

HAYSMED

**POLICY ON ALLIED HEALTH
PROFESSIONALS**

As adopted by the Medical Staff and approved by the Board in January, 1998

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POLICY ON ALLIED HEALTH PROFESSIONALS

ARTICLE I

DEFINITIONS

The following definitions shall apply to terms used in this policy:

- (1) “Allied health professional” means a person who is a licensed or certified health professional who is not a physician (M.D. or D.O.) or dentist (D.D.S. or D.M.D.).
- (2) “Appointee” means any physician and dentist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the hospital.
- (3) “Board” means the Board of Directors of Hays Medical Center, which has the overall responsibility for the conduct of the hospital.
- (4) “Chief Executive Officer” means the President of the hospital or the President’s designee.
- (5) “Clinical privileges” or “privileges” or clinical functions or activities means the authorization granted by the Board to a licensed independent practitioner to provide specific patient care services in the hospital within defined limits.
- (6) “Certified Registered Nurse Anesthetist” or CRNA means a licensed professional registered nurse who is qualified by academic training and successful completion of national examination and certification to provide services in an interdependent role as a member of a physician or dentist-directed health care team, in accordance with provisions of K.S.A. 65-1151-65-1164.
- (7) “Dentist” shall be interpreted to include a doctor of dental surgery (“D.D.S.”) and doctor of dental medicine (“D.M.D.”).
- (8) “Director of Medical Affairs” means the physician appointed by the Board who acts as the chief medical officer of the hospital.
- (9) “Executive Committee” means the Executive Committee of the Medical Staff unless specifically written “Executive Committee of the Board.”

- (10) “Hospital” means Hays Medical Center.
- (11) “Licensed Independent Practitioner” means a licensed or certified non-physician practitioner who is ineligible for medical staff appointment but who may be or is granted clinical privileges to function independently in the hospital. **See Appendix A attached.**
- (12) “Medical Staff” means all physicians and dentists who are given privileges to treat patients at the hospital.
- (13) “Nurse Practitioner” or “Advanced Practice Registered Nurse” or “APRN” means a professional nurse who holds a certificate of qualification from the state board to function as a professional nurse in an expanded role as defined by rules and regulations adopted by the state board in accordance with K.S.A. 65-1130.
- (14) “Physicians” shall be interpreted to include both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”).
- (15) “Physician Assistant” means a skilled person who is licensed in accordance with the provisions of K.S.A. 65-2896a and amendments thereto and who is qualified by academic training to provide patient services under the direction and supervision of a physician who is responsible for the performance of that assistant.
- (16) “Physician Extender” means a non-physician practitioner who is ineligible for medical staff appointment, and who must function in the hospital only as an employee of a physician or supervised by a physician on the Medical Staff.
- (18) “Scope of practice” means the clinical activities, tasks and functions permitted to be carried out by a Physician Extender under physician supervision.

- (19) “Voluntary” or “automatic relinquishment” of clinical privileges or scope of practice means a lapse in clinical privileges or scope of practice deemed to automatically occur as a result of stated conditions.

Words used in this policy shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of this policy.

ARTICLE II
SCOPE AND OVERVIEW OF POLICY

- A. This policy addresses those allied health professionals who are permitted to practice or provide services at the hospital and its facilities.

- B. Unless otherwise determined by law, only those classes of allied health professionals that have been approved by the Board shall be permitted to practice at the hospital. When the Board determines that there is a need for the services of a particular type of allied health professional and decides to permit those allied health professionals to practice in the hospital, the Board shall adopt a separate policy that establishes the minimum qualifications that must be demonstrated by such individuals, as well as the authorized privileges or scope of practice and supervision requirements, if applicable, for those practitioners in the hospital. Once this has been accomplished, the remainder of this policy shall become applicable.

- C. This policy sets forth the credentialing processes for allied health professionals at the hospital, as well as the general practice parameters for these individuals. All allied health professionals who are permitted to practice at the hospital shall be classified in one of two broad categories, “Licensed Independent Practitioners” or “Physician Extenders,” each having a slightly different relationship to the hospital.

- D. The “Licensed Independent Practitioners” category shall include all those allied health professionals who are licensed under state law and authorized by the hospital to function independently in the hospital and who are granted clinical privileges. These individuals generally can bill independently for the services and function in an interdependent role as a member of a physician or dentist-directed health care team. A current listing of the types of allied health professionals functioning in the

hospital as Licensed Independent Practitioners is attached to this policy as Appendix A. This Appendix may be modified or supplemented hereafter by action of the Board, upon recommendations of the appropriate Medical Staff and/or hospital committees, without the necessity of further amendment of this policy.

- E. The “Physician Extenders” category shall embody all allied health professionals who are authorized to function in the hospital only as the employees of a physician(s) or supervised by a physician(s) appointed to the Medical Staff pursuant to a defined scope of practice. The employing physician(s) shall remain fully responsible for the actions of the Physician Extender in the hospital. A current listing of the types of allied health professionals functioning in the hospital as Physician Extenders is attached to this policy as Appendix B. This Appendix may be modified or supplemented hereafter by action of the Board, upon recommendations of the appropriate Medical Staff and/or hospital committees, without the necessity of further amendment of this policy.

