

**BAYLOR SCOTT & WHITE
MEDICAL CENTER – HILLCREST**

**MEDICAL STAFF BYLAWS, POLICIES AND
RULES AND REGULATIONS**

POLICY ON ALLIED HEALTH PRACTITIONERS

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APPENDIX A

APPENDIX B

ARTICLE 1

DEFINITIONS

1.1. Definitions

The following definitions apply to terms used in this Policy:

- (a) "ALLIED HEALTH PRACTITIONER" means individuals other than physicians, dentists, and podiatrists who are authorized by the Board or Chief Executive Officer to provide patient care services to patients;
- (b) "BOARD" means the Board of Trustees of Hillcrest Baptist Medical Center, which has the overall responsibility for the conduct of the Medical Center;
- (c) "CHIEF EXECUTIVE OFFICER" means the President of the Medical Center or the President's designee who has been appointed by the Board to act on its behalf in the overall management of the Medical Center;
- (d) "CLINICAL PRIVILEGES" means the authorization granted by the Board to Level 1 Medical Assistants and Medical Associates to render specific patient care services;
- (e) "EXECUTIVE COMMITTEE" means the Executive Committee of the Medical Staff unless specifically written "Executive Committee of the Board";
- (f) "MEDICAL ASSISTANT" means a licensed or certified health care practitioner not appointed to the Medical Staff who has been approved by the Board and permitted to function under physician supervision. There will be two levels of Medical Assistants. Level 1 Medical Assistants include Physician Assistants, Advanced Practice Registered Nurses, and Anesthesiologist Assistants. Level 2 Medical Assistants include all other practitioners. Unless otherwise stated, reference to "Medical Assistant" includes both Level 1 and Level 2 practitioners;

- (g) "MEDICAL ASSOCIATE" means a licensed practitioner not appointed to the Medical Staff, who has been approved by the Board and granted clinical privileges to provide care to patients, whose state licensure does not require direct physician supervision;
- (h) "MEDICAL CENTER" means Hillcrest Baptist Medical Center, unless otherwise specified;
- (i) "MEDICAL STAFF" means all medical physicians and osteopathic physicians licensed to practice medicine in the State of Texas and dentists licensed to practice dentistry in the State of Texas and podiatrists licensed to practice podiatry in the State of Texas who have been appointed by the Board of Trustees to a category of the Medical Center Medical Staff and, except for Honorary Staff members who have been granted specific clinical privileges in a specific clinical department or departments by the Board of Trustees, are thereby privileged to attend patients and furnish patient care in the Medical Center;
- (j) "MEMBER" means any physician, dentist, or podiatrist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the Medical Center;
- (k) "NOTICE" means written communication by regular U.S. mail, e-mail, facsimile, hospital mail, or hand delivery;
- (l) "PHYSICIAN" means a medical physician or osteopathic physician who is duly licensed to practice medicine in the State of Texas and who is, and remains, board certified by the American Board applicable to such physician's specialty or subspecialty and specified clinical privileges, or who is qualified for such certification;
- (m) "SPECIAL NOTICE" means hand delivery, certified mail/return receipt requested, or overnight delivery service providing receipt;

- (n) "SUPERVISING PHYSICIAN" means the physician who employs and/or supervises a Medical Assistant and who is fully responsible for the actions of the Medical Assistant while he or she is practicing in the Medical Center.

1.2. Time Limits

Time limits referred to in this Policy are advisory only and are not mandatory, unless it is expressly stated that a particular right is waived by failing to take action within a specified period.

1.3. Delegation of Functions

When a function is to be carried out by a person in a particular office or by a committee, the person, or the committee through its chairperson, may delegate performance of the function to one or more qualified designees.

ARTICLE 2

SCOPE AND OVERVIEW OF POLICY

2.1. Scope of Policy

- (a) This Policy addresses those allied health practitioners who are permitted to practice or provide services at Hillcrest Baptist Medical Center.
- (b) Qualified practitioners who meet established criteria may be granted clinical privileges at the Medical Center.
- (c) This Policy sets forth the credentialing process and the general practice parameters for allied health practitioners, as well as guidelines for determining the need for additional categories of allied health practitioners at the Medical Center.

2.2. Classification of Allied Health Practitioners

- (a) Only those categories of allied health practitioners that have been approved by the Board shall be permitted to practice at the Medical Center.
- (b) Allied health practitioners who are permitted to practice in the Medical Center shall be classified as either "Medical Associates" or "Medical Assistants."
- (c) "Medical Associates" shall include allied health practitioners who are licensed under state law to function independently and have been granted clinical privileges to practice at the Medical Center. These individuals require no formal or direct supervision by a physician.
- (d) "Medical Assistants" shall include allied health practitioners who are authorized to function in the Medical Center as employees of, or under the direct supervision of, a physician(s) appointed to the Medical Staff ("Supervising Physician").

