POLICY ON

ALLIED HEALTH PROFESSIONALS

OF

UNIVERSITY OF MARYLAND MEDICAL CENTER

MIDTOWN CAMPUS

Readopted by the Medical Executive Committee on 02/13/01
Readopted by the Board of Directors on 03/27/01

Amendments Adopted by the Medical Executive Committee on 02/13/02, 04/13/10, 11/13/2012, 4/9/2013
Amendments Adopted by the Board of Directors on 02/26/02, 09/21/2010, 12/27/2012, 5/28/2013

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ARTICLE 1

DEFINITIONS

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

(1) “Board” means the Board of Directors of University of Maryland Medical Center Midtown Campus (UMMC Midtown Campus), which has the overall responsibility for the conduct of the Hospital, including the medical staff;

(2) “ Chief Executive Officer” means the CEO of the Hospital or his designee;

(3) “ Clinical Privileges” means the particular procedures or areas of clinical practice that an individual may perform in providing care to inpatients and/or outpatients, as approved by the Board based upon the recommendation of the Credentials Committee and the assessment of the appropriate department chief(s) as to the individual’s education, training, experience and current demonstrated competence;

(4) “Medical Assistant” means a licensed or certified health care professional not appointed to the medical staff, who has been approved by the Board, and permitted to function pursuant to a written delineation of activities;

(5) “ Medical Associate” means a licensed physician, dentist or podiatrist or certified practitioner not appointed to the medical staff, who has been approved by the Board, and granted clinical privileges to provide care to patients;

(6) “ Medical Executive Committee” means the Executive Committee of the Medical Staff unless specifically written “ Executive Committee of the Board”;

(7) “Medical Staff” means all physicians, dentists and podiatrists who are organized by the Hospital, appointed to the medical staff by the Board, and given privileges to treat patients in the Hospital; and

(8) “Physicians” shall be interpreted to include both doctors of medicine and doctors of osteopathy.

(b) The captions or headings in this policy are for convenience only and are not intended to limit or define the scope or effect of any provision of this policy.

(c) Except as otherwise provided, when a certain function is to be carried out by a person in a particular office or position, the person in the office or position may delegate performance of the function to a qualified designee.

ARTICLE 2

SCOPE AND OVERVIEW OF POLICY

2.1. Scope of Policy

(a) This policy addresses those allied health professionals who are permitted to practice or provide services at UMMC Midtown Campus.

(b) Qualified practitioners who meet established criteria shall be granted clinical privileges or a scope of practice at the Hospital.

(c) Except as otherwise provided, this policy shall not apply to allied health professionals who are employed by the Hospital.

2.2. Approval of Categories of Allied Health Professionals

Only those categories of allied health professionals that have been approved by the Board shall be permitted to practice at the Hospital. If the Board determines that there is a need for the services of a particular type of allied health professional, it shall refer the matter to the Credentials Committee for consideration and recommendation regarding minimum qualifications that must be demonstrated by such practitioners, as well as the delineated clinical privileges, or scope of practice, and supervision requirements.

2.3. Classification of Allied Health Professionals

(a) Allied health professionals who are permitted to practice in the Hospital shall be classified as either " Medical Associates" or " Medical Assistants."

(b) " Medical Associates" shall include allied health professionals who are certified or licensed under state law to function independently and have been granted clinical privileges to practice at the Hospital. These individuals require no formal or direct supervision by a physician, other than as may be appropriate during an initial provisional review period. Physicians, dentists or podiatrists who provide professional services in the Hospital, as defined by a hospital-prepared statement of the duties to be undertaken and services to be rendered, and who are not otherwise practicing professionally in the Hospital, are also eligible to be granted clinical privileges in the Hospital as Medical Associates.

(c) "Medical Assistants" shall include allied health professionals who are authorized to function in the Hospital as employees of, or under direct supervision of, a physician(s) appointed to the Medical Staff or physicians who practice in the Hospital as Medical Associates and are granted a defined scope of practice by the Board. Medical Assistants are licensed or certified by their respective licensing or certifying agencies. The employing and/or supervising physician(s) ("the Supervising Physician") shall remain fully responsible for the actions of the Medical Assistant while he or she is practicing in the Hospital.

(d) A current listing of the types of allied health professionals functioning within the Hospital as Medical Associates is attached to this policy as Appendix A. A current listing of the types of allied health professionals functioning within the Hospital 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 Medical Executive Committee, without amending this policy.

2.4. Additional Policies

This policy may be supplemented by separate policies which address: (a) specific qualifications and/or training that allied health professionals must possess beyond those set forth in this policy; (b) detailed descriptions of the clinical privileges and scope of practice for different categories of allied health professionals; (c) specific conditions that apply to the functioning of allied health professionals practicing within the Hospital; and (d) supervision requirements, if applicable.