- F. This policy shall be supplemented by separate policies as referenced in paragraph B above. The separate policies shall set forth: (1) any specific qualifications and/or training that the allied health professional must possess beyond those set forth in this policy; (2) a detailed description of the allied health professional’s authorized clinical privileges or scope of practice; (3) any specific conditions that apply to the allied health professional’s functioning within the hospital; and (4) all supervision requirements, if applicable.

ARTICLE III
APPLICATION PROCESS

Article III - Section 1. General Qualifications of Applicants:

Any allied health professional who applies to practice at the hospital as a Licensed Independent Practitioner or Physician Extender shall:

- (a) be currently licensed or certified to practice his or her profession in the State of Kansas;
- (b) be located close enough to the hospital to provide timely and continuous care for patients in the hospital;
- (c) be covered by current, valid professional liability insurance coverage in such form and in amounts satisfactory to the hospital;
- (d) have never been convicted of a felony;
- (e) be able to document:
 - (1) background, education, relevant training, experience, and current demonstrated clinical competence,
 - (2) adherence to the ethics of his or her profession,
 - (3) good reputation and character,
 - (4) ability to perform the clinical privileges or scope of practice requested, and
 - (5) ability to work harmoniously with others sufficiently to convince the hospital that all patients treated by the individual will receive quality care and that the hospital will be able to operate in an orderly manner.

- (f) undergo a tuberculin test, unless contraindicated, as a condition of initial appointment, with results reported to the Infection Control Nurse, or designee.
- (g) follow the guidelines of the Associate Health Policy pertaining to the seasonal flu vaccination.
- (h) Undergo a drug test as a condition of initial appointment.

Article III - Section 2. No Entitlement to Medical Staff Appointment:

- (a) Allied health professionals who are applying to practice at the hospital shall not be eligible for appointment to the Medical Staff, or entitled to the rights, privileges, and/or prerogatives of Medical Staff appointment.
- (b) Allied health professionals shall practice at the hospital at the discretion of the Board.

Article III - Section 3. Non-Discrimination Policy:

No individual shall be denied permission to practice at the hospital on the basis of sex, race, creed, religion, color or national origin, or on the basis of any criteria unrelated to professional qualifications or to the hospital's purposes, needs and capabilities.

Article III - Section 4. Assumption of Duties and Responsibilities:

As a condition of consideration of an application and as a condition of continued permission to practice in the hospital, all allied health professionals shall assume such reasonable duties and responsibilities as shall be required, including:

- (a) providing appropriate continuous and timely care and supervision to all patients in the hospital for whom the individual has responsibility;
- (b) abiding by all bylaws and policies of the hospital, including all applicable bylaws, rules and regulations of the Medical Staff as

- shall be in force during the time the individual is granted permission to practice in the hospital;
- (c) accepting committee assignments and such other reasonable duties and responsibilities as may be assigned;
 - (d) providing to the hospital, with or without request, and, as it occurs, new or updated information that is pertinent to any question on the application form;
 - (e) appearing for personal interviews as requested in regard to the application;
 - (f) refraining from illegal fee splitting or other illegal inducements relating to patient referral;
 - (g) refraining from assuming responsibility for diagnoses or care of hospitalized patients for which he or she is not qualified or without adequate supervision;
 - (h) refraining from deceiving patients as to his or her status as an allied health professional;
 - (i) seeking consultation whenever necessary;
 - (j) promptly notifying the Chief Executive Officer or a designee, and the Chairperson of the Risk Management Committee of any change in eligibility for payments by third-party payors or for participation in Medicare, including any sanctions imposed or recommended by the federal Department of Health and Human Services, and/or the receipt of a PRO citation and/or quality denial letter concerning alleged quality problems in patient care;
 - (k) abiding by generally recognized ethical principles applicable to the individual's profession;
 - (l) participating in quality evaluation and performance improvement activities of the hospital;
 - (m) completing, in a timely manner, the medical and other required records for all patients as required by the Medical Staff bylaws, rules and regulations, this policy and other applicable policies of the hospital;

- (n) working cooperatively with Medical Staff appointees, other allied health professionals, nurses and other hospital personnel so as not to adversely affect patient care; and
- (o) participating in applicable continuing education programs.

Article III - Section 5. Professional Conduct:

Allied health professionals who are granted permission to practice in the hospital are expected to relate in a positive and professional manner to other health care professionals, and to cooperate and work collegially with the Medical Staff leadership and hospital management and personnel. Professional conduct shall also include, but not be limited to, each individual's obligation to present himself or herself at the hospital physically and mentally capable of providing safe and competent care to patients.