- (i) There shall be Level 1 and Level 2 Medical Assistants. Level 1 Medical Assistants shall include Physician Assistants, Advanced Practice Registered Nurses, Anesthesiologist Assistants, including those employed by the Medical Center. Level 2 Medical Assistants shall include all other practitioners.
- (ii) All aspects of the clinical practice of Level 2 Medical Assistants at the Medical Center shall be handled by the Medical Center's Human Resources Department in accordance with applicable human resources policies and procedures, and the provisions of this Policy shall specifically not apply. Hereinafter, the term "Medical Assistant" shall mean Level 1 Medical Assistants and the term "allied health practitioner" shall mean Medical Associates and Level 1 Medical Assistants.
- (iii) The Supervising Physician shall remain fully responsible for the actions of the Medical Assistant while he or she is practicing in the Medical Center.
- (e) A current listing of the types of allied health practitioners functioning within the Medical Center as Medical Associates is attached to this Policy as Appendix A. A current listing of the types of allied health practitioners functioning within the Medical Center as Medical Assistants is attached to this Policy as Appendix B. These Appendices may be modified or supplemented by action of the Board, after receiving the recommendations of the Executive Committee, without amending this Policy.

2.3. Guidelines for Determining Need for New Categories

of Allied Health Practitioners

- (a) Whenever an individual seeks to practice at the Medical Center as an allied health practitioner in a category which has not been approved by the Board, the

matter shall be referred to the Credentials Committee. The Committee shall evaluate the need for the particular category of allied health practitioner and prepare a report of its findings, which will be submitted to the Executive Committee. As part of the process, the allied health practitioner shall be invited to submit information about the nature of the proposed practice, the reasons why access to the Medical Center is sought, and the potential benefits to the community of having such services available at the Medical Center.

- (b) The Credentials Committee may consider the following factors when making a recommendation as to the need for services:
- (1) the nature of the services that could be offered;
 - (2) any state statute or regulation which outlines the scope of practice for the allied health practitioner;
 - (3) any state statute or regulation which requires that the Medical Center consider providing such practitioner access to its facilities;
 - (4) the patient care objectives of the Medical Center;
 - (5) the needs of the community;
 - (6) the type of training that is necessary to perform the services that could be offered and whether there are individuals with more training currently providing those services;
 - (7) the availability of supplies, equipment, and other necessary Medical Center resources;
 - (8) the availability of trained staff;
 - (9) patient convenience; and
 - (10) the ability to appropriately supervise performance.

- (c) If the Committee recommends that there is a need for the services of a new category of allied health practitioners, it shall include with its recommendations:
 - (1) any specific qualifications and/or training that they must possess beyond those set forth in this Policy;
 - (2) a detailed description of their authorized clinical privileges;
 - (3) any specific conditions that apply to their functioning within the Medical Center;
 - (4) all supervision requirements, if applicable; and
 - (5) malpractice insurance requirements.
- (d) In recommending these standards, the Committee shall consult the appropriate department chairperson(s) and applicable state law and may contact applicable practitioner societies or associations.
- (e) The Committee may also recommend to the Executive Committee the number of allied health practitioners that are needed in a particular category.

2.4. Additional Standards

- (a) If the Credentials Committee recommends that there is a need for the services of a new category of allied health practitioner, it shall include with its recommendations:
 - (1) any specific qualifications and/or training that they must possess beyond those set forth in this Policy;
 - (2) a detailed description of their authorized clinical privileges;

- (3) any specific conditions that apply to their functioning within the Medical Center;
 - (4) all supervision requirements, if applicable; and
 - (5) malpractice insurance requirements.
- (b) In recommending these standards, the Committee shall consult the appropriate department chairperson(s) and applicable state law and may contact applicable practitioner societies or associations.
- (c) The Committee may also recommend to the Executive Committee the number of allied health practitioners that are needed in a particular category.

ARTICLE 3

QUALIFICATIONS, CONDITIONS AND RESPONSIBILITIES

3.1. General Qualifications

To be eligible to apply for initial and continued permission to practice at the Medical Center, allied health practitioners must, as applicable:

- (a) have a current, unrestricted license to practice in Texas and certification and have never had a license or certification to practice revoked or suspended by any state licensing agency;
- (b) have a current, unrestricted DEA registration and state controlled substance license;
- (c) be located (office and residence) close enough, based on the practice standards of the specialty and as defined by the Board, to provide timely and continuous care for their patients in the Medical Center;
- (d) have current, valid professional liability insurance in a form and in amounts satisfactory to the Medical Center;
- (e) have never been convicted of Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse, nor have been required to pay civil penalties for the same;
- (f) have never been, and are not currently, excluded or precluded from participation in Medicare, Medicaid or other federal or state governmental health care program;

- (g) have never had appointment, clinical privileges or scope of practice denied, revoked, resigned, relinquished, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct;
- (h) have never been convicted of any felony, or of any misdemeanor relating to controlled substances, illegal drugs, insurance fraud and abuse or violence;
- (i) satisfy all additional eligibility qualifications relating to their specific area of practice;
- (j) if seeking to practice as a Medical Assistant, have a supervision agreement with a Supervising Physician who is appointed to the Medical Staff; and
- (k) document that they are highly qualified in regard to their:
 - (1) relevant training, experience, demonstrated current competence and judgment;
 - (2) adherence to the ethics of their profession;
 - (3) good reputation and character;
 - (4) ability to perform, safely and competently, the clinical privileges requested; and
 - (5) ability to work harmoniously with others sufficiently to convince the Medical Center that all patients treated by them will receive quality care and that the Medical Center and its Medical Staff will be able to operate in an orderly manner.

