



BOONE HOSPITAL CENTER

**POLICY ON CREDENTIALING
MEDICAL AFFILIATES**

MEC Approval: September 13, 2021
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APPENDIX A

ARTICLE 1

GENERAL

1.A. DEFINITIONS

The definitions set forth in the Credentials Policy are applicable to this Policy.

“MEDICAL AFFILIATE” refers to the Allied Health Professionals list under Appendix A of this Policy. Appendix A may be modified or supplemented by action of the Board, upon the recommendations of the Credentials Committee and the Medical Executive Committee.

1.B. TIME LIMITS

Time limits referred to in this Policy and related policies and manuals are advisory only and are not mandatory (unless expressly stated otherwise).

1.C. DELEGATION OF FUNCTIONS

- (1) When a function is to be carried out by a member of Hospital Administration, by a Medical Staff Leader or by a Medical Staff committee, the individual, or the committee through its chair, may delegate performance of the function to one or more designees.
- (2) When a Medical Staff or Allied Health Staff member is unavailable or unable to perform an assigned function, one or more of the Medical Staff Leaders may perform the function personally or delegate it to another appropriate individual.

1.D. CONFIDENTIALITY AND PEER REVIEW PROTECTION

The confidentiality and peer review protections set forth in the Credentials Policy are applicable to this Policy.

1.E. SCOPE OF POLICY

This Policy sets forth the credentialing process and the general practice parameters for Medical Affiliates at the Hospital.

ARTICLE 2

QUALIFICATIONS AND PROCESSING OF APPLICATIONS FOR SCOPE OF PRACTICE

2.A. QUALIFICATIONS

2.A.1. Eligibility Criteria:

- (a) To be eligible to apply for initial and continued scope of practice, where applicable, a Medical Affiliate must satisfy the threshold eligibility criteria set forth in the Credentials Policy.
- (b) A Medical Affiliate must have a written agreement with a member of the Medical Staff to provide the requisite supervision. A copy of that agreement must be provided to the Hospital, as requested, and confirmation must be received that the agreement has been filed with the applicable state board, as required.
- (c) An individual who does not satisfy an eligibility criterion may request that it be waived, pursuant to the waiver process in the Credentials Policy.

2.A.2. Factors for Evaluation:

The following factors will be evaluated as part of the process of granting Medical Affiliates a scope of practice at the Hospital:

- (a) relevant training, experience, and demonstrated current competence, including clinical knowledge, technical and clinical skills, clinical judgment and an understanding of the contexts and systems within which care is provided;
- (b) adherence to the ethics of the profession, continuous professional development, an understanding of and sensitivity to diversity, and responsible attitude toward patients and the profession;
- (c) good reputation and character;
- (d) ability to safely and competently perform the scope of practice requested; and
- (e) ability to work harmoniously with others, including, but not limited to, interpersonal and communication skills sufficient to enable them to maintain professional relationships with patients, families, and other members of health care teams.

2.A.3. No Entitlement to Medical Staff or Allied Health Staff Appointment:

Medical Affiliates will not be appointed to the Medical Staff or the Allied Health Staff and are not entitled to the rights, privileges, or prerogatives of appointment to the Medical Staff or Allied Health Staff.

2.A.4. Grant of Immunity and Authorization to Obtain/Release Information:

The grant of immunity and authorization to obtain/release information set forth in the Credentials Policy is applicable to Medical Affiliates.

2.B. INITIAL REQUEST FOR SCOPE OF PRACTICE

2.B.1. Information:

- (a) The applications for Medical Affiliates existing now, and as may be revised, are incorporated by reference and made a part of this Policy.
- (b) The applicant will sign the application and certify that he or she is able to perform the scope of practice requested.
- (c) A Medical Affiliate who is in a class of practitioners that has not been approved by the Board for access to the Hospital will be ineligible to receive an application. A determination of ineligibility does not entitle a Medical Affiliate to the procedural rights outlined in Article 7 of the Credentials Policy.

2.B.2. Burden of Providing Information:

- (a) Medical Affiliates seeking to practice will have the burden of producing information deemed adequate by the Hospital for a proper evaluation of requested scope of practice and for resolving any doubts about such qualifications.
- (b) Medical Affiliates seeking to practice at the Hospital have the burden of providing evidence that all the statements made and information given on the application are accurate.
- (c) It is the responsibility of the individual seeking scope of practice to provide a complete application, including adequate responses from references. An incomplete application will not be processed.
- (d) Medical Affiliates are responsible for notifying the Medical Staff Office of any change in the information provided on the application form. This information is required to be provided, with or without request, at the time the change occurs.

2.B.3. Submission of Application:

Processing of the application will begin when a completed application, with copies of all required documents, is returned to the Medical Staff Office, accompanied by the application processing fee.

2.B.4. Review and Processing of Applications:

- (a) As a preliminary step, the application will be reviewed by the Medical Staff Office to determine that all questions have been answered. Applicants who fail to return completed applications will be notified that their applications will not be processed. A determination of ineligibility does not entitle the individual to a hearing and appeal.
- (b) The Medical Staff Office will oversee the process of gathering and verifying relevant information, and confirming that all references and other information deemed pertinent have been received.
- (c) As part of the credentialing process, evidence of the applicant's licensure, education, training, work history, malpractice history, character, competence, qualifications, behavior, and ethical standing will be verified and examined. This information may be contained in the application, and obtained from references and other available sources, including the applicant's past or current supervising physician, and others who may have knowledge about the applicant's education, training, experience, and ability to work with others. Proof of identification will also be required.
- (d) The National Practitioner Data Bank and the Office of Inspector General, Medicare/Medicaid Exclusions will be queried, as required, and a criminal background check will be obtained.
- (e) An interview(s) with the applicant may be conducted. The purpose of the interview is to discuss and review any aspect of the applicant's application, qualifications, and requested clinical privileges.