Article III - Section 6. Pre-Application Process:

- (a) An application for permission to practice in the hospital shall be sent only to those classes of allied health professionals who have been approved by the Board, who meet the general qualifications set forth in this policy, and who meet the specific qualifications relating to each applicant's area of practice.
- (b) Any allied health professional who requests an application for permission to practice in the hospital shall initially be sent:
 - (1) a letter that outlines the general qualifications set forth in this policy and the specific qualifications set forth in the policy relating to each applicant's area of practice, explains the review process, and outlines the scope of practice or clinical privileges approved by the Board for such allied health professionals in the hospital; and
 - (2) a pre-application form which requests proof that the individual meets the general qualifications outlined in this policy and in the

- policies relating to the applicant's area of practice. A completed pre-application form with copies of all required documents must be returned to the Medical Staff Office within thirty (30) days after the individual's receipt of the pre-application form if further consideration is desired.
- (c) The applicant shall indicate on the pre-application form the specific procedures or clinical activities which the applicant desires to perform.
 - (d) Only those individuals who meet the general qualifications outlined in this policy shall be given an application. Individuals who fail to meet the general qualifications shall not be given an application and shall be so notified.

Article III - Section 7. Information to be Submitted With Applications:

- (a) Application forms shall be sent from the Medical Staff Office to those individuals who return completed pre-application forms and who meet the general qualifications set forth in this policy and the specific qualifications outlined in the policy relating to their areas of practice.
- (b) Application form shall require detailed information concerning the applicant's professional qualifications, including:
 - (1) the names and addresses of at least two (2) individuals who have had recent experience in observing and working with the applicant, and who can provide adequate information pertaining to the applicant's current professional competence and character;
 - (2) the names and addresses of the department chiefs, physician employers and/or supervising physician(s) at any and all hospitals or other institutions at which the applicant has worked or trained;
 - (3) information as to whether the applicant's permission to practice and/or affiliation has ever been voluntarily or

involuntarily relinquished, denied, revoked, suspended, reduced, or not renewed at any hospital or health care facility;

- (4) information as to whether the applicant has ever voluntarily or involuntarily withdrawn his or her application or resigned before a final decision by a hospital's or health care facility's governing board or designee;
- (5) information as to whether the applicant's (a) membership in any local, state, or national professional society, (b) license or certification to practice any profession in any state, or (c) Drug Enforcement Administration certification (if applicable) is, or has ever been involuntarily relinquished, suspended, modified, terminated, restricted, or is currently being challenged;
- (6) information concerning the applicant's professional liability insurance coverage, including the name of the insurance company, the amount and classification of such coverage, whether said insurance policy covers the clinical privileges or scope of practice the applicant requests, and a consent to the release of information from present and past professional liability insurance carriers;
- (7) information concerning the applicant's malpractice litigation experience and/or any professional misconduct proceedings involving the applicant in this state or any other state, whether such proceedings are closed or still pending, including the substance of the allegations of such proceedings or actions, the substance of the findings of such proceedings or actions, the ultimate disposition of any such proceedings or actions that have been closed, and any additional information concerning such proceedings or actions as the applicant or the hospital may deem appropriate;

- (8) information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid, or any other government sponsored program or any private or public medical insurance program;
 - (9) current information regarding the applicant's ability to perform safely and competently the clinical privileges or scope of practice requested;
 - (10) information as to whether the applicant has ever been a defendant in a felony criminal action or convicted of a felony crime, including details about any such instance;
 - (11) information regarding the citizenship and/or visa status of the applicant;
 - (12) the applicant's signature; and
 - (13) such other information as the hospital may require.
- (c) Any application that does not provide the information requested on the application form shall not be considered or processed.

Article III - Section 8. Submission of Application:

- (a) Completed applications shall be submitted to the Medical Staff Office and must be accompanied by the designated non-refundable processing fee. After reviewing the application to determine that all questions have been answered, and after reviewing all references and other information or materials deemed pertinent, and after verifying the information provided in the application with primary sources, the Medical Staff Office shall transmit the completed application along with all supporting materials to the appropriate review body. The appropriate review body for Licensed Independent Practitioners shall be the Credentials Committee of the Medical Staff. All other applications from

allied health professionals shall be reviewed by the Allied Health Professional Review Committee.

- (b) An application shall be deemed to be complete when all questions on the application form have been answered, all supporting documentation has been supplied and all information verified. An application shall become incomplete if the need arises for new, additional or clarifying information anytime during the evaluation.
- (c) Any application that continues to be incomplete ninety (90) days after the applicant has been notified of the additional information required shall be deemed to be withdrawn. It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An incomplete application will not be processed.
- (d) If the recommendation of the appropriate reviewing committee (Credentials Committee or Allied Health Professional Review Committee) is delayed longer than ninety (90) days, the chairperson of the appropriate committee shall send a letter to the applicant, with a copy to the Executive Committee and the Chief Executive Officer, explaining the reasons for the delay.