3.2. Waiver of Criteria

- (a) Any individual who does not satisfy a criterion may request that it be waived. The individual requesting the waiver bears the burden of demonstrating that his or her qualifications are equivalent to, or exceed, the criterion in question.
- (b) The Board may grant waivers in exceptional cases after considering the findings of the Credentials Committee, Executive Committee, or other committee designated by the Board, the specific qualifications of the individual in question, and the best interests of the Hospital and the community it serves. The granting of a waiver in a particular case is not intended to set a precedent for any other individual or group of individuals.
- (c) No individual is entitled to a waiver or to a hearing if the Board determines not to grant a waiver.

3.3. No Entitlement to Medical Staff Appointment

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

3.4. Nondiscrimination Policy

No individual shall be denied permission to practice as an allied health practitioner at the Medical Center on the basis of gender, race, creed, or national origin.

3.5. Assumption of Duties and Responsibilities

Each individual seeking to practice as an allied health practitioner shall specifically agree to the following:

- (a) to provide continuous and timely care to all patients in the Medical Center for whom the individual has responsibility;
- (b) to abide by all bylaws, policies and rules and regulations of the Medical Center and Medical Staff;
- (c) to accept committee assignments, emergency service call obligations, and such other reasonable duties and responsibilities as assigned;
- (d) to provide, with or without request, new or updated information to the Chief Executive Officer as it occurs, pertinent to any question on the application form;
- (e) to abide by the ethical standards of his or her profession;
- (f) to appear for personal interviews as requested;
- (g) to refrain from illegal fee splitting or other illegal inducements relating to patient referral;
- (h) to refrain from assuming responsibility for hospitalized patients for which he or she is not qualified or adequately supervised;
- (i) to refrain from deceiving patients as to his or her status as an allied health practitioner;
- (j) to seek consultation whenever necessary;
- (k) to participate in monitoring and evaluation activities;
- (l) to complete in a timely manner the medical and other required records containing all information required by the Medical Center;

- (m) to perform all services and conduct himself or herself at all times in a cooperative and professional manner;
- (n) to satisfy continuing education requirements; and
- (o) that, if there is any misstatement in, or omission from, the application, the Medical Center may stop processing the application (or, if permission to practice has been granted prior to the discovery of a misstatement or omission, permission may be deemed to be automatically relinquished). In either situation, there shall be no entitlement to any procedural rights provided in this Policy.

3.6. Burden of Providing Information

- (a) Allied health practitioners seeking permission to practice shall have the burden of producing information deemed adequate by the Medical Center for a proper evaluation of current competence, character, ethics, and other qualifications, and for resolving any doubts about such qualifications.
- (b) Allied health practitioners seeking permission to practice have the burden of providing evidence that all the statements made and information given on the application are accurate.
- (c) An application shall be complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information verified from primary sources. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time. Any application that continues to be incomplete 30 days after the individual has been notified of the additional information required shall be deemed to be withdrawn.

- (d) It is the responsibility of the individual seeking permission to practice to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

3.7. Application

- (a) An application to practice as an allied health practitioner shall require detailed information concerning the applicant's professional qualifications. The current applications to practice as an allied health practitioner, existing now and as may be revised, are incorporated by reference and made a part of this Policy.
- (b) In addition to other information, the application shall seek the following:
 - (1) information as to whether the applicant's clinical privileges or scope of practice have been voluntarily or involuntarily relinquished, withdrawn, denied, reduced, revoked, suspended, terminated, subjected to probationary or other conditions, not renewed at any other hospital or health care facility or is currently being investigated or challenged;
 - (2) information as to whether the applicant's license or certification to practice any profession in any state, Drug Enforcement Administration registration or any state controlled substance license is or ever has been voluntarily or involuntarily suspended, modified, terminated, restricted, relinquished or is currently being investigated or challenged;
 - (3) information concerning the applicant's professional liability litigation experience, including information concerning past and pending claims, final judgments, or settlements; and
 - (4) current information regarding the applicant's ability to safely and competently exercise the clinical privileges requested.

- (c) The applicant shall indicate on the application the clinical privileges which he or she is requesting. Additionally, the applicant shall provide a copy of his or her current curriculum vitae.
- (d) The applicant shall sign the application and certify that he or she is able to perform the clinical privileges requested and the responsibilities of allied health practitioners.