ARTICLE 3

APPLICATION

3.1. General Qualifications of Applicants

Allied health professionals seeking to practice at the Hospital shall document their: experience; background; training; current licensure or certification, where applicable; demonstrated current competence; ability to safely and competently exercise the clinical privileges or scope of practice requested; adherence to the ethics of their profession; good reputation; compliance with applicable laws, rules and regulations, including absence of any conviction for a felony; ability to meet hospital criteria, including professional liability insurance requirements; ability to meet geographic requirements necessary to assure timely and continuous care for their patients as approved by the Board; and ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated will receive quality care and that the Hospital will be able to operate in an orderly manner.

An allied health professional writing medication orders or prescriptions to be filled by the Hospital's pharmacy or one writing out-patient prescriptions for controlled substances is required to possess and provide documentation of a current Drug Enforcement Administration (DEA) registration number, a Maryland Controlled Dangerous Substances (CDS) registration number and, if applicable, a Maryland delegation agreement for the prescribing of controlled dangerous substances to a physician assistant, a nurse practitioner, or certified nurse midwife or a Maryland temporary practice letter.

3.2. No Entitlement to Medical Staff Appointment

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

(b) Allied health professionals shall practice at the Hospital at the discretion of the Board.

3.3. Hospital Employees

Individuals who are employees of the Hospital shall be governed by such hospital policies, manuals and descriptions as may be established from time to time. Where applicable, the Credentials Committee shall recommend to

the Medical Executive Committee qualifications for those hospital employees whose responsibilities require the delineation of clinical privileges or scope of practice.

3.4. Nondiscrimination Policy

No individual shall be denied permission to practice as an allied health professional at the Hospital on the basis of sex, race, creed, religion, age, color, national origin, or disability.

3.5. Assumption of Duties and Responsibilities

Each individual seeking to practice as a Medical Associate or Medical Assistant shall acknowledge in writing a continuing obligation:

(a) to provide his or her patients with a level of care commensurate with generally recognized criteria of quality;

(b) to provide continuous care and supervision of the individual's patients in the Hospital;

(c) to abide by medical staff and hospital Bylaws, other standards, policies and Rules and Regulations;

(d) to notify the Medical Staff Office of changes in licensure, certification or registration status, Medicare or Medicaid status or sanctions, and of changes in other hospital affiliations, designated back-up coverage or malpractice insurance;

(e) to discharge such department, committee and hospital functions for which he or she is responsible;

(f) to prepare and complete in a prescribed manner the medical and other required records for all patients the individual admits or treats in the Hospital;

(g) to abide by the ethical standards of his or her profession;

(h) to participate in Emergency Department on-call coverage as directed by the department chief;

(i) to appear for personal interviews as requested in regard to the application;

(j) to refrain from illegal fee splitting or other illegal inducements relating to patient referral;

(k) to refrain from assuming responsibility for diagnoses or care of hospitalized patients for which he or she is not qualified or without adequate supervision;

(l) to refrain from deceiving patients as to his or her status as an allied health professional;

(m) to seek consultation whenever necessary;

(n) to promptly notify the Chief Executive Officer or a designee of any change in eligibility for payments by third-party payors or for participation in Medicare, including any sanctions imposed or recommended by the federal Department of Health and Human Services, and/or the receipt of a PRO citation and/or quality denial letter concerning alleged quality problems in patient care;

(o) to participate in quality evaluation and performance improvement activities of the Hospital;

(p) to work cooperatively with medical staff appointees, other allied health professionals, nurses and other hospital personnel so as not to adversely affect patient care; and

(q) to participate in applicable continuing education programs.

3.6. Application Review Process

(a) An application for permission to practice as an allied health professional shall be sent only to 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.

(b) An individual who requests an application for permission to practice at the Hospital as an allied health professional 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 scope of practice or clinical privileges approved by the Board for the class of practitioner involved. An application form shall be included with this letter.

3.7. Information to be Submitted with an Application

(a) An application to practice as an allied health professional shall require detailed information concerning the applicant's professional qualifications. The current applications to practice as an allied health professional, 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, or not renewed at any other hospital or health care facility;

(2) information as to whether the applicant's license to practice any profession in any state, or Drug Enforcement Administration certificate, is or ever has been voluntarily or involuntarily suspended, modified, terminated, or restricted or is currently being challenged;

(3) information concerning the applicant's professional liability litigation experience, including information concerning past and pending claims, final judgments, or settlements;

(4) current information regarding the applicant's ability to safely and competently exercise the clinical privileges or scope of practice requested; and

(5) information evidencing continuing education.

(c) The applicant shall indicate on the application the clinical privileges or scope of practice which he or she is requesting. Additionally, the applicant shall provide a copy of his or her current curriculum vitae.