Article III - Section 9. Burden of Providing Information:

- (a) The applicant shall have the burden of producing information deemed adequate by the hospital for a proper evaluation of competence, character, ethics, and other qualifications, and of resolving any doubts about such qualifications.
- (b) The applicant shall have the burden of proving that all the statements made and information given on the application are true and correct. Any misstatement, omission and/or representation on the application, whether intentional or not, shall constitute cause for immediate cessation of the processing of the application, and

no further processing shall occur. In the event that Licensed Independent Practitioner or Physician Extender status has been granted prior to discovery of such misstatement, misrepresentation or omission, such discovery may be deemed to constitute an automatic relinquishment of all clinical privileges or scope of practice, and resignation as a Licensed Independent Practitioner or Physician Extender. In either situation, there will be no entitlement to the procedural rights provided in this policy.

Article III - Section 10. Release and Immunity:

By applying for permission to practice in the hospital as an allied health professional, applicants expressly accept and agree to the following conditions (whether or not permission is granted):

- (a) The applicant specifically authorizes the hospital and its authorized representatives to consult with any third party who may have information bearing on the applicant's professional qualifications, credentials, clinical competence, character, health status, ethics, behavior, or any other matter reasonably having a bearing on the applicant's qualifications to practice as a Licensed Independent Practitioner or Physician Extender. This authorization includes the right to inspect or obtain any and all communications, reports, records, and documents from said third parties. The applicant also specifically authorizes said third parties to release said information to the hospital and its authorized representatives upon request.
- (b) To the fullest extent permitted by law, the applicant releases from any and all liability, extends absolute immunity to, and agrees not to sue the hospital, its authorized representatives, and any third parties with respect to any acts, communications or documents, recommendations, or disclosures involving the applicant.

ARTICLE IV
CREDENTIALING PROCEDURES

Article IV - Section 1. Credentialing Procedure for
Licensed Independent Practitioners:

- (a) The appropriate clinical department chairperson shall examine the application and all supporting information and documentation, and make a written report to the Credentials Committee regarding the applicant's qualifications for the clinical privileges requested. The clinical department chairperson may also meet with the applicant to discuss any aspects of the applicant's qualifications to perform the clinical privileges requested.
- (b) The Credentials Committee may use the expertise of any individual on the Medical Staff or at the hospital, or an outside consultant, if additional information is required regarding the applicant's qualifications. In evaluating the application, the Credentials Committee may also meet with the applicant.
- (c) If the Credentials Committee's initial recommendation is adverse to the applicant, the applicant shall be given the opportunity to meet with the Credentials Committee before a final recommendation is made. This meeting shall be informal and shall not be considered a hearing. Following this meeting, the Credentials Committee shall make a recommendation to the Board or its designee.
- (c) Licensed Independent Practitioners who are employees of the hospital shall be governed by such hospital policies, manuals and descriptions as may be established from time to time by hospital management. The Chief Executive Officer or a designee shall consult with the Credentials Committee regarding the qualifications of those hospital employees whose responsibilities require the delineation of clinical privileges. Those Licensed

Independent Practitioners that require delineation of clinical privileges will be processed through the Credentials Committee.

Article IV - Section 2. Credentialing Procedure for Physician Extenders:

- (a) The appropriate hospital supervisor and/or clinical department chairperson shall examine the application and all supporting information and documentation, and make a written report to the Allied Health Professional Review Committee regarding the applicant's qualifications for the clinical privileges or scope of practice requested. The clinical privileges or scope of practice requested shall not include privileges that the employing and/or supervising physician has not been currently granted. The hospital supervisor and/or clinical department chairperson may also meet with the applicant and the employing or supervising physician, if applicable, to discuss any aspects of the applicant's qualifications to perform the clinical privileges or scope of practice requested. The supervising physician must sign the applicant's application for the requested privileges or scope of practice. The state law required copy of the currently filed practice protocol must be submitted with the application.
- (b) The Allied Health Professional Review Committee may use the expertise of any individual on the Medical Staff or at the hospital, or an outside consultant, if additional information is required regarding the applicant's qualifications. In evaluating the application, the Allied Health Professional Review Committee may also meet with the applicant and the employing or supervising physician.
- (c) If the Allied Health Professional Review Committee's initial recommendation is adverse to the applicant, the applicant and the employing or supervising physician shall be given the opportunity to meet with the Committee before a final recommendation is made. This meeting shall be informal and shall not be considered

a hearing. Following this meeting, the Allied Health Professional Review Committee shall make a recommendation to the Board or its designee.

- (d) Physician Extenders who are employees of the hospital shall be governed by such hospital policies, manuals and descriptions as may be established from time to time by hospital management. The Chief Executive Officer or a designee shall consult the Allied Health Professional Review Committee regarding the qualifications of those hospital employees whose responsibilities require the delineation of clinical privileges or scope of practice. Those Physician Extenders that require delineation of clinical privileges will be processed through the Allied Health Professional Review Committee.

Article IV – Section 3: Provisional Privileges:

- (a) All initial grants of clinical privileges for those allied health professionals practicing as Licensed Independent Practitioners and Physician Extenders at this hospital shall be provisional for a period of twelve (12) months from the date clinical privileges are granted by the Board, or longer if recommended by the Allied Health Professional Review Committee.
- (b) All clinical privileges shall be subject to focused professional practice evaluation (“FPPE”) in order to confirm competence. The FPPE assessment may include chart review, monitoring of the individual’s practice patterns, cooperation with monitoring or proctoring requirements or conditions, external review, completion of medical records, and other information obtained from physicians and hospital employees. The number and types of cases to be reviewed shall be determined by the Allied Health Professional Review Committee.

