



St. Elizabeth & St. Mary  
**ALLIED HEALTH PROFESSIONAL STAFF POLICY**

**1. Allied Health Professionals - General**

The Board permits certain types of Allied Health Professional Staff (AHP) to provide patient care services at CHRISTUS Southeast Texas Health System - St. Elizabeth and St. Mary ("the Hospitals") without appointment to the Medical Staff. Such personnel must be qualified by academic and clinical or other training to provide services at the Hospitals. All individuals providing services shall be responsible to an Active Staff member of the Medical Staff, either through an employment agreement or a sponsorship arrangement. Allied Health Professional Staff personnel shall not be considered as licensed independent practitioners at the Hospitals. Allied Health Professional Staff personnel may provide services only as permitted in the Hospitals and in keeping with all applicable bylaws, rules, policies, and procedures of the Hospitals.

**2. Allied Health Professionals**

**2.1 Special Qualifications.** Allied Health Professionals must be individuals who:

- (1) are directly supervised by, and affiliated with, an Active Staff member of the Medical Staff;
- (2) hold a license, certificate or other legal credential if required by state law, or can otherwise document adequate training for the professional activity;
- (3) maintain professional liability insurance coverage in the amounts of \$100,000/\$300,000;
- (4) document their experience, background, training, demonstrated ability, and physical and mental health status with sufficient adequacy to demonstrate that they can perform the duties and prerogatives they request at a generally recognized professional level of quality; and
- (5) are determined, on the basis of documented references and their own declarations, to adhere strictly to the ethics of their respective professions, as applicable, and to work cooperatively with others.

**2.2 Categories.** Allied Health Professionals shall be divided into two categories. They are as follows:

- (1) Privileged Allied Health Advanced Professionals shall consist of Physician

Assistants, Advanced Practice Registered Nurses, and Residents.

(2) Non-Privileged Health Professionals shall consist of Registered Nurses, Licensed Vocational Nurses, Medical Assistants, Certified Podiatric Assistants, Dental Assistants, Surgical Assistants, Surgical Technicians, Ophthalmic Assistants, Audiologists, Prosthetists, Orthotists, and neurological monitoring technicians.

- 2.3. Duties and Prerogatives. Allied Health Professionals provide specified patient care services under the supervision or direction of an Active Staff physician member of the Staff, consistent with the limitations stated in the specification of services. Scope of practice determinations for all categories will be developed by the Credentials Committee and approved by the Medical Executive Committee and the Board.
- 2.4. Responsibilities. Each Allied Health Professional shall retain appropriate responsibility within his or her area of professional competence for each patient in the Hospital for whom he or she is providing services, or arrange a suitable alternative for such care and supervision, which arrangements for alternate coverage must be made by or through the supervising physician member of the Medical Staff who has ultimate responsibility for the patient's medical care. Allied Health Professionals shall conform to appropriate standards of conduct within the Hospital, and abide by such directives as may be from time to time issued by the Board.
- 2.5. Status. The Medical Staff and Board consider all Allied Health Professional Staff as dependent staff regardless of the scope of duties or privileges granted. Each Allied Health Professional must be responsible to a member of the Medical Staff, either through an employment agreement or a sponsorship arrangement.
- 2.6. Need for Additional Categories of Allied Health Professional Staff. The Board may approve other types of categories on the basis of hospital need considering the availability of equipment, supplies, and providing support services, availability of trained staff, quality of care issues, patient convenience, and the legitimate business and patient care objectives of the organization.

### 3. **Procedure for Appointment**

- 3.1 Application. A person desiring membership on the Allied Health Professional Staff, or a medical staff member who desires to utilize an Allied Health Professional, shall submit an application in writing, on a form or forms provided by the Hospital.

