

<b>Title:</b>	Advanced Practice Providers Committee		
<b>Department:</b>	Medical Staff Services		
<b>Approver(s):</b>	APP Committee, Credentials Committee, Medical Executive Committee & Board of Trustees		
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## SECTION 1

### 1.1 Policy Statement

The Board of Trustees permits certain practitioners to provide select patient care services without appointment to the Medical Staff but with appointment to the Advanced Practice Providers (APP) Staff. The Board of Trustees approves the specialties of practitioners who may apply to the APP Staff.

### 1.2 Definitions

**Advanced Practice Providers (APPs).** Advanced practice registered nurses, physician assistants, and surgical first assistants and clinical psychologists who are credentialed and privileged through the Medical Staff structure.

1. Practitioner-directed APPs are advanced practice nurses, physician assistants and surgical first assistants. Practitioner-Directed APPs are required to have a sponsoring Medical Staff Member who is a member of the Active Medical Staff;
2. Independent APPs with clinical privileges are psychologists who are not required to have a sponsoring Medical Staff Member;
3. Telemedicine APPs are advanced practice nurses and/or physician assistants who are physically located at a site other than the site where the patient is located for the purpose of evaluation, diagnosis, consultation, or recommendation of treatment which requires the use of advanced telecommunications technology. The APPs may be either an in-state provider or an out of state provider and must satisfy all requirements of the Texas Medical Board or the Texas Board of Nursing for the practice of Telemedicine, including licensure requirements. Medical Staff Member who is a member of the Telemedicine Medical Staff.

**Category One** – an application that is eligible for temporary privileges. Further defined in Article 2.

**Category Two** – an application that is not eligible for temporary privileges. Further defined in Article 2.

**FPPE** – focused professional practice evaluation.

**OPPE** – ongoing professional practice evaluation.

**Re-Entry Criteria** – requirements for re-entering practice after a gap of more than 12 months.

### **1.3 Purpose**

The purpose of this policy is to establish the procedures for evaluating and determining practitioner acceptance for initial and continued participation in patient care. The APP Committee oversees the applications and files of non-physician practitioners. The APP Committee is responsible for determining initial and reappointment criteria, eligibility and conditions of practice for APPs. Applications are processed according to the Medical Staff Bylaws.

## **SECTION 2**

### **2.1 Composition**

Members of the Active Medical Staff, Advanced Practice Providers Staff, and hospital personnel appointed by the Chief of Staff.

### **2.2 Duties**

#### **2.2.1 The APP Committee:**

- A. Reviews the files of APP applicants and makes recommendations to the Credentials Committee about membership, privileges, and job descriptions;
- B. Reviews periodically all available information regarding the competency of APP Staff members, and, as a result of such review, makes recommendations to the Credentials Committee about reappointment;
- C. Reviews all available information regarding FPPE and OPPE and as a result of such review, makes recommendations to the Credentials Committee;
- D. Recommends action on any information received regarding the qualifications of applicants to or members of the APP Staff at any time;
- E. Establishes criteria and procedures for evaluations of members of the APP Staff;
- F. Reviews this policy annually and forwards recommendations for amendments to the Credentials Committee for the Medical Executive Committee; and
- G. Undertakes specific tasks as may be appropriately referred to it by the Credentials Committee.

### **2.3 Meetings**

Meets as necessary, maintains a permanent record of its proceedings, and reports to the Credentials Committee.

## **SECTION 3 – PROCEDURE**

### **3.1 Procedure for Processing Initial Appointments**

When all items required for credentialing have been obtained and verified, the file will then be summarized on an administrative review and presented to the appropriate Department Chair/Vice Chair, if applicable, and either the Credentials or APP Committee Chair.

The Neonatal Medical Director will examine qualifications of applicants requesting neonatal privileges and make recommendations to the Department Chair/Vice Chair for such privileges.

#### **3.1.1 Application Categories**

The files of applicants requesting privileges within a specialty that is a part of a Joint Commission Certified program, required to have a Medical Director assessment, will be reviewed by the appropriate Program Medical Director prior to review by the Department Chair/Vice Chair. Applications will be categorized initially by the APP Chair/Vice Chair or the Department Chair, if applicable.