- (c) Provisional clinical privileges shall be adjusted to reflect clinical competence at the end of the provisional period or sooner, if warranted. Failure of a Licensed Independent Practitioner or Physician Extender to fulfill all requirements and conditions during the provisional period shall render the individual ineligible for continued clinical privileges unless the failure to meet such requirements is based upon good cause.

Article IV - Section 4. Renewal of Permission to Practice:

- (a) Permission for Licensed Independent Practitioners and Physician Extenders to practice in the hospital as allied health professionals is a courtesy extended by the Board and, if granted, shall be for a period not to exceed two (2) years. Renewal of clinical privileges or scope of practice shall be granted only upon submission and evaluation of a completed renewal application.
- (b) Once an application for renewal of permission to practice as an allied health professional has been completed and submitted to the Medical Staff Office, it shall be evaluated in the same manner and follow the same procedures outlined in this policy regarding evaluation of initial applications.

Article IV - Section 5. Temporary Clinical Privileges for Applicants:

- (a) Temporary clinical privileges or scope of practice shall not automatically be granted to allied health professional applicants. However, the Chief Executive Officer or a designee may, when a favorable recommendation on an application for allied health professional appointment appears reasonably likely, and after making inquiry to the National Practitioner Data Bank, verifying information as to the licensure, DEA certification, if applicable, competence, character, ethical standing, health status, including

physical and mental health, and professional liability insurance coverage, and after consulting with the department chairperson concerned, the Chairperson of the Credentials Committee or the Chairperson of the Allied Health Professional Review Committee and the Director of Medical Affairs, grant temporary clinical privileges or scope of practice to an applicant for a specific time period, not to exceed thirty (30) days. Temporary privileges may be extended for two separate thirty (30) day intervals, upon approval of the governing body. In exercising such privileges, the applicant shall act under supervision of the chairperson or appropriate designee of the clinical department in which the applicant has requested primary privileges, or the employing or supervising physician.

- (b) Special requirements of supervision and reporting may be imposed by the clinical department chairperson concerned on any allied health professional granted temporary privileges. Temporary privileges shall immediately expire if any allied health professional fails to comply with such special conditions. Notice of such expiration shall be provided by the Chief Executive Officer or a designee upon recommendation of the clinical department chairperson concerned and the Chairperson of the Credentials Committee or the Chairperson of the Allied Health Professional Review Committee.
- (c) In circumstances of disaster(s), in which the emergency management plan has been activated, the chief executive officer of chief of staff or their designee(s) may grant emergency privileges to volunteer LIPs and Physician Extenders, which may include identification from the following sources:
 - 1) current license to practice;
 - 2) current picture hospital I.D. accompanied by the LIP or Physician Extender license number;

- 3) Verification of the volunteer practitioner's identity by a current hospital or medical staff member.

Article IV - Section 6. Termination of Temporary Clinical Privileges:

- (a) The Chief Executive Officer may, at any time after consulting with the Chief of Staff, the Credentials Committee Chairperson or the chairperson of the clinical department responsible for the individual's supervision, terminate temporary clinical privileges or the scope of practice granted, and such termination shall be immediately effective.
- (b) The granting of any temporary clinical privileges or a scope of practice is a courtesy on the part of the hospital and any or all may be terminated if a clinical or behavioral question or concern has been raised. Neither the granting, denial, or termination of such privileges shall entitle the individual concerned to request the procedural rights provided in this policy.
- (c) Temporary privileges shall be automatically terminated at such time as the Credentials Committee or the Allied Health Professional Review Committee recommends not to grant the applicant allied health professional status. Similarly, temporary clinical privileges or a scope of practice shall be modified to conform to the recommendation of the Credentials Committee or Allied Health Professional Review Committee that the applicant be granted clinical privileges or a scope of practice different from the temporary activities.

Article IV - Section 7. Allied Health Professional Review Committee:

- (a) Composition:
The Allied Health Professional Review Committee shall be appointed by the Chief of Staff. Permanent members of the committee shall include the Chief of Staff or a designee and the

Director of Medical Affairs. The Chief of Staff shall appoint two (2) allied health professionals and two (2) physicians as members of the committee who shall each serve for two (2) years, with staggered terms. The Chief Nursing Officer shall serve on the committee, with vote, and the Medical Staff Coordinator shall also serve on the committee, *ex officio*, without vote. The Allied Health Professional Review Committee may call upon members from relevant medical and/or hospital departments, depending on the type of allied health professionals being considered, for information.