- 3.2 Required Information. It is the applicant's responsibility to provide all documentation necessary to complete an application. No application will be deemed completed without the following:
- A completed and signed application form;
  - A request to provide services;
  - A copy of a current state license (if applicable);
  - A copy of a photo identification card (i.e. driver's license);
  - A certificate of insurance providing evidence of professional liability insurance that covers them while working in the hospital in amounts of \$100,000/\$300,000.
  - Copies of certificates or letters confirming completion of training programs (if applicable) or other educational curricula; and
  - Payment of a non-refundable application fee of \$100.
- 3.3 Completed Applications. Only completed applications shall be processed or considered. Any submitted application not deemed complete within 90 days shall be automatically deemed expired and inactive. The submission of false or inaccurate information shall be sufficient grounds for immediate rejection of an application.
- 3.4 Application Processing. Information will be collected as is deemed necessary to permit an adequate and complete evaluation of the individual's request for permission to provide services and will seek to verify the following information contained within the application: education, license, work history for the prior 7 years, and criminal background history. In addition, three peer references will be requested (at least two of which are to be from individuals qualified in the same licensed field, if applicable). Applicants to the Allied Health Staff must complete health screening requirements per hospital policy for contract personnel and orientation prior to starting work. In order to accommodate out of area applicants, we will accept drug screens and TB from any facility if resulted recently from a JCAHO certified lab. Once the application is complete and verified, specified patient care services may be approved. In relation to Category 1 (privileged providers):
- a. Advanced Practice Registered Nurses  

Once the application is complete and verified, privileges may be granted upon recommendation of the Chief Nurse Executive, the Credentials Committee, the Medical Executive Committee, and the Board.
  - b. Physician Assistants and Residents  

Once the application is complete and verified, privileges may be granted upon

recommendation of the Credentials Committee, the Medical Executive Committee, and the Board.

**4. Burden of Proof.**

The applicant shall have the burden of producing information deemed adequate by the Hospital for a proper evaluation of training, experience, competence, character, ethics, and other qualifications, and of resolving any doubts about such qualifications. The applicant shall have the burden of proving that all the information given and statements made on the application are true and correct.

**5. Burden of Updating Information.**

The applicant shall be required to inform the Hospital of any changes in the information provided in order to assure that all information in the application continues to be true and correct.

**6. Maintenance of Appointment**

**Category (1)**

6.1 Focused Professional Practice Evaluation (FPPE) means a process whereby the privilege/procedure-specific competence of a AHP who does not have sufficient documented evidence of competently performing the requested privilege at the facility is evaluated. This process may also be used when a question arises regarding a currently privileged AHP's ability to provide safe, quality patient care for which he or she possesses current privileges. FPPE is a time-limited period during which an organization evaluates and determines the AHP's professional performance. This process shall apply to all initial applicants or existing members requesting additional privileges and shall be completed by the designated sponsor within six months. This review will be forwarded to the Credentials Committee, the Medical Executive Committee and the Board.

6.2 Ongoing Professional Practice Evaluation (OPPE) is the continuous evaluation of the AHP's professional performance, rather than an episodic evaluation. It is intended to identify and resolve potential performance issues as soon as possible, as well as foster a more efficient, evidence-based privilege renewal process. Ongoing professional practice evaluation results will be shared with the AHP on a regular basis. The sponsoring physician will complete an evaluation every 6 months to include a review of charts and clinical activity if applicable. Results of the reviews will be forwarded to the Peer Review Committee. Any further action will be forwarded to the Credentials Committee, the Medical Executive Committee and the Board.

### 6.3 **Provisional Period.**

Applicability and Duration. All new appointments to the Allied Health Professional Staff and all grants of initial clinical privileges to new appointees are provisional for a minimum period of six (6) months.

No Effect on Membership or Exercise of Privileges. During a provisional period, a Staff Member must demonstrate all of the qualifications, may exercise all of the prerogatives, and must fulfill all of the obligations of the Staff category; and the Staff Member may exercise all of the privileges granted.

Purpose. During the six month provisional period, the supervising physician will be responsible for overseeing a Staff Member's performance and co-signing required medical record entries. Once the provisional period is satisfactorily completed, the supervising physician may petition for removal of the co-signature requirements. An extension of a provisional period does not entitle the Staff Member to any procedural due process rights.