3.8. Grant of Immunity and Authorization to Obtain/Release Information

By applying for clinical privileges, the allied health practitioner expressly accepts the following conditions during the processing and consideration of the application, whether clinical privileges are granted, and as a condition of continued permission to practice, if granted:

(a) Immunity:

To the fullest extent permitted by law, the allied health practitioner releases from any and all liability, extends absolute immunity to, and agrees not to sue the Medical Center, its authorized representatives, and appropriate third parties for any matter relating to permission to practice, clinical privileges at the Medical Center, or the individual's qualifications for the same. This includes any actions, recommendations, reports, statements, communications, or disclosures involving the individual which are made, taken, or received by the Medical Center, its authorized agents, or appropriate third parties.

(b) Authorization to Obtain Information from Third Parties:

The allied health practitioner specifically authorizes the Medical Center and its authorized representatives (1) to consult with any third party who may have information bearing on the allied health practitioner's professional qualifications, credentials, clinical competence, character, ability to perform

safely and competently, ethics, behavior, or any other matter reasonably having a bearing on his or her qualifications for permission to practice at the Medical Center, and (2) to obtain any and all communications, reports, records, statements, documents, recommendations, or disclosures of third parties that may be relevant to such questions. The allied health practitioner also specifically authorizes third parties to release this information to the Medical Center and its authorized representatives upon request.

(c) Authorization to Release Information to Third Parties:

The allied health practitioner also authorizes Medical Center representatives to release information to other hospitals, health care facilities, managed care organizations, and their agents when information is requested in order to evaluate his or her professional qualifications for appointment, privileges, permission to practice, and/or participation status at the requesting organization/facility.

(d) Procedural Rights:

The allied health practitioner agrees that the procedural rights set forth in this Policy shall be the sole and exclusive remedy with respect to any professional review action taken by the Medical Center.

(e) Legal Actions:

If, notwithstanding the provisions in this Section, an allied health practitioner institutes legal action and does not prevail, he or she shall reimburse the Medical Center and any of its authorized representatives named in the action for all costs incurred in defending such legal action, including reasonable attorney's fees.

ARTICLE 4

CREDENTIALING PROCEDURE

4.1. Request for Application

An individual who requests an application for permission to practice at the Medical Center as an allied health practitioner shall be sent a letter that outlines both the general qualifications in this Policy and the specific qualifications relating to the applicant's area of practice. The letter shall also explain the review process and outline the clinical privileges approved by the Board for the class of practitioner involved. An application form shall be included with this letter.

4.2. Submission of Application

A completed application form, with copies of all required documents, must be returned to the Medical Staff Office within 30 days after receipt if the individual desires further consideration to practice as an allied health practitioner.

4.3. Preliminary Determination of Eligibility

- (a) The Medical Staff Office shall review all applications and shall determine whether all of the applicable qualifications to practice as an allied health practitioner have been satisfied.
- (b) An application to practice as an allied health practitioner shall be processed only for those individuals who: (i) are in one of the classes of practitioners approved by the Board; (ii) satisfy the general qualifications in this Policy; and (iii) satisfy the specific qualifications relating to their area of practice.

- (c) Applications from individuals who meet these qualifications will be processed further. Individuals who do not meet these qualifications shall be notified that they are not eligible to practice at the Medical Center. A determination of ineligibility does not entitle an individual to the procedural rights outlined in this Policy.

4.4. Initial Review of Application

- (a) The Medical Staff Office shall review the application to determine if all questions have been answered, all references and other information or materials have been received, and pertinent information provided on the application has been verified with primary sources. Thereafter, the completed application and all supporting materials shall be transmitted to the applicable department chairperson.
- (b) The appropriate supervisor within the Medical Center and, if applicable, the relevant department chairperson shall examine the application and all supporting information and make a written report regarding the applicant's qualifications for the clinical privileges requested.

4.5. Credentials Committee Review

- (a) The Credentials Committee shall review all relevant information about the applicant, including the report of the department chairperson and the appropriate Medical Center supervisor, and determine whether the applicant has satisfied all of the qualifications for the clinical privileges requested. The Credentials Committee shall then prepare a written report containing its findings and recommendations.

- (b) The recommendation of the Credentials Committee shall be forwarded to the Executive Committee.

4.6. Executive Committee Recommendation

- (a) At its next regular meeting, upon receipt of the written findings and recommendations of the Credentials Committee, the Executive Committee shall:
 - (1) adopt the findings and recommendations of the Credentials Committee as its own; or
 - (2) refer the matter back to the Credentials Committee for further consideration and responses to specific questions raised by the Executive Committee prior to its final recommendation; or
 - (3) state its reasons in its report and recommendation, along with supporting information, for its disagreement with the Credentials Committee's recommendation.
- (b) If the recommendation of the Executive Committee is to grant the clinical privileges requested, the recommendation shall be forwarded to the Board through the Chief Executive Officer.
- (c) If the recommendation of the Executive Committee would entitle the applicant to the procedural rights set forth in Article 6, the Chief Executive Officer shall send the applicant special notice. The Chief Executive Officer shall then hold the application until after the applicant has completed or waived the procedural process outlined in this Policy.