(b) Duties:

The Allied Health Professional Review Committee shall:

- (i) evaluate and make recommendations to the Board regarding the need for the services that could be provided by classes of allied health professionals that are not currently permitted to practice in the hospital;
- (ii) develop and recommend policies for each class of allied health professional permitted by the Board to practice in the hospital. Such policies shall specify training, education and experience requirements for applicants, the scope of practice or clinical privileges to be granted, any specific conditions that apply to the practitioners' functioning within the hospital, any on-going supervision requirements, and malpractice insurance requirements;
- (iii) review the qualifications of all individuals who apply for permission to practice at the hospital as Physician Extenders, interview such applicants as may be necessary,

and make a written report of its findings and recommendations;

(iv) monitor the quality of care provided by Physician Extenders at the hospital; and

(v) review, as questions arise, information available regarding the clinical competence and behavior of Physician Extenders and, as a result of such review, make a written report of its findings and recommendations.

(c) Meetings, Reports and Recommendations:

The Allied Health Professional Review Committee shall meet as often as necessary to accomplish its duties, but at least quarterly, shall maintain a permanent record of its proceedings and actions, and shall make a report of its recommendations after each meeting to the Board, through the Chief Executive Officer. The chairperson of the committee shall be available to meet with the Board, its committee or the Chief Executive Officer on all recommendations that the Allied Health Professional Review Committee may make.

Article IV - Section 7. Allied Health Professional Review Committee:

Advanced Practice Provider Council

Nominations and appointment of a Chair for the Advanced Practice Provider Council (APP Council) to serve on the Credentials Committee and Medical Executive Committee, with vote, shall be made by the Advanced Practice Provider Council.

ARTICLE V
PROCEDURAL RIGHTS APPLICABLE
TO LICENSED INDEPENDENT PRACTITIONERS

Article V - Section 1. Initiation of a Hearing:

- (a) In the event that a Licensed Independent Practitioner is not granted permission to practice in the hospital, or that permission is terminated, the Licensed Independent Practitioner shall be notified of the recommendation, the specific reasons for the recommendation, and that he or she may request a hearing before the adverse recommendation is transmitted to the Board.
- (b) If the Licensed Independent Practitioner desires to request a hearing, he or she must make such request in writing directed to the Chief Executive Officer within thirty (30) days after receipt of written notice.
- (c) If such a request is made, the Chief Executive Officer shall appoint a hearing panel composed of up to three (3) individuals (including, but not limited to, individuals appointed to the Medical Staff, allied health professionals, hospital management or individuals not connected to the hospital), and a presiding officer who may be legal counsel to the hospital. The hearing panel shall not include anyone who previously participated in the recommendation, any relatives, practice partners or economic competitors of the Licensed Independent Practitioner. The hearing shall be convened within thirty (30) days after the request is received.
- (d) As an alternative to the hearing panel described in paragraph (c) of this Section, the Chief Executive Officer, after consulting with the Chief of Staff (and Chairperson of the Board if the hearing is occasioned by a Board determination), may instead appoint a hearing officer to perform the functions that would otherwise be carried out by the hearing panel. The hearing officer shall

preferably be an attorney neutral to both the hospital and the affected practitioner. The hearing officer may not be in direct economic competition with the individual requesting the hearing and shall not act as a prosecuting officer or as an advocate to either side at the hearing. If the hearing officer is an attorney, he or she shall not represent clients who are in direct economic competition with the affected individual. In the event a hearing officer is appointed instead of a hearing panel, all references in this Article to the “hearing panel” shall be deemed to refer instead to the hearing officer, unless the context would clearly otherwise require.

Article V - Section 2. Discovery:

- (a) There is no right to discovery in connection with the hearing. However, the individual requesting the hearing shall be entitled, upon specific written request, to the following, provided that the written request must state that all documents shall be maintained as confidential and shall not be disclosed or used for any purpose outside of the hearing:
 - (1) copies of, or reasonable access to, all patient medical records referred to in the written statement of reasons for the adverse recommendation, at the individual’s expense;
 - (2) reports of experts relied upon by the Credentials Committee and/or the Board;
 - (3) redacted copies of relevant committee or department meeting minutes (such provision does not constitute a waiver of the state peer review protection statute); and
 - (4) copies of any other documents relied upon by the Credentials Committee and/or the Board.
- (b) Prior to the hearing, on dates set by the Presiding Officer or as agreed upon by counsel for both sides, each party shall provide the other party with a list of proposed exhibits including, but not limited to, copies of any expert report or other document relied

upon. All objections to documents or witnesses to the extent then reasonably known, shall be submitted to the Presiding Officer in writing in advance of the hearing. The Presiding Officer shall not entertain subsequent objections unless the party offering the objection demonstrates good cause.

Article V - Section 3. Rights of Both Sides:

- (a) At a hearing both sides shall have the following rights, subject to reasonable limits determined by the Presiding Officer:
 - (1) to call and examine witnesses to the extent available;
 - (2) to introduce exhibits;
 - (3) to cross-examine any witness on any matter relevant to the issues and to rebut any evidence;
 - (4) representation by counsel who may call, examine, and cross-examine witnesses and present the case. Both sides shall notify the other of the name of that counsel at least ten (10) days prior to the date of the hearing; and
 - (5) to submit a written statement at the close of the hearing.
- (b) Any individual requesting a hearing who does not testify in his or her own behalf may be called and examined as if under cross-examination.
- (c) The Hearing Panel may question the witnesses, call additional witnesses or request additional documentary evidence.