6.4 Biennial review (Category 1). The biennial review will include a review of all aspects of performance including clinical care and interpersonal relations with patients, staff and physicians. These reviews will be conducted by the supervising physician and the Section Chairperson with input from peers, and approved by the Credentials Committee, Medical Executive Committee and the Board.

6.5 Annual review (Category 2). The annual review will include a review of all aspects of performance including clinical care and interpersonal relations with patients, staff and physicians. These reviews will be conducted by the supervising physician with input from peers, and approved by the Chief Executive Officer or designee.

### **Burden of Updating Information**

6.6 Licenses / Insurance / Certifications. It shall be the responsibility of the Allied Health Professional to assure that the Hospital has a current copy of all license(s), certification(s) and certificates of insurance with appropriate coverage limits. Failure to provide these documents shall constitute cause for suspension of the Allied Health Professional's permission to provide services.

The Allied Health Professional shall be required to inform the Hospital

immediately of any changes in the information he or she has provided in order to assure that all information in the credentials file continues to be true and correct.

## **7. Disciplinary Action**

7.1 Suspension/Termination of Employing/Contracting Clinician. If the appointment or privileges of the employing/responsible Staff member are suspended or terminated, or if the employment/sponsoring relationship between the Staff member and the Allied Health Professional Staff member is terminated, the Allied Health Professional personnel's privileges or permission to provide services will also be suspended or terminated.

7.2 Enforcement. Any Allied Health Professional violating these rules and regulations will be subject to suspension or revocation of granted privileges or the permission to provide services. Any active Medical Staff member violating these rules and regulations will be subject to withdrawal of his or her privilege to sponsor or utilize an Allied Health Professional and to suspension or revocation of his or her hospital privileges.

7.3 Due Process. In no event shall an Allied Health Professional have recourse to any procedural rights set forth in the Medical Staff Bylaws. If, however, privileges or the permission to provide services are terminated with cause owing to the Allied Health Professional staff member (a) providing services beyond the granted scope of services, duties, or privileges or (b) conducting himself or herself in a manner that is contrary to hospital policy or ethical behavior or (c) compromising patient care in any manner, the Allied Health Professional may request a conference with the sponsoring physician and the CEO or designee.

## **8. Amendments.**

This policy may be amended by the Board based on the recommendation of the Medical Staff. Proposed amendments shall be submitted to the Medical Staff Executive Committee for comment prior to the Board meeting and any member of the Medical Staff shall have the right to submit written comments to the Board regarding same.

APPROVAL: CHRISTUS Health SETX Board of Directors 4/14/05

### **History of Allied Health Professional Policy**

2005: CHRISTUS Hospital Allied Health Professional Policy approved by the CHRISTUS Health SETX Board of Directors on April 14, 2005.

Addition to 3.4: Applicants to the Allied Health Staff must complete health screening requirements per hospital policy for contract personnel and orientation prior to starting work.

Revision to 3.4 a and b allows a representative of the Medical Executive Committee not on the Credentials Committee to act upon applications of an Advanced Practice Nurses and Physician Assistants. Approved by the CHRISTUS Health SETX Board of Directors on July 21, 2005.

2006: Revision to Section 6 (Maintenance of Appointment), 6.1 from biennial review to annual review. Approved by the CHRISTUS Health SETX Board of Directors on July 20, 2006.

2007: Revised to add Section 8 – Scientific Staff

2010: Revision to Section 2.2 and 3.4d to include residents

2011: Revisions to Section 2.2 (2); Section 2.3; Section 2.6; Section 3.4.a-d; and Section 6.2-6.4. Approved by the CHRISTUS Health SETX Board of Directors on October 27, 2011.

2013: Revision to add Section 6.3 – Provisional Period

2014: Revision to remove Scientific Staff category

2016: Revision to Section 3.4 to include: We will accept drug screens and TB from any facility if resulted recently from a JCAHO certified lab. Updated sections referring to Human Resources processes. Added new hospital logo.