4.7. Final Board Action

- (a) The Board may delegate to a committee, consisting of at least two Board members, action on permission to practice and clinical privileges if there has been a favorable recommendation from the Credentials Committee and the Executive Committee and there is no evidence of any of the following:
 - (1) a current or previously successful challenge to any license or registration;
 - (2) an involuntary termination, limitation, reduction, denial, or loss of permission to practice or privileges at any other hospital or other entity; or
 - (3) an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.

Any decision reached by the Board Committee to grant the applicant permission to practice and clinical privileges shall be effective immediately and shall be forwarded to the Board for ratification at its next meeting.

- (b) When there has been no delegation to the Board Committee, upon receipt of a recommendation from the Executive Committee, the Board may:
 - (1) grant the applicant clinical privileges; or
 - (2) refer the matter back to the Credentials Committee or the Executive Committee or to another source inside or outside the Medical Center for additional research or information; or
 - (3) reject or modify the recommendation.
- (c) If the decision of the Board is favorable, notice of the decision shall be sent to the applicant.
- (d) If the preliminary decision of the Board is unfavorable, the Chairman of the Board should first discuss the matter with the President of the Medical Staff. If

the Board's decision remains unfavorable to the applicant, the Chief Executive Officer shall promptly send special notice to the applicant that the applicant, is entitled to the procedural rights set forth in Article 6 of this Policy.

4.8. Temporary Clinical Privileges

- (a) Temporary privileges may be granted by the Chief Executive Officer to meet an important patient care need that requires immediate authorization to practice. Specifically, temporary privileges may be granted for: (i) the care of a specific patient or (ii) an individual serving as a locum tenens. Prior to a grant of temporary privileges in these situations, current licensure and current competence shall be verified and the Data Bank will be queried.
- (b) Temporary privileges may be granted by the Chief Executive Officer, after consultation with the Chairperson of the Credentials Committee or the Chairperson of the Executive Committee, when an allied health practitioner has submitted a completed application and the application is pending review by the Executive Committee and Board. Prior to a grant of temporary privileges in this situation, the credentialing process, where applicable, must be complete, including verification of current licensure, DEA registration, Texas Department of Public Safety Controlled Substance Registration Certificate, relevant training or experience, current competence, and ability to exercise the privileges requested; compliance with privileges criteria; and consideration of information from the Data Bank. In order to be eligible for temporary privileges, an individual must demonstrate that there are no current or previously successful challenges to his or her licensure or registration and that he or she has not been subject to involuntary termination, limitation, reduction, or denial of clinical privileges at another health care facility.

- (c) Prior to temporary privileges being granted, the individual must agree in writing to be bound by all applicable Bylaws, Rules and Regulations, policies, procedures and protocols.
- (d) Temporary privileges shall be granted for a specific period of time; as warranted by the situation. In no situation should the initial grant of temporary privileges be for a period exceeding 120 days.
- (e) Temporary privileges shall expire at the end of the time period for which they are granted.
- (f) In exercising temporary privileges, the individual shall act under the supervision of the applicable department chairperson or individual(s) designated by the Executive Committee. Special requirements of supervision and reporting may be imposed on any individual granted temporary clinical privileges. Temporary clinical privileges shall be immediately terminated by the Chief Executive Officer upon notice of any failure by the individual to comply with such special conditions.
- (g) The Chief Executive Officer may, at any time after consulting with the President of the Medical Staff, the Chairperson of the Credentials Committee, or the department chairperson, terminate temporary admitting privileges.
- (h) If the care or safety of patients might be endangered by continued treatment by the individual granted temporary privileges, the Chief Executive Officer, the department chairperson, or the President of the Medical Staff may immediately terminate all temporary privileges. The department chairperson or the President of the Medical Staff shall assign to another practitioner responsibility for the care of such individual's patients until they are discharged. Whenever possible, consideration shall be given to the wishes of the patient in the selection of a practitioner.

- (i) The granting of temporary privileges is a courtesy and may be terminated for any reason.
- (j) Neither the denial nor termination of temporary privileges shall entitle the individual to the procedural rights set forth in Article 6.
- (k) Temporary clinical privileges shall be automatically terminated at such time as the Executive Committee recommends unfavorably with respect to an applicant's clinical privileges. At the Executive Committee's discretion, temporary clinical privileges shall be modified to conform to the recommendation of the Executive Committee that the applicant be granted different permanent privileges from the temporary privileges.

4.9. Renewal of Permission to Practice

- (a) Permission to practice at the Medical Center as an allied health practitioner is a courtesy extended by the Board and, if granted, shall be for a period not to exceed two years. Renewal of clinical privileges shall be granted only upon submission of a completed renewal application.
- (b) Failure to submit an application at least two months prior to the expiration of the individual's current term shall result in automatic expiration of clinical privileges at the end of the then current term.
- (c) Once an application for renewal of permission to practice 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 initial applications.