Article V - Section 4. The Hearing:

- (a) At the hearing, a representative of the Credentials Committee shall first present the reasons for the recommendation. The Licensed Independent Practitioner shall be invited to present information both orally and in writing to refute the reasons for the recommendation, subject to a determination by the presiding officer that the information is relevant. The presiding officer shall have the discretion to determine the amount of time allotted to the presentation by the representative of the Credentials Committee and the affected individual.

- (b) The Licensed Independent Practitioner shall have the burden of demonstrating that the recommendation was arbitrary, capricious or not supported by substantial evidence. The quality of care provided to patients and the smooth operation of the hospital shall be the paramount considerations. Minutes shall be kept and shall be attached to the report and recommendation of the hearing panel.
- (c) The hearing panel (or the hearing officer) shall prepare a written report and recommendation within thirty (30) days after the conclusion of the proceeding, and shall forward it, along with all supporting information, to the Chief Executive Officer and to the Executive Committee for information and comment. The Chief Executive Officer shall send a copy of the written report and recommendation, by certified mail, return receipt requested, to the Licensed Independent Practitioner.

Article V - Section 5. Appeal Procedure:

- (a) If the Licensed Independent Practitioner is dissatisfied with the report, he or she may appeal in writing to the Chief Executive Officer within ten (10) days after notice of such recommendation. The request must include a statement of the reasons, including specific facts, which justify an appeal. The request shall be delivered to the Chief Executive Officer either in person or by certified mail. If a written request for appeal is not submitted within the ten (10) day timeframe specified herein, the recommendation and supporting information shall be forwarded by the Chief Executive Officer to the Chairperson of the Board for final action. If a timely request for appeal is submitted, the Chief Executive Officer shall forward the report and recommendation, the supporting information and the request for appeal to the Board or its designee.
- (b) The grounds for appeal shall be limited to the following: (i) there was substantial failure to comply with this policy and/or other

applicable bylaws or policies of the hospital or the Medical Staff, and/or (ii) the recommendation was arbitrary, capricious or not supported by substantial evidence.

- (c) The Board or its designee will consider the record upon which the adverse recommendation was made. New or additional written information that is relevant and could not have been made available to the hearing panel (or the hearing officer) during the initial review of the matter, may be considered in the discretion of the Board or its designee.
- (d) The Board may affirm, modify or reverse the recommendation of the Review Panel or, in its discretion, refer the matter for further review and recommendation, or make its own decision based upon the Board's ultimate legal responsibility to grant appointment and clinical privileges. If the Board appoints a designee for such a matter, the designee shall make its decision on behalf of the Board. Such decision shall be deemed to constitute final action by the Board.

ARTICLE VI
CONDITIONS OF PRACTICE APPLICABLE TO
PHYSICIAN EXTENDERS

Article VI - Section 1. Supervision of Physician Extenders:

- (a) Any activities permitted by the Board to be done at the hospital by a Physician Extender shall be done only under the direct supervision of the physician employing or supervising that individual. Except as provided by law or hospital policy, “direct supervision” shall not require the actual physical presence of the employing or supervising physician.
- (b) During the first 90 days of the physician-PA supervisory relationship, the responsible physician shall review and authenticate all medical records and charts of each patient evaluated or treated by the physician assistant within 14 days of the date the physician assistant evaluated or treated the patient. Electronically generated signatures are acceptable.
- (c) After the first 90 days of the physician-PA supervisory relationship, the responsible physician shall document the periodic review and evaluation of the physician assistant’s performance, which may include the review of patient records and charts. Documentation of this review shall be kept on file at each practice location and shall be made available to the board upon request.
- (d) Physician Extenders may function in the hospital only so long as they remain employees of, and/or are directly supervised by, a physician currently appointed to the Medical Staff. Should the Medical Staff appointment or clinical privileges of the staff physician employing a Physician Extender be revoked or terminated, the Physician Extender’s permission to practice in the

hospital shall be deemed to be automatically relinquished. However, the Allied Health Professional Review Committee may recommend that the Physician Extender be permitted to arrange for employment or supervision by another physician appointed to the Medical Staff. Physician Extenders (Allied Health Professionals) are limited to the same scope of practice as the supervising/employing physician (Active or Consulting).

- (e) If the Allied Health Professional Review Committee's recommendation is adverse to the Physician Extender, the affected individual and/or the employing physician shall be given the opportunity to appear personally before the Allied Health Professional Review Committee to discuss the Committee's recommendation before it is forwarded to the Board or its designee for final action.

Article VI - Section 2. Questions Regarding Authority of Physician Extender:

- (a) All questions regarding the clinical competence or authority of a Physician Extender shall be referred to the supervising physician and, when warranted, to the Allied Health Professional Review Committee for resolution.
- (b) Any question regarding the professional conduct or scope of activities of a Physician Extender shall be reported to the Chairperson of the Allied Health Professional Review Committee or the Chief Executive Officer. At all times the employing or supervising physician shall remain responsible for all acts of the Physician Extender while at the hospital.