3.8. Submission of Application

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

(b) An application shall be deemed to be complete when all questions on the application form have been answered, all supporting documentation has been supplied, and all information has been verified. An application shall become incomplete if the need arises for new, additional or clarifying information anytime during the evaluation.

(c) Any application that continues to be incomplete 30 days after the applicant has been notified of the additional information required shall be deemed to be withdrawn. It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

3.9. Burden of Providing Information

(a) The applicant shall have the burden of producing information deemed adequate by the Hospital for a proper evaluation of competence, character, ethics, and other qualifications and for resolving any doubts about such qualifications.

(b) The applicant shall have the burden of proving that all information on the application is true and correct. Any misrepresentation, misstatement or omission on the application, whether intentional or not, shall be cause for the rejection of the application. In the event that an individual has been granted clinical privileges or a scope of practice prior to the discovery of the misrepresentation, misstatement or omission, the discovery of such shall be grounds for automatic relinquishment of such clinical privileges or scope of practice.

ARTICLE 4

CREDENTIALING PROCEDURE

4.1. Initial Review of Application

(a) The Chief Executive Officer will review the application to determine if the individual satisfies all threshold criteria. Individuals who fail to meet the threshold criteria will be notified that they are not eligible for the clinical privileges or scope of practice requested.

(b) The Chief Executive Officer shall also 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 chief.

(c) The appropriate supervisor within the Hospital and the relevant department chief shall examine the application and all supporting information and make a written report to the Credentials Committee regarding the applicant's qualifications for the clinical privileges or scope of practice requested.

4.2. Temporary Privileges and Temporary Scope of Practice

(a) Upon receipt of a favorable report from the appropriate supervisor, department chief, and Chairman of Credentials Committee, the Chief Executive Officer may grant temporary privileges, or a temporary scope of practice to an allied health professional who has submitted a complete application, provided the individual has:

(i) no current or previously successful challenge to licensure or registration;
(ii) not been subject to involuntary termination at another organization; or
(iii) not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges or scope of practice.

(b) Temporary privileges or a temporary scope of practice shall be granted for a period not to exceed 120 days and shall expire at the end of this period.

(c) The granting of temporary privileges or a temporary scope of practice is a courtesy and may be terminated for any reason. Neither the denial nor termination of temporary privileges shall entitle the individual to the procedural rights set forth in Article 6 of this Policy.

4.3. Credentials Committee Process

(a) The Credentials Committee shall review all relevant information about the applicant and determine whether the applicant has satisfied all of the qualifications for the clinical privileges or scope of practice requested. The Credentials Committee shall prepare a written report containing its findings and recommendations, including the department to which the allied health professional will be assigned.

(b) The recommendation of the Credentials Committee that an applicant be granted clinical privileges or the scope of practice requested shall be forwarded to the Medical Executive Committee.

(c) The Medical Executive Committee shall make a recommendation and forward the same to the Board for final action.

4.4. Provisional Period

(a) An individual's clinical privileges or scope of practice shall be provisional for the first 12 months. An extension of up to 24 months may be granted if an evaluation warrants such.

(b) During the provisional period, the individual shall be evaluated by the appropriate supervisor and department chief and by the relevant committees as to the individual's clinical competence, general behavior and conduct in the Hospital.

(c) If during the provisional period, an individual fails to fulfill all requirements associated with practice at the Hospital including requirements relating to completion of medical records and cooperation with monitoring or observation conditions, at the expiration of provisional period, the individual's clinical privileges or scope of practice shall be automatically relinquished.

4.5. Renewal of Permission to Practice

(a) Permission to practice at the Hospital as an allied health professional is a courtesy extended by the Board and, if granted, shall be for a period not to exceed two years. Renewal of clinical privileges or scope of

practice shall be granted only upon submission of a completed renewal application.

(b) 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.

4.6. Administrative Suspension

(a) The Chief Executive Officer, the President of the Medical Staff, and the appropriate department chief shall each have the authority to impose an administrative suspension of all or any portion of the clinical privileges or scope of practice of any allied health professional 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 Chairperson of the Credentials Committee, 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 Credentials Committee shall review and consider the question(s) raised and thereafter make an appropriate recommendation to the Medical Executive Committee for further action.

ARTICLE 5

CONDITIONS OF PRACTICE APPLICABLE TO MEDICAL ASSISTANTS

5.1. Oversight by Employing and/or Supervising Physician

(a) Any activities permitted by the Board to be performed by a Medical Assistant shall be performed only under the supervision of the physician with appropriate privileges at Maryland General Hospital. Except as provided by law or by an applicable hospital policy, " direct supervision" shall not require the actual physical presence of the Supervising Physician.