**Category One:** A Category One application would be one that is classified as such by the Department Chair/Vice Chair, which includes all of the following:

- All information is complete;
- The applicant is in good standing at all current and previous affiliations;
- The applicant has two (2) current and unrestricted professional licenses or less;
- The applicant is a graduate from an ACGME or AOA approved residency/fellowship, an APMA approved podiatry program, or approved ADA/GPR program;
- DEA and DPS registrations are current and unrestricted;
- The applicant provides evidence of adequate professional liability coverage;
- Training and/or experience support the privileges requested; and
- All references contain no suggestion that the applicant is anything other than highly qualified and capable of exercising good clinical judgment.

**Category Two:** A Category Two application would be one that is classified as such by the Department Chair/Vice Chair, which includes one or more of the following:

- The privileges requested do not match the training and/or experience;
- The applicant has three (3) professional licenses or greater;
- The applicant is currently or was previously under board order with any state licensing agency;
- There are events reported to the NPDB or there is knowledge of an event in the process of being reported;
- The applicant has poor letters of recommendation;
- The applicant has three (3) or more malpractice actions either pending, settled,

- arbitrated, mediated, or litigated;
- There are gaps in application history;
- There are any denials, limitations, reductions, revocations, suspensions or other disciplinary actions or proceeding instituted or recommended by any hospital or healthcare institution, Medical Staff Committee or governing body;
- The applicant voluntarily surrendered or limited privileges, or did not reapply while under investigation;
- There is disclosure of a history of impairment, (alcohol, drug, behavioral, physical or mental);
- There is a criminal history;
- There is any adverse information not previously outlined.

A change of category can be recommended by either the Credentials Committee or the MEC in the review process.

### 3.1.2 Procedure for Processing Categories

**Category One:** The application is reviewed by the Department Chair/Vice Chair and classified as a Category One. The application is processed for temporary privileges as outlined in this manual. After the granting of temporary privileges, the application is processed as outlined in Article II.

**Category Two:** The application is reviewed by the Department Chair/Vice Chair and classified as a Category Two. The application is forwarded to the Credentials Committee for review. Following receipt of all information required to be submitted by the applicant pursuant to the Medical Staff Bylaws, the Credentials Committee has the option to conduct an in-depth interview with the applicant and, at its discretion, may also require the applicant to be subject to such an interview by the Department Chairman and/or Credentials Chairman. The MEC will review the application at its next regularly scheduled meeting and forward a recommendation to the Board of Trustees.

## 3.2 Procedure for Processing Reappointments

### 3.2.1 Information Collection and Verification

- A. The appointee must furnish in writing:
  1. Complete information to update his/her file on items listed in his/her original application;
  2. Specific requests for the clinical privileges sought on reappointment, with any basis for changes;
  3. Requests for changes in staff category or department assignments;
  4. Name of an Active Staff member willing to provide coverage;
  5. In circumstances where there are insufficient peer review data available at reappointment, two peer references will be required from peers on the

Medical Staff with similar privileges as the applicant for reappointment and who have personal knowledge of the applicant's ability to practice.

6. Failure, without good cause, to provide this information is deemed a voluntary resignation from the staff and automatically results in expiration of appointment.

### 3.2.2 **Policy:** Applications will be categorized by the complexity of the information received.

Applications will be categorized initially by the Department Chair/Vice Chair with support from the appropriate Section Chair in instances where the Department Chair/Vice Chair is unfamiliar with the applicant's specialty.

**Category One:** A Category One application would be one that is classified as such by the Department Chair/Vice Chair, which includes all of the following:

- No adverse information is received from references, if applicable;
- The applicant is well known to the Medical Staff, and has a current and unrestricted license;
- DEA and DPS registrations are current and unrestricted;
- There is evidence of adequate malpractice insurance;
- The applicant does not want a change in privileges;
- The applicant has provided all information requested and completed the application form;
- The applicant has no unusual quality events identified in the profile.