Article VI - Section 3. Responsibilities of Employing or Supervising Physician:

- (a) The number of Physician Extenders acting as employees of or under the supervision of one (1) physician, as well as the acts they may undertake, shall be consistent with applicable state statutes

and regulations, the rules and regulations of the Medical Staff, and the policies of the Board.

- (b) It shall be the responsibility of the physician employing or supervising the Physician Extender to provide, or to arrange for, professional liability insurance coverage for the Physician Extender in amounts required by the Board that covers any activities of the Physician Extender at the hospital, and to furnish evidence of such coverage to the hospital. The Physician Extender shall act at the hospital only while such coverage is in effect.

ARTICLE VII
AMENDMENTS

- (a) This Policy on Allied Health Professionals may be amended by a majority vote of the members of the Executive Committee present and voting at any meeting of that committee where a quorum exists, provided that the written recommendations of the Credentials and Allied Health Professional Review Committees concerning the proposed amendments shall have first been received and reviewed by the Executive Committee. In addition, notice of all proposed amendments shall be sent to all affected allied health professionals practicing at the hospital, and posted on the Medical Staff bulletin board at least fifteen (15) days prior to the Executive Committee meeting. Any Medical Staff member shall have the right to submit written comments to the Executive Committee regarding any proposed amendment prior to such meeting. No amendment to this policy shall be effective unless and until it has been approved by the Board.
- (b) This policy may also be amended by the Board on its own motion provided that any such amendment is first submitted to the Credentials and Allied Health Professional Review Committees and the Executive Committee for review and comment at least thirty (30) days prior to any final action by the Board. Instances where such action by the Board shall be warranted shall be limited to the following:
 - (1) action to comply with changes in federal and state laws that affect the hospital and the hospital corporation, including any of its entities;
 - (2) action to comply with requirements imposed by the hospital's general and professional liability or Director's and Officer's insurance carrier; and

- (3) action to comply with state licensure requirements, accreditation standards, other applicable accreditation or certifying agencies, the Medicare Conditions of Participation for Hospitals and/or requirements applicable to the Medicaid Program.

ARTICLE VIII

ADOPTION

This Policy on Allied Health Professionals is adopted and made effective upon approval of the Board, superseding and replacing any and all other Medical Staff bylaws, rules, regulations, policies, manuals or hospital policies, rules and regulations pertaining to the subject matter thereof.

Adopted by the Medical Staff:

By: /s/ Gregory A. Woods, MD

Chief of Staff

Date: 2/23/98

Approved by the Board of HaysMedicalCenter

By: /s/ Darrell Werth

Chairperson of the Board

Date: 3/19/98

APPENDIX A

Those allied health professionals currently practicing as Licensed Independent Practitioners at Hays Medical Center are as follows:

Certified Registered Nurse Anesthetists (CRNA)

Doctor of Education (Ed.D.)

Doctor of Philosophy (Ph.D.)

Licensed Psychologist (LP)

Licensed Specialist Clinical Social Workers (LSCSW)

Optometrists

APPENDIX B

Those allied health professionals currently practicing as Physician Extenders at Hays Medical Center are as follows:

Advanced Practice Registered Nurses (APRN)
Advanced Practice Registered Nurses-Certified (APRN-C)
Family Nurse Practitioners (FNP)
Licensed Clinical Marriage and Family Therapist (LCMFT)
Licensed Clinical Professional Counselor (LCPC)
Licensed Clinical Psychotherapist (LCP)
Licensed Marriage and Family Therapist (LMFT)
Licensed Masters Level Psychologists (LMLP)
Licensed Masters Social Workers (LMSW)
Licensed Professional Counselor (LPC)
Physician Assistants (PA-C)
Registered Dietitian Nutritionist (RDN)
Temporary Licensed Psychologist (TLP)

Revised 9/16/98; 3/25/02; 7/24/02; 1/08; 6/11; 11/12; 11/15
Appvd. AHP 9/15/98; 1/08; 7/15/08; 1/19/10; 7/19/11; 11/13/12; 9/11/18; 1/11/2022
Appvd. Credentials Committee 10/7/98; 1/08 1/6/10; 7/6/1; 11/7/12; 1/8/13; 11/12/13; 1/6/16; 9/4/28; 1/10/2022
Appvd. Medical Executive Committee 11/11/98; 9/14/04; 1/08; 9/10/08; 1/14/09; 1/13/10; 7/13/11; 11/14/12;
1/9/13; 11/13/13; 1/13/16; 9/12/18; 1/12/2022
Appvd Board of Directors 11/23/98; 9/30/02; 9/27/04; 2/25/08; 9/29/08; 3/30/09; 1/25/10; 7/25/11; 11/19/12;
1/28/13; 11/18/13/ 1/25/16; 9/24/18; 1/31/2022
Technical Change – removed Perfusionist – now under Human Resources 3/2022.
Reprinted 4/2002; 10/02; 10/03; 12/04; 6/06; 6/07; 3/08, 10/08; 11/09