Allied Health Professional Name: \_\_\_\_\_

Mid Level Evaluation Form		Not observed	Below peers*	At level w/ peers	Above peers
Adherence to policies and procedures					
Work relations with hospital and medical staff					
Timely medical assessments countersigned w/in 24 hrs					
Patient relations					
Quality of Documentation					
<b>Chart Review: #1</b>	<b>CHRISTUS Hospital Medical Record #</b>				
Diagnosis					
Physical Exam					
Prescription quality					
<b>Chart Review: #2</b>	<b>CHRISTUS Hospital Medical Record #</b>				
Diagnosis					
Physical Exam					
Prescription quality					
<b>Chart Review: #2</b>	<b>CHRISTUS Hospital Medical Record #</b>				
Diagnosis					
Physical Exam					
Prescription quality					
Variance Reports (if applicable)					
Consistently Implements Physician-Directed Treatment Plans					
Consistently demonstrates competence in performing procedures					

**\*\* Any answer rating AHP "Below peers \*\*" needs to have an action plan:** (Please indicate plan)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Areas for improvement:**

\_\_\_\_\_  
\_\_\_\_\_

**Special comments**

\_\_\_\_\_  
\_\_\_\_\_

Assessed by: \_\_\_\_\_  
Sponsoring Physician Signature (Printed Name) Date



**Allied Health Professional Name:** \_\_\_\_\_

### CRNA Evaluation Form

<b>TECHNICAL PERFORMANCE/CLINICAL SKILLS</b>	<b>Not observed</b>	<b>Below Peers **</b>	<b>At level w/ peers</b>	<b>Above peers</b>
•Maintains a current knowledge of anesthesiology and its clinical application in hemodynamics, respiratory physiology, pharmacology and anatomy;				
•Demonstrates problem identification skills;				
•Shows mastery of technical skills				
•Consults appropriately with attending anesthesiologist for anesthetic management decisions;				
•Attention to detail in the OR;				
•Selection and use of appropriate monitoring equipment;				
•Airway Management skills				
<b>DAY TO DAY PRACTICE AND WORK HABITS:</b>				
•Punctuality;				
•Timeliness of room preparation;				
•Can be relied upon to complete assignments;				
•makes appropriate contact with the Supervisor throughout the day;				
•Completeness and accuracy of anesthesia record documentation				
<b>INTERPERSONAL SKILLS:</b>				
•Willingness to follow medical direction;				
•Relationships / rapport with AA physicians & other members of the care team;				
•Appropriate patient relations				
<b>PRACTICE STYLE:</b>				
•Shows positive attitude towards work;				
•Demonstrates enthusiasm to acquire new knowledge and techniques;				
•Functions well under pressure;				
•Performance level with an ASA Class III or greater patient for a major surgical procedure				

**PERFORMANCE REVIEW:** \_\_\_\_\_



**Allied Health Professional Name:** \_\_\_\_\_

TECHNICAL PERFORMANCE/CLINICAL SKILLS		Not observed	Below Peers **	At level w/ peers	Above peers
<b>Chart Review: #1</b>	<b>CHRISTUS Hospital Medical Record #</b>				
Diagnosis					
Physical Exam					
Prescription quality					
<b>Chart Review: #2</b>	<b>CHRISTUS Hospital Medical Record #</b>				
Diagnosis					
Physical Exam					
Prescription quality					
<b>Chart Review: #2</b>	<b>CHRISTUS Hospital Medical Record #</b>				
Diagnosis					
Physical Exam					
Prescription quality					
<b>Variance Reports (if applicable)</b>					

**\*\* Any answer rating AHP "Below peers \*\*" needs to have an action plan:** (Please indicate plan)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Areas for improvement:**

\_\_\_\_\_  
\_\_\_\_\_

**Special comments**

\_\_\_\_\_  
\_\_\_\_\_

Assessed by: \_\_\_\_\_

Sponsoring Physician Signature

(Printed Name)

Date