4.10. Renewal Process for Allied Health Practitioners

- (a) The procedures pertaining to an initial request for clinical privileges, including eligibility criteria, will be applicable in processing requests for renewal.
- (b) As part of the process for renewal of clinical privileges, the following factors will be considered:
 - (1) an assessment prepared by the applicable department chairperson;
 - (2) an assessment prepared by a peer (where possible);
 - (3) results of the Medical Center's performance improvement and peer review activities, taking into consideration, when applicable, practitioner-specific information concerning other individuals in the same or similar specialty; and
 - (4) resolution of any verified complaints received from patients or staff.
- (c) Applicants seeking renewal of clinical privileges who are the subject of an adverse recommendation shall be entitled to the procedural rights outlined in Article 6 before the Board takes final action.

4.11. Administrative Suspension

- (a) The Chief Executive Officer, the President of the Medical Staff, the Chief Medical Officer, and the appropriate department chairperson shall each have the authority to impose an administrative suspension of all or any portion of the clinical privileges of any allied health practitioner whenever a question has been raised about such individual's professional care or conduct.
- (b) An administrative suspension shall become effective immediately upon imposition, shall immediately be reported in writing to the Chief Executive Officer and the President of the Medical Staff, and shall remain in effect unless or until modified by the Chief Executive Officer.

- (c) Upon receipt of notice of the imposition of an administrative suspension, the Executive Committee shall review and consider the question(s) raised and thereafter make a recommendation to the Board for further action.

4.12. Automatic Relinquishment of Clinical Privileges

The clinical privileges of an allied health practitioner shall be automatically relinquished, without entitlement to the procedural rights outlined in this Policy, in the following circumstances:

- (a) the allied health practitioner no longer satisfies all of the threshold eligibility criteria set forth in Section 4.1 (a-j) or any additional threshold qualifications set forth in the relevant privilege delineation; or
- (b) the medical staff appointment or clinical privileges of the Supervising Physician of a Medical Assistant is revoked or terminates for any reason (unless another physician on the Medical Staff agrees to assume the responsibilities of the Supervising Physician).

4.13. Leave of Absence

- (a) An allied health practitioner may request a leave of absence, for a period not to exceed a year, by submitting a written request to the Chief Executive Officer. The Chief Executive Officer will determine whether a request for a leave of absence shall be granted. Requests for reinstatement must be made at least 30 days prior to the conclusion of the leave of absence.
- (b) If the leave of absence was for health reasons, the request for reinstatement must be accompanied by a report from the individual's physician indicating that

the individual is physically and/or mentally capable of resuming a Medical Center practice and safely exercising the clinical privileges requested.

- (c) The request for reinstatement shall be referred to the Credentials Committee for review and recommendation. The recommendation of the Credentials Committee shall be forwarded to the Executive Committee for recommendation and then to the Board for final action.

ARTICLE 5

CONDITIONS OF PRACTICE APPLICABLE TO

MEDICAL ASSISTANTS

5.1. Oversight by Supervising Physician

- (a) Any activities permitted to be performed by a Medical Assistant shall be performed only under the direct supervision or direction of the Supervising Physician. Except as provided by law or by an applicable Medical Center policy, "direct supervision" shall not require the actual physical presence of the Supervising Physician.
- (b) Medical Assistants may function in the Medical Center only so long as they remain employees of, or are directly supervised by, a physician currently appointed to the Medical Staff.
- (c) If the medical staff appointment or clinical privileges of a Supervising Physician are resigned, revoked or terminated, the Medical Assistant's permission to practice at the Medical Center shall automatically terminate. The Credentials Committee may, however, recommend that the Medical Assistant be permitted to arrange for supervision by another physician appointed to the Medical Staff.
- (d) As a condition for permission to practice at the Medical Center, a Medical Assistant and the Supervising Physician must submit a copy of their written supervision agreement to the Medical Center. This agreement must meet the requirements of all applicable state statutes and regulations, as well as any additional requirements of the Medical Center. It is also the responsibility of the Medical Assistant and the Supervising Physician to provide the Medical Center, in a timely manner, with any revisions or modifications that are made to the agreement.

5.2. Questions Regarding Authority of Medical Assistant

- (a) Should any member of the Medical Staff, or any employee of the Medical Center who is licensed or certified by the state, have a reasonable question regarding the clinical competence or authority of a Medical Assistant to act or issue instructions outside the presence of the Supervising Physician, such individual shall have the right to request that the Medical Assistant's Supervising Physician validate, either at the time or later, the instructions of the Medical Assistant. Any act or instruction of the Medical Assistant shall be delayed until such time as the individual with the question has ascertained that the act is clearly within the practitioner's clinical privileges as granted by the Board.
- (b) Any question regarding the conduct of a Medical Assistant shall be reported to the Chairperson of the Credentials Committee or the Chief Executive Officer for appropriate action.