2.B.5. Chief Nursing Officer Procedure:

- (a) The Medical Staff Office will forward the application and all supporting materials to the Chief Nursing Officer.
- (b) The Chief Nursing Officer will prepare a report regarding whether the applicant has satisfied all of the qualifications for the scope of practice requested. The report will be on a form provided by the Medical Staff Office.
- (c) The report of the Chief Nursing Officer will be forwarded to the Credentials Committee.

2.B.6. Credentials Committee Procedure:

- (a) The Medical Staff Office will forward the application and all supporting materials, including the report of the Chief Nursing Officer, to the Credentials Committee.
- (b) The Credentials Committee will prepare a report regarding whether the applicant has satisfied all of the qualifications for the scope of practice requested. The report will be on a form provided by the Medical Staff Office.

2.B.7. Final Action:

- (a) Upon receipt of the written report from the Chief Nursing Officer and the Credentials Committee, the President of the Hospital will act on requests for scope of practice.
- (b) If the President of the Hospital recommends against the grant of a scope of practice, the applicant will be entitled to meet with the Chief Medical Officer, the Chief of Staff and the Chairperson of the Credentials Committee to discuss the basis for this recommendation. The recommendation from this meeting will be forwarded to the President of the Hospital.
- (c) Any final decision by the President of the Hospital to grant, deny, modify, or revoke a scope of practice will be disseminated to appropriate individuals and, as required, reported to appropriate entities.

2.C. ANNUAL REVIEW

- (1) The grant of scope of practice is a courtesy and, if granted, will be for a period of two years.
- (2) All Medical Affiliates will be subject to an annual review of their scope of practice.
- (3) A list of Medical Affiliates who are scheduled for annual review will be presented to the Credentials Committee and the President of the Hospital.
- (4) Failure by a Medical Affiliate to participate, as requested, in the annual review or to complete the application to renew scope of practice will result in the automatic expiration of his or her scope of practice.

2.D. CONDITIONS OF PRACTICE

The standards of practice for the utilization of Medical Affiliates are outlined in the individual scope of practice granted by the President of the Hospital.

ARTICLE 3

PEER REVIEW PROCEDURES FOR QUESTIONS INVOLVING MEDICAL AFFILIATES

3.A. COLLEGIAL INTERVENTION

- (1) The use of collegial intervention efforts and progressive steps by Medical Staff Leaders and Hospital Administration is encouraged in addressing both clinical and behavioral issues that are raised with respect to Medical Affiliates.
- (2) The goal of those efforts is to arrive at voluntary, responsive actions by the Medical Affiliate to resolve an issue that has been raised. Collegial efforts and progressive steps may be carried out, within the discretion of Medical Staff Leaders and Hospital Administration, but are not mandatory.

3.B. ADMINISTRATIVE SUSPENSION

- (1) The Chief of Staff, the Chairperson of the Credentials Committee, the Chief Medical Officer and the Chief Nursing Officer will each have the authority to suspend, on an administrative basis, all or any portion of the scope of practice of a Medical Affiliate whenever a question has been raised about such individual's clinical care or professional conduct.
- (2) An administrative suspension will become effective immediately upon imposition, will immediately be reported in writing to the President of the Hospital, the Chief of Staff, the Chairperson of the Credentials Committee, Chief Medical Officer and the Chief Nursing Officer and will remain in effect unless or until modified by the President.
- (3) Upon notice of the imposition of an administrative suspension, the Credentials Committee will review and consider the question(s) raised and thereafter make a recommendation to the President of the Hospital for further action.

3.C. AUTOMATIC RELINQUISHMENT OF SCOPE OF PRACTICE

The scope of practice of a Medical Affiliate may be automatically relinquished, without entitlement to the procedural rights outlined in this Policy, consistent with the provisions in Section 6.G of the Credentials Policy.

3.D. LEAVE OF ABSENCE

- (1) A Medical Affiliate may request a leave of absence, for a period not to exceed a year, by submitting a written request to the Chief Medical Officer or the Chairperson of the Credentials Committee. Medical Affiliates must report to the

Chief Medical Officer, or the Chairperson of the Credentials Committee, any time they are away from patient care responsibilities for longer than 30 days and the reason for such absence is related to their physical or mental health. Under such circumstances, the Chief Medical Officer, in consultation with the Chief of Staff, may trigger a leave of absence.

- (2) 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 hospital practice and safely exercising the scope of practice requested. The Chief Medical Officer will be requested to review and act on all requests for reinstatement when the leave of absence is for health reasons.
- (3) The Chief Medical Officer may, in his or her discretion, refer any matter pertaining to a Medical Affiliate's health status to the Practitioner Health Committee for assistance and guidance.

ARTICLE 4

ADOPTION

This Policy on Credentialing Medical Affiliates 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 MEC: September 13, 2021

Adopted by the General Medical Staff: September 14, 2021

Approved by the Board: September 20, 2021

APPENDIX A

MEDICAL AFFILIATES

The Medical Affiliate categories currently practicing at the Hospital are:

- Dental Assistants
- Dictation Assistants
- Ophthalmic Assistants
- Pathology Assistants
- Rounds Assistants
- Scribes
- Surgical Assistants