(b) Medical Assistants may function in the Hospital only so long as they remain employees of, or are directly supervised by, a physician with appropriate privileges at Maryland General Hospital.

(c) If the medical staff appointment or clinical privileges of an Employing and/or Supervising Physician are resigned, revoked or terminated, the Medical Assistant's permission to practice at the Hospital shall automatically terminate. The Credentials Committee may, however, recommend that the Medical Assistant be permitted to arrange for employment and/or supervision by another appropriately credentialed physician.

5.2. Questions Regarding Authority of Medical Assistant

(a) Should any member of the Medical Staff, or any employee of the Hospital 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 Employing and/or Supervising Physician, such individual shall have the right to request that the Medical Assistant's Employing and/or 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 scope of the person's activities as permitted by the Board.

(b) Any question regarding the professional conduct of a Medical Assistant shall be reported to the Chairperson of the Credentials Committee or the Chief Executive Officer. At all times, the Supervising Physician

shall remain responsible for all acts of the Medical Assistant in the Hospital.

5.3. Responsibilities of Employing and/or Supervising Physician

(a) The number of Medical Assistants acting under the Employing and/or 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 Hospital. The Employing and/or Supervising Physician shall make all appropriate filings with the State Board of Medicine regarding the supervision and responsibilities of the Medical Assistant to the extent that such filings are required.

(b) It shall be the responsibility of the Employing and/or 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 Hospital. The Employing and/or Supervising Physician shall furnish evidence of such coverage to the Hospital. The Medical Assistant shall act in the Hospital only while such coverage is in effect.

ARTICLE 6

PROCEDURAL RIGHTS OF ALLIED HEALTH PROFESSIONALS

6.1. General

Allied health professionals shall not be entitled to the hearing and appeals procedures set forth in the Credentialing Policy. Any and all rights to which allied health professionals are entitled are set forth in this policy.

6.2. Procedural Rights for Medical Assistants

(a) In the event that a recommendation is made by the Credentials Committee that a Medical Assistant not be granted a s cope of practice or that a scope of practice previously granted be restricted or terminated, the individual shall be notified of the recommendation. The notice shall include a general statement of the reasons for the recommendation and shall advise the individual that he or she may request a meeting with the Committee before its recommendation is forwarded to the Medical Executive Committee.

(b) If a meeting is requested, the meeting shall be scheduled to take place within a reasonable time frame. The meeting shall be informal and shall not be considered a hearing. The Employing and/or Supervising Physician and the Medical Assistant shall both be permitted to attend this meeting.

(c) Following this meeting, the Credentials Committee shall make its final recommendation to the Medical Executive Committee.

6.3. Procedural Rights for Medical Associates

(a) In the event that a recommendation is made by the Credentials Committee that a Medical Associate not be granted clinical privileges or that the privileges previously granted be restricted or terminated, the individual shall be notified of the recommendation. The 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 Medical Executive Committee.

(b) If the Medical Associate 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 timely, the Chief Executive Officer shall appoint a Hearing Officer. The Hearing Officer shall preferably be an attorney at law and may be legal counsel to the Hospital. 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 for either side at the hearing.

(d) The hearing shall be convened as soon as 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.

6.4. Hearing Process

(a) A record of the hearing shall be maintained by a stenographic reporter or by a recording of the proceedings. Unless otherwise agreed to by the parties, testimony shall be taken on oath or affirmation.

(b) At the hearing, a representative of the Credentials Committee shall first present the reasons for the recommendation. The Medical Associate shall be invited to present information, both orally and in writing, to refute the reasons for the recommendation, subject to a determination by the Hearing Officer that the information is relevant. The Hearing Officer shall have the discretion to determine the amount of time allotted to the parties.

(c) The Medical Associate shall have the right to present other witnesses. The Hearing Officer shall permit reasonable questioning of such witnesses.

(d) Neither the Medical Associate nor the Credentials Committee shall be represented by counsel at this proceeding.

(e) The Medical Associate shall have the burden of demonstrating that the recommendation of the Credentials Committee was arbitrary, capricious or not supported by substantial evidence. The quality of care provided to patients and the smooth operation of the Hospital shall be the paramount considerations.

6.5. Hearing Officer Report

(a) The Hearing Officer shall prepare a written report and recommendation within 20 days after the conclusion of the proceeding and shall forward it, 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 Medical Associate and to the Credentials Committee.

(b) Within 10 days after notice of such recommendation, either the Medical Associate or the Credentials 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.

6.6. 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 Hospital 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 Officer may be considered at the discretion of the Chairperson or the appellate review committee.

(c) Upon completion of the review, the Chairperson or the appellate review committee shall provide a report and recommendation to the full Board for action.

ARTICLE 7

AMENDMENTS

7.1. Method of Adoption and Amendment

This