5.3. Responsibilities of Supervising Physician

- (a) The Supervising Physician shall remain responsible for all acts of the Medical Assistant in the Medical Center.
- (b) The number of Medical Assistants acting under the supervision of one physician, as well as the acts they may undertake, shall be consistent with applicable state statutes and regulations and any other policies adopted by the Medical Center. The Supervising Physician shall make all appropriate filings with the Texas Board of Medical Examiners regarding the supervision and responsibilities of the Medical Assistant to the extent that such filings are required.
- (c) It shall be the responsibility of the Supervising Physician to provide, or to arrange for, professional liability insurance coverage for the Medical Assistant in

amounts required by the Board. The insurance must cover any and all activities of the Medical Assistant in the Medical Center. The Supervising Physician shall furnish evidence of such coverage to the Medical Center. The Medical Assistant shall act in the Medical Center only while such coverage is in effect.

ARTICLE 6

PROCEDURAL RIGHTS OF ALLIED HEALTH PRACTITIONERS

6.1. General

- (a) Allied health practitioners shall not be entitled to the hearing and appeals procedures set forth in the Policy on Appointment, Reappointment and Clinical Privileges. Any and all rights to which allied health practitioners are entitled are set forth in this Policy.
- (b) Procedural rights for Level 2 Medical Assistants shall be in accordance with any applicable Human Resources policies and procedures.

6.2. Procedural Rights for Allied Health Practitioners

- (a) In the event that a recommendation is made by the Executive Committee that the privileges previously granted to an allied health practitioner be restricted, terminated or not renewed, the individual shall receive special notice of the recommendation. The special notice shall include a general statement of the reasons for the recommendation and shall advise the individual that he or she may request a hearing before the recommendation is forwarded to the Board for final action.
- (b) If the allied health practitioner wants to request a hearing, the request must be in writing, directed to the Chief Executive Officer, within 30 days after receipt of written notice of the adverse recommendation.
- (c) If a request for a hearing is made in a timely manner, the Chief Executive Officer, in conjunction with the President of the Medical Staff, shall appoint a Hearing Committee composed of up to three individuals (including, but not limited to,

members of the Medical Staff, allied health practitioners, Medical Center management, individuals not connected to the Medical Center, or any combination of these individuals) and a Presiding Officer, who may be legal counsel to the Medical Center. The Hearing Committee shall not include anyone who previously participated in the recommendation, any relatives or practice partners of the allied health practitioner or any competitors of the affected individual.

- (d) As an alternative to a Hearing Committee, the Chief Executive Officer may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the Hearing Committee. The Hearing Officer shall preferably be an attorney at law. 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. In the event a Hearing Officer is appointed instead of the Hearing Committee, all references in this Article to the Hearing Committee shall be deemed to refer instead to the Hearing Officer, unless the context would clearly otherwise require.
- (e) The hearing shall be convened as soon as is practical, but no sooner than 30 days after the notice of the hearing, unless an earlier hearing date has been specifically agreed to by the parties.

6.3. Hearing Process for Allied Health Practitioners

- (a) A record of the hearing shall be maintained by a stenographic reporter or by a recording of the proceedings.
- (b) At the hearing, a representative of the Executive Committee shall first present the reasons for the recommendation.

- (c) The affected 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 both parties for the presentation of their case.
- (d) Both parties shall have the right to present witnesses. The Presiding Officer shall permit reasonable questioning of such witnesses.
- (e) The parties may be represented at the hearing by legal counsel, provided, however, that while counsel may be present at the hearing, counsel shall not call, examine, and cross-examine witnesses nor present the case.
- (f) The affected practitioner shall have the burden of demonstrating that the recommendation of the Executive Committee was arbitrary, capricious or not supported by substantial evidence. The quality of care provided to patients and the smooth operation of the Medical Center shall be the paramount considerations.
- (g) Both parties shall have the right to prepare a post-hearing memorandum for consideration by the Hearing Committee. The Presiding Officer shall establish a reasonable schedule for the submission of such memoranda.

6.4. Hearing Officer Report

- (a) Within 20 days after the conclusion of the proceeding or submission of the post-hearing memoranda, whichever date is later, the Hearing Committee shall prepare a written report and recommendation. The Hearing Committee shall forward the report and recommendation, along with all supporting information, to the Chief Executive Officer. The Chief Executive Officer shall send a copy of

the written report and recommendation by special notice to the affected practitioner and the Executive Committee.

- (b) Within ten days after notice of such recommendation, either the affected practitioner or the Executive Committee may make a written request for an appeal. 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.
- (c) If a written request for appeal is not timely submitted, 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.

6.5. Appellate Review

- (a) The grounds for appeal shall be limited to an assertion that there was substantial failure to comply with this Policy and/or other applicable bylaws or policies of the Medical Center and/or that the recommendation was arbitrary, capricious or not supported by substantial evidence.
- (b) The Chairperson of the Board, or an appellate review committee appointed by the Chairperson of the Board, shall 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 Committee may be considered at the discretion of the Chairperson or the appellate review committee. This review shall be conducted within 30 days after receiving the request for appeal.