*Please refer to Article II, Section 5 C of the Medical Staff Bylaws with respect to the Military Staff.*

**Category Two:** A Category Two application would be one that is classified as such by the Department Chair/Vice Chair, which includes one or more of the following:

- The privileges requested do not match the training and/or experience;
- The applicant has three (3) professional licenses or greater;
- The applicant's profile contains questionable quality events;
- There are events reported to the NPDB or there is knowledge of an event in the process of being reported;
- The applicant has poor letters of recommendation;
- The applicant has three (3) or more malpractice actions either pending, settled, arbitrated, mediated or litigated;
- There are gaps in the application history; or
- There are denials from other Medical Staffs

A change of category can be recommended by either the Credentials Committee or the MEC in the review process.

### 3.2.3 Procedure for Processing Categories

**Category One:** The application is reviewed by the Department Chair/Vice Chair and classified as a Category One. The application is then forwarded to the Credentials Chair for review on behalf of the Credentials Committee. The application is forwarded to the MEC for review and recommendation to the Board of Trustees.

Following a positive recommendation from the MEC, the Board of Trustees reviews and evaluates the qualifications and competence of the applicant applying for appointment, reappointment, or renewal or modification of clinical privileges and renders its decision. A positive decision by the Board of Trustees results in the status or privileges requested.

An informational report to the Board of Trustees will be made at the next regularly scheduled meeting where the approvals will be ratified. If any of the above credentialing representatives feel uncomfortable signing for approval, the application will automatically advance to a Category Two.

If the decision of the Board of Trustees is adverse to an applicant, the matter is referred back to the MEC for further evaluation.

An applicant is usually ineligible for the expedited process related to a Category One application, if any of the following has occurred since the time of reappointment:

- The applicant submits an incomplete application;
- The MEC makes a final recommendation that is adverse or with limitations;
- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of Medical Staff membership at another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- There has been a final judgment adverse to the applicant in a professional liability action.

**Category Two:** The application is reviewed by the Department Chair/Vice Chair and classified as a Category Two. The application is forwarded to the Credentials Committee for review. The MEC will review the application at its next regular meeting and forward a recommendation to the Board of Trustees.

### **3.3 Focused Professional Practice Evaluation**

All initially requested privileges and privileges requested for re-entering practice will be subject to focused professional practice evaluation (FPPE). FPPE will occur (i) in all requests for new privileges, (ii) in all requests for re-entering practice, and (iii) when there are concerns regarding the provision of safe, high quality care by a current Medical Staff Member. The Department Chair will be responsible for overseeing the evaluation process for all applicants or Medical Staff Members assigned to their department.

- 3.3.1 Information for this evaluation may be derived from the following:
- A. Discussion with other individuals involved in the care of each patient (e.g., consulting physician, assistants in surgery, nursing or administrative personnel);
  - B. Chart review;
  - C. Monitoring clinical practice patterns;
  - D. Proctoring;
  - E. Simulation;
  - F. External peer review.
- 3.3.2 The Credentials Committee will be responsible for: (i) monitoring compliance with FPPE; and (ii) establishing the duration for such FPPE as well as the triggers that indicate the need for performance monitoring.
- 3.3.3 FPPE for applicants seeking to re-enter practice will include a case review by the Quality Department as required in Article I of the Bylaws. The Quality Department will review all required cases within seventy-two (72) hours of any patient care activity by the applicant.
- 3.3.4 A re-entering applicant who has not provided acute inpatient care within the past two (2) years who requests clinical privileges at the Hospital will arrange proctoring with a current Member in good standing of the Medical Staff who practices in the same or like specialty, subject to approval by the Credentials Committee. The applicant will assume responsibility for any financial costs required to fulfill the requirements. The Performance Improvement, Performance Review Policy and Procedure Manual will apply to the FPPE by the proctor.
- 3.3.5 A proctoring physician selected pursuant to Article I of the Bylaws will be required to review all cases, as required in **Table A**. The Quality Department will notify the proctoring physician when it identifies any patient concerns. The proctoring physician will immediately notify the Chair of Department or his/her designee in the event the proctoring physician observes or identifies patient care that adversely affects or could adversely affect the patient. Patient care activity as defined in the Medical Staff Bylaws does not include referrals for outpatient diagnostic procedures.
- 3.3.6 The scope and intensity of proctoring activities required, and the requirement for submission of a written report from the proctor to the Department Chair for the Credentials Committee prior to termination of the proctored period, will assess, at a minimum, the applicant's demonstrated clinical competence related to the privileges requested, ability to get along with others, the quality and timeliness of medical records documentation, professional ethics and conduct. The proctor's written report will be reviewed by the Department Chair and the Credentials Committee and approved by the Medical Executive Committee before the re-entering applicant is approved to practice independently.

