committee. Failure of an AHP to

pay such dues within sixty (60) days of designated date of payment shall constitute automatic forfeiture of privileges.

- 2.9 Identification.** AHP Staff must wear identification, provided by the Hospital, at all times while performing duties within the Hospital. Such identification shall NOT include a designation of Dr., followed by the surname so he or she cannot be mistaken for a member of the Medical Staff.

### **ARTICLE III PRACTITIONER-DIRECTED AHPs**

- 3.1 Eligibility.** Only those individuals who are approved by the Board, following the procedures prescribed for appointment as an AHP, may assist a sponsoring Staff member at the Hospital as a Practitioner-Directed AHP. Practitioner-Directed AHPs are those AHPs who are an employee of, or in a medical support role, such as, but not limited, to a physician assistant, nurse practitioner, registered nurse, licensed vocational nurse under the direction and supervision, of a member of the active Medical Staff who desires the individual's assistance, within the scope of privileges granted by the Hospital, in providing such services to the Medical Staff member's patients in the Hospital.
- 3.2 Sponsorship.** The individual applying for privileges to practice as a Practitioner-Directed AHP must submit with his or her application a letter or statement from the sponsoring/supervising Medical Staff member stating:
- (a) The applicant is an employee or under the direction and supervision of the Medical Staff member and will be performing only those functions stated on the privileges delineation sheet under the Medical Staff member's direction;
  - (b) His or her recommendation of the applicant to the AHP Staff; and
  - (c) His or her agreement to be fully responsible and liable for all actions of the applicant while performing duties within the Hospital, and to provide the requisite supervision. Such supervision shall include, but not be limited to, assessment of clinical performance by the Practitioner-Directed AHP.
- 3.3 Conditions of Practice.** The granting of privileges and the assignment of professional activities to Practitioner-Directed AHPs shall at all times be in writing and shall be subject to any conditions or limitations stated therein. In addition to the foregoing, the following requirements shall apply:
- (a) Each Practitioner-Directed AHP shall at all times be subject to and limited by his or her specific granted privileges and the policies and regulations of the Hospital;
  - (b) Any activities permitted by the Board to be performed within the Hospital by a Practitioner-Directed AHP shall be done only under the direct and immediate supervision of the sponsoring Staff member. Except as provided by law or as

required by the Board, “direct and immediate supervision” shall not require the actual physical presence of the sponsoring Staff member. However, it shall require that the Practitioner-Directed AHP have immediate access to such sponsoring Staff member;

- (c) If a Hospital employee in a supervisory capacity or in a position of authority has any questions regarding the clinical competence or authority of the Practitioner-Directed AHP either to act or to issue instructions outside the physical presence of the sponsoring Staff member in a particular instance, the Hospital employee has the right to require that the Practitioner-Directed AHP’s employer or supervisor validate, either at the time or later, the instructions of the Practitioner-Directed AHP. Any act or instruction of the Practitioner-Directed AHP shall be delayed until such time as the Hospital employee can be certain that the act is clearly within the scope of the Practitioner-Directed AHP’s activities as permitted by the Board. At all times, the sponsoring Staff member will remain responsible for all acts of the Practitioner-Directed AHP;
- (d) The professional conduct of each Practitioner-Directed AHP shall be governed by the principles of professional ethics established by the profession, by law, and in accordance with the mission and philosophy of the Hospital. Furthermore, Practitioner-Directed AHPs shall be required to conform to those standards, limitations, and conduct required of Hospital employees of similar classification and status;
- (e) No Practitioner-Directed AHP shall be granted privileges which exceed in scope or extent the privileges of his or her sponsor; and
- (f) The number of Practitioner-Directed AHPs acting as employees of one sponsoring Staff member, as well as the acts they may undertake, shall be consistent with the applicable state statutes and regulations, the Medical Staff Bylaws and Policies, and the policies of the Board.

**3.4 Limitation of Practitioner-Directed AHPs.** Practitioner-Directed AHPs may NOT:

- (a) perform any duty without the sponsoring Staff member being either physically present or immediately accessible to provide further guidance;
- (b) replace the sponsoring Staff member including, but not limited to, when such Staff member is requested to be present by appropriate Hospital personnel in making Hospital rounds or visits, in caring for emergency room patients, or in caring for other Hospital patients;
- (c) maintain an office separated from the sponsoring Staff member;
- (d) independently assign any task assigned to him or her by the sponsoring Staff member;

- (e) perform any procedures other than those for which privileges were specifically approved and which are within the scope of licensure; or
- (f) vote, hold elected office, admit patients to the Hospital, or exercise any prerogatives of the Medical Staff.

The Practitioner-Directed AHP only shall render those services in the Hospital for which the Hospital has specifically granted him or her privileges, and shall only practice within the course and scope of his or her licensure, if applicable. The AHP Committee shall be notified in a timely manner of any substandard performance issues or when such AHP renders services beyond the scope of licensure or privilege.

**3.5 Withdrawal of Staff Members' Authority to Utilize Practitioner-Directed AHPs** Any Staff member violating these rules and regulations will be subject to withdrawal of his or her authority to utilize a Practitioner-Directed AHP and to having his or her Hospital privileges revoked or suspended.

**3.6 Termination of Sponsoring Relationship**

A Practitioner-Directed AHP whose employment relationship with his or her sponsoring Staff member no longer exists, or whose sponsoring Staff member is no longer a member of the Hospital's Staff or has had his or her Staff privileges adversely affected, shall along with the sponsoring Staff member, provide immediate written notification to the Hospital that the sponsoring relationship between the Practitioner-Directed AHP and the Staff member no longer exists. Once the Hospital receives written notice from the Practitioner-Directed AHP and the sponsoring Staff member that the sponsoring relationship no longer exists, the Hospital shall notify the Practitioner-Directed AHP in writing that the Practitioner-Directed AHP's clinical privileges no longer exist at the Hospital.

## **ARTICLE IV INDEPENDENT AHPs**

**4.1 Eligibility.** Only those individuals who are approved by the Board, following the procedures prescribed for appointment as an AHP, may render services to patients at the Hospital as an Independent AHP. Independent AHPs are those AHPs who are licensed by the State of Texas and permitted by such license to provide services within the Hospital without the direction or immediate supervision of a physician, dentist, or podiatrist within the scope of privileges granted by the Hospital. Independent AHPs include, but is not limited to, psychologist, orthotist and/or prosthetist.

**4.2 Clinical Oversight.** The individual applying for privileges to practice as an Independent AHP must submit with his or her application a letter/statement from a Staff member who is in a medical specialty in a related field, and who is familiar with the applicant's clinical skills stating:

- (a) The applicant shall perform only those functions stated on the privileges delineation sheet and the Sponsoring, Supervising or Ordering Staff member shall provide any necessary clinical oversight as requested by the Independent AHP; and
- (b) His or her recommendation of the applicant to the Independent AHP Staff.

#### 4.3

**Conditions of Practice.** The granting of privileges and the assignment of professional activities to Independent AHPs shall at all times be in writing and shall be subject to any conditions or limitations stated therein. In addition to the foregoing, the following requirements shall apply:

- (a) Each Independent AHP shall at all times be subject to and limited by his or her specific granted privileges and the policies and regulations of the Hospital;
- (b) The professional conduct of each Independent AHP shall be governed by the principles of professional ethics established by the profession, by law, and in accordance with the mission and philosophy of the Hospital. Further, Independent AHPs shall be required to conform to all applicable licensure laws, and to conform to those standards, limitations, and conduct required of the Hospital employees of similar classification and status.
- (c) The Independent AHP must provide proof of professional liability coverage in an amount equal to that required by the Board. The carrier and terms of such insurance shall be subject to prior and continuing review and approval of the Hospital, and such approval shall not be unreasonably withheld. Updated declaration pages shall be furnished by the Independent AHP to the Hospital so as to verify coverage and to ensure no lapse of coverage. The Independent AHP shall inform the Hospital promptly of each renewal, cancellation, or change in the content or amount of such coverage. The Independent AHP further acknowledges that no services shall be rendered in the Hospital without the requisite insurance coverage.
- (d) If a Hospital employee, in a supervisory capacity or in a position of authority, has any questions regarding the clinical competence or authority of the Independent AHP either to act or to issue instructions in a particular instance, the Hospital employee has the right to require the Independent AHP, either at the time or later, to verify their ability to act or to issue such instructions. Any act or instruction of the Independent AHP shall be delayed until such time as the Hospital employee can be certain that the act is clearly within the scope of the Independent AHP's activities as permitted by the Board.
- (e) Independent AHPs shall be assigned to a Staff department, and may attend such department meetings. The Independent AHPs shall only attend meetings of the department of the Medical Staff to which they are assigned. Such Medical Staff department shall review the clinical performance of the Independent AHP. The

AHP Committee shall be notified in a timely manner of any substandard performance issues or when such Independent AHP renders services beyond the scope of licensure or privilege.

- 4.4. Limitation of Independent AHPs.** The Independent AHP shall only render those services within the Hospital for which the Hospital has specifically granted him or her privileges, and shall only practice within the course and scope of his or her licensure.

## **ARTICLE V CERTIFIED REGISTERED NURSE ANESTHETISTS**

### **5.1 Eligibility.**

- (a) Only those individuals who are approved by the Board, following the procedures prescribed for appointment as an AHP, may render services to patients at the Hospital as a CRNA.
- (b) The Hospital may refuse to process an application for appointment to the AHP Staff as a CRNA based upon the existence of an exclusive contract for the provision of anesthesia services, or based upon the fact that the Hospital already has a sufficient number of CRNAs, as determined by the Board. In such circumstances, the Administrator shall promptly notify the applicant in writing, stating that the application will not be processed because of the existence of an exclusive contract, or because the Board has determined that the Hospital has a sufficient number of CRNAs. An applicant whose application for appointment is denied on such basis shall not be entitled to the procedural rights afforded by Section 6.6 below.
- (c) If the Board determines that it is the best economic interests of the Hospital to obtain anesthesia services from a contracted single source, the clinical privileges of a CRNA on the AHP Staff may be terminated if the CRNA is not hired by the contracted exclusive provider. A CRNA whose privileges are terminated on such basis shall not be entitled to the procedural rights afforded by Section 6.7 below.

**5.2 Clinical Oversight** An individual applying for privileges to practice as a CRNA must submit with his or her application a letter from a Staff member in a medical specialty in a related field, and who is familiar with the applicant's clinical skills stating:

- (a) The applicant shall be performing only those functions stated on the privileges delineation sheet and that the Staff member shall provide any necessary clinical oversight as requested by the CRNA; and
- (b) His or her recommendation of the applicant to the AHP Staff as a CRNA.

**5.3. Conditions of Practice.** The granting of privileges and the assignment of professional activities to CRNAs shall at all times be in writing and shall be subject to any conditions

or limitations stated therein. In addition to the foregoing, the following requirements shall apply:

- (a) Each CRNA shall at all times be subject to and limited by his or her specific granted privileges and the policies and regulations of the Hospital;
- (b) Each CRNA shall only provide anesthesia and anesthesia services pursuant to a physician's order, which need not be specific as to drug, dosage, or administration technique.
- (c) The professional conduct of each CRNA shall be governed by the principles of professional ethics established by the profession, by law, and in accordance with the mission and philosophy of the Hospital. Further, CRNAs shall be required to conform to all applicable licensure laws, and to conform to those standards, limitations, and conduct required of the Hospital employees of similar classification and status.
- (d) The CRNA must provide proof of professional liability coverage in an amount equal to that required of CRNAs by the Board. The carrier and terms of such insurance shall be subject to prior and continuing review and approval of the Hospital, and such approval shall not be unreasonably withheld. Updated declaration pages shall be furnished by the CRNA to the Hospital so as to verify coverage and to ensure no lapse of coverage. The CRNA shall inform the Hospital promptly of each renewal, cancellation, or change in the content or amount of such coverage. The CRNA further acknowledges that no services shall be rendered in the Hospital without the requisite insurance coverage.
- (e) If a Hospital employee, in a supervisory capacity or in a position of authority, has any questions regarding the clinical competence or authority of the CRNA either to act or to issue instructions in a particular instance, the Hospital employee has the right to require the CRNA, either at the time or later, to verify their ability to act or to issue such instructions. Any act or instruction of the CRNA shall be delayed until such time as the Hospital employee can be certain that the act is clearly within the scope of the CRNA's activities as permitted by the Board.
- (f) CRNAs shall be assigned to the Surgical Services Department and Anesthesia/Pain Management Section, and may attend such department and section meetings. CRNAs shall only attend meetings of the department and section of the Medical Staff to which they are assigned. The surgical services department shall review the clinical performance of the CRNA. The AHP Committee shall be notified in a timely manner of any substandard performance issues or when such CRNA renders services beyond the scope of licensure or privilege.

**5.4 Limitation of CRNAs.** CRNAs shall only render those services within the Hospital for which the Hospital has specifically granted him or her privileges, and shall only practice



within the course and scope of his or her licensure as a professional nurse and Texas Board of Nurse Examiners authorization to practice as a nurse anesthetist.

**ARTICLE VI**  
**TERM, REAPPOINTMENT, AND CAUSES**  
**FOR REVOCATION OR MODIFICATION OF AHP STAFF MEMBERSHIP**

Except as otherwise provided in this Article VII, this Article VI shall apply to Independent AHPs, CRNAs, and Practitioner-Directed AHPs.

- 6.1 Term.** Each AHP shall be appointed for a provisional term of one (1) year. Subsequent appointment terms shall be for a term of two (2) years.

An AHP may be granted a 120-day interim privileging period when the AHP application processing has been completed and the application has been reviewed by the Department Chair/Section Chief, the Chair of the Allied Health Committee and a member of the Credentials Committee. The purpose of the interim privileging period is to allow for an AHP to begin duties to meet patient care needs that would otherwise be delayed, while awaiting the various medical committees and the Board to meet and review the application.

- 6.2 Application for Reappointment.** All AHPs shall be required to complete an application form for reappointment privileges at the end of the provisional term and at the end of each term of reappointment. The completed reappointment application must be received by the Medical Staff Office no later than ninety (90) days before expiration of the current term. If the application for reappointment is not received within this specified time frame, the AHP member shall be deemed to have voluntarily resigned from the AHP Staff at the end of the current appointment.

- 6.3 Reappointment Procedure.** Applications for reappointment of clinical privileges shall be evaluated in the same manner and following the same procedures as application for initial requests for clinical privileges, and shall be subject to the rules and shall follow the procedures set forth in Article II of this Policy, above.

- 6.4 Revocation or Modification of AHP Staff Membership.** The following actions, without limitation, may form the basis for denial, revocation, or modification of membership on the AHP Staff:

- (a) Conviction of felony or offenses involving moral conduct;
- (b) Use of drugs or alcoholic beverages to the extent of becoming dangerous to the AHP Staff member, any other person, or the public, or to the extent of impairing the AHP Staff member's ability to provide professional services within the Hospital;
- (c) Impersonating a physician;

- (d) Using false, misleading, or otherwise untrue information in the application for AHP Staff membership;
- (e) Willful unauthorized communication of confidential information during the performance of his or her duties;
- (f) Professional incompetence, misconduct, or negligence in the performance of his or her duties within the Hospital; or
- (g) Performing duties beyond those permitted by the Hospital, relevant law, and/or the clinical privileges granted to the AHP.

**6.5. AHP Health & Conduct.** Concerns about unprofessional conduct by an AHP, or concerns about an AHP's health status or physical or mental impairment may, at the discretion of the Medical Executive Committee, be referred to the Hospital's Physician/Practitioner Health and Rehabilitation Committee for evaluation in accordance with the provisions of the Hospital's Physician/Practitioner Health and Rehabilitation Policy. The activities of the Physician/Practitioner Health and Rehabilitation Committee shall be confidential; however, in the event information received by the committee clearly demonstrates risk to harm to patients, that information may be referred to the Medical Executive Committee, which may recommend revocation or modification of the AHP's membership on the AHP Staff in accordance with the provisions of Section 6.4 above.

**6.6. Notice of Recommendation of Revocation or Modification of AHP Staff Membership.** If the Medical Executive Committee recommends revocation or modification of an AHP's membership, the Hospital shall provide the AHP with written notice of the reasons for the recommended modification or revocation, as appropriate.

**6.7. Hearing Rights of AHPs.** If the Medical Executive Committee recommends revocation or modification of an AHP's privileges for one of the reasons listed in Section 6.4 of this Policy, and the AHP is an advanced practice nurse, such as a nurse practitioner, nurse-midwife, CRNA, or a clinical nurse specialist, the matter shall be referred for Nursing Peer Review in accordance with Hospital Policy. Other AHPs may appeal such a recommendation in accordance with this Section 6.7:

- (a) **Right to Request Hearing.** The affected individual shall have the right to a hearing for purposes of appealing the Medical Executive Committee's recommendation of modification or revocation before a hearing committee (the "Hearing Committee") comprised of at least three (3), but not more than five (5) members appointed by the Medical Executive Committee. The composition of the Hearing Committee shall be determined at the sole discretion of the Medical Executive Committee, provided that the Hearing Committee shall include at least one (1) member who practices in the same discipline as the affected individual, and further provided that the members of the Hearing Committee shall not have actively participated in the consideration of the matter leading up to the

recommendation of modification or revocation, nor be in direct economic competition with the affected individual. The affected individual shall have thirty (30) days following his or her receipt of the written notice of the Medical Executive Committee's recommendation to request a hearing. In the event that the affected individual does not request a hearing within the thirty (30) day period, the affected individual shall be deemed to have waived any right to appeal and to have accepted the recommendation of the Medical Executive Committee, which shall then be forwarded to the Board for final action, as described in Section 6.7(d) below. Upon receipt of a request for a hearing by an affected individual, the Medical Executive Committee shall promptly schedule a hearing and give notice to the affected individual of the time, place, and date of the hearing, provided that the date of the hearing shall be not less than thirty (30) days from the date of the receipt of the request for a hearing. Failure without good cause of the affected individual to personally attend and proceed at the hearing shall be deemed to constitute voluntary acceptance of the Medical Executive Committee's recommendation, which shall then be forwarded to the Board for final action, as described in Section 7.7(d) below.

- (b) Hearing Procedures. The Medical Executive Committee shall appoint one of its members to represent it at the hearing, to present the facts in support of its recommendation, and to examine any witnesses. It shall be the obligation of such representative to present appropriate evidence in support of its recommendation, but the affected individual shall then be responsible for supporting his or her appeal of the recommendation by providing appropriate evidence showing that the recommendation lacks any factual basis or that such basis is arbitrary or capricious. Neither the Medical Executive Committee nor the affected individual may be represented by legal counsel at the hearing. One member of the Hearing Committee shall act as the hearing officer. The hearing officer shall endeavor to ensure that all participants in the hearing have a reasonable opportunity to be heard and to present relevant oral and written evidence in an efficient and expeditious manner. Within reasonable limitations, the Medical Executive Committee and the affected individual may present relevant oral and written evidence, may call and examine witnesses for relevant testimony, and may rebut evidence presented by the other party. The affected individual shall have the right to submit a written statement at the close of the hearing.
- (c) Hearing Committee Decision. Within ten (10) days after final adjournment of the hearing, the Hearing Committee shall render a decision, which shall be accompanied by a written report delivered to the Medical Executive Committee. A copy of the decision also shall be forwarded to the Credentials Committee and the affected individual. The report shall contain a concise statement of the reasons in support of the decision.
- (d) Medical Executive Committee Decision. The Medical Executive Committee shall review the report and decision of the Hearing Committee at its next regularly scheduled meeting and shall, within thirty (30) days of such meeting, give notice

of its decision to the Board, the Credentials Committee and the affected individual. The Medical Executive Committee may affirm, modify, or reverse the decision of the Hearing Committee. The notice of the Medical Executive Committee's decision shall contain a concise statement of the reasons in support of the decision.

- (e) Final Action by the Board. The Board shall review the report and decision of the Medical Executive Committee, and the Hearing Committee's report at its next regularly scheduled meeting and shall, within thirty (30) days of such meeting, give notice of its final decision to the Medical Executive Committee, the Credentials Committee and the affected individual. The Board may affirm, modify, or reverse the decision of the Medical Executive Committee. The notice of the decision shall contain a concise statement of the reasons in support of the decision, and the decision of the Board shall be final.
- (f) Right to One Hearing. No affected individual shall be entitled to more than one (1) hearing before the Hearing Committee regarding the subject matter of a Medical Executive Committee recommendation. There shall be no appeal from the Board's final decision.

## **ARTICLE VII AMENDMENTS**

- 7.1 Amendment by Medical Executive Committee.** This Policy may be amended by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that committee where a quorum exists, provided that the written recommendations of the AHP Committee and the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Medical Executive Committee. No amendment shall be effective unless and until it has been approved by the Board.
- 7.2 Amendment by Board.** This Policy also may be amended by the Board on its own motion provided that such amendment is first submitted to the AHP Committee, the Credentials Committee, and the Medical Executive Committee of the Staff for review and approval at least thirty (30) days prior to any final action by the Board on such amendment. Instances where such action may be taken by the Board shall include, but not be limited to:
  - (a) Action to comply with the changes in federal and state laws that affect the Hospital and the County Hospital District, including any of its entities;
  - (b) Action to comply with state licensure requirements, appropriate accreditation standards, Medicare/Medicaid Conditions of Participation for Hospital, and any other applicable accrediting agencies; and
  - (c) Action to comply with requirements imposed by the Hospital's insurance carrier.

This policy is adopted and made effective upon approval of the Board, superseding and replacing any and all other Medical Staff bylaws and policies, or the Hospital policies pertaining to the subject matter thereof.

Approved by the Board on this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_  
Chair of the Board

\_\_\_\_\_  
Secretary of the Board