- (c) The affected practitioner and the Executive Committee shall each have the right to present a written statement in support of its position on appeal.
- (d) At the sole discretion of the Chairperson of the Board or appellate review committee, the parties may also appear personally to discuss their position.
- (e) Upon completion of the review, the Chairperson or the appellate review committee shall provide a report and recommendation to the full Board for action. The Board shall then make its final decision based upon the Board's ultimate legal responsibility to grant privileges and to authorize the performance of clinical activities at the Medical Center.
- (f) The affected practitioner shall receive special notice of the Board's action. A copy of the Board's final action will also be sent to the Executive Committee.

6.6. Exceptions to Procedural Rights

An allied health practitioner's clinical privileges shall be automatically relinquished, without entitlement to the procedural rights outlined in this Article, in the following circumstances:

- (a) an allied health practitioner no longer satisfies all of the threshold eligibility criteria set forth in Section 3.1 (a-j) or any additional threshold qualifications set forth in the relevant privilege delineation;
- (b) a determination is made that there is no longer a need for the services that are being provided by the allied health practitioner;
- (c) the allied health practitioner fails to provide information pertaining to his or her qualifications for clinical privileges, in response to a written request from the Credentials Committee, the Executive Committee, the CEO, or any other committee authorized to request such information;

- (d) the Medical Staff appointment or clinical privileges of the Supervising Physician of a Medical Assistant is revoked or terminated for any reason (unless another physician on the Medical Staff agrees to assume the responsibilities of the Supervising Physician); or
- (e) a determination is made that there is no longer a need for the services that are being provided by the allied health practitioner.

ARTICLE 7

MEDICAL CENTER EMPLOYEES

- (a) Medical Associates and Medical Assistants who are seeking employment with, or are employed by, the Medical Center shall be initially credentialed and recredentialed using the same process set forth in Article 4 of this Policy. In these situations, a report regarding their qualifications shall be made to Medical Center management personnel or Human Resources (as appropriate) to assist them in making employment decisions. Except as may otherwise be provided by their employment contract, these allied health practitioners shall be subject to the procedural rights set forth in Article 6 of this Policy.
- (b) Except as provided in paragraph (c) below, any disciplinary concern or action with respect to an employed allied health practitioner will be governed by the Medical Center's employment policies and manuals and the terms of the individual's employment relationship and/or written contract. If an allied health practitioner's employment is terminated by the Medical Center for any reason, the individual's permission to practice in the Medical Center will automatically expire without any procedural rights set forth in this Policy.
- (c) If a concern about an employed allied health practitioner's clinical competence or conduct originates with the Medical Staff, the concern will be reviewed and addressed in accordance with Articles 4 and 6 of this Policy, after which a report will be provided to Human Resources.
- (d) Except as otherwise provided above, to the extent that the Medical Center's employment policies or manuals, or the terms of any applicable employment contract, conflict with this Policy, the employment policies, manuals, and descriptions and terms of the individual's employment relationship and/or written contract will apply.

ARTICLE 8

AMENDMENTS

8.1. Method of Adoption and Amendment

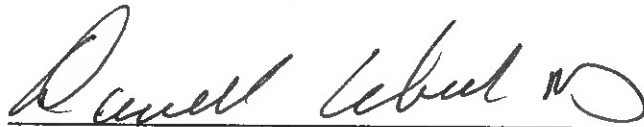
- (a) This Policy may be amended by a majority vote of the members of the Executive Committee present and voting at any meeting of that committee where a quorum exists, provided that the written recommendations of the Credentials Committee concerning the proposed amendments shall have first been received and reviewed by the Executive Committee. Notice of all proposed amendments shall be posted on the Medical Staff bulletin board at least 14 days prior to the Executive Committee meeting, and any member of the Medical Staff may submit written comments to the Executive Committee.
- (b) No amendment shall be effective unless and until it has been approved by the Board.

ADOPTION

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

Adopted by the Medical Staff of Hillcrest Baptist Medical Center:

Date: 12-5-13

A handwritten signature in black ink, appearing to read "Daniel Lebed", written over a horizontal line.

President of the Medical Staff

Approved by the Board of Directors of Hillcrest Baptist Medical Center:

Date: 12-20-13

A handwritten signature in blue ink, appearing to read "Billy H. Davis", written over a horizontal line.

Chairperson, Board of Directors

APPENDIX A

Those allied health practitioners currently practicing as Medical Associates at Hillcrest Baptist Medical Center are as follows:

Clinical Psychologists

APPENDIX B

Those allied health practitioners currently practicing as Medical Assistants at Hillcrest Baptist Medical Center are as follows:

Registered Nurses

Licensed Vocational Nurses

Physician Assistants

Advanced Practice Nurses

Certified Registered Nurse Anesthetists

Anesthesiologist Assistants

Certified Ophthalmic Technicians

Certified Surgical Technologists

Certified Dental Assistants

Dental Assistants

RNFA

Ophthalmic Assistants

Other: Physician employees who have received appropriate training and experience and are deemed competent to perform the duties requested