### 3.4 Ongoing Professional Practice Evaluation

The Medical Staff will also engage in ongoing professional practice evaluation (OPPE) to identify professional practice trends that affect quality of care and patient safety. Information from this evaluation process will be factored into the decision to allow Practitioners to maintain existing privileges, revise existing privileges, or revoke existing privileges prior to or at the time of reappointment.

OPPE will be undertaken as part of the Medical Staff's evaluation, measurement and improvement of Practitioners' current clinical competency. In addition, each Practitioner may be subject to FPPE when issues affecting the provision of safe, high quality patient care are identified during the OPPE process. Decisions to assign a period of performance monitoring or evaluation to further assess current competence must be based on the evaluation of an individual's current clinical competence, practice behavior and ability to perform a specific privilege.

## SECTION 4 – Qualifications and Responsibilities for Advanced Practice Providers

### A. Qualifications:

Advanced practice registered nurses, physician assistants, surgical first assistants and clinical psychologists who are credentialed and privileged through the Medical Staff structure.

1. Practitioner-directed APPs are advanced practice nurses, physician assistants and surgical first assistants. Practitioner-Directed APPs are required to have a sponsoring Medical Staff Member who is a member of the Active Medical Staff;
2. Independent APPs with clinical privileges are psychologists who are not required to have a sponsoring Medical Staff Member;
3. Telemedicine APPs are advanced practice and/or physician assistants who are physically located at a site other than the site where the patient is located for the purpose of evaluation, diagnosis, consultation, or treatment which requires the use of advanced telecommunications technology. The APPs may be either an in-state provider or an out of state provider and must satisfy all requirements of the Texas Medical Board or the Texas Board of Nursing for the practice of Telemedicine, including licensure requirements. Medical Staff Member who is a member of the Telemedicine Medical Staff.

### B. Responsibilities:

1. Render only those services for which privileges have been granted, and shall only practice within the course and scope of his/her licensure, if applicable. The APP Committee shall be notified in a timely manner of any substandard performance issues or when



such APP renders services beyond the scope of licensure or privilege. APPs shall be subject to the Adverse Event Reporting and Performance Improvement Programs.

2. Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient for whom he or she is providing services;
3. Participate, as appropriate, in patient care reviews and other quality review, evaluation, and monitoring activities;
4. Abide by the Medical Staff Bylaws, Rules and Regulations, and the policies, procedures, and protocols, and the policies of the Board of Trustees, including policies applicable to APPs;
5. Prepare and complete in accordance with the policies and procedures of the Medical Staff and the appropriate portions of all medical and other records for each patient for whom he or she provides services;
6. Perform other reasonable duties as requested by the Chief of Staff or the Chair of the applicable Medical Staff Department. Vote on all matters presented at committees of which he is a member; and hold any office that is voted on by committees of which he/she is a member;
7. Any out-of-state telemedicine licensee's clinical practice shall be limited exclusively to the interpretation of diagnostic testing and reporting results to a practitioner fully licensed and located in Texas or for the follow-up of patients where the majority of patient care was rendered in another state, and the license holder shall practice medicine in a manner so as to comply with all other statutes and laws governing the practice of medicine in the state of Texas; and
8. Unless a person holds a current full license to practice medicine in Texas a person holding an out-of-state telemedicine license shall not be authorized to physically practice medicine in the state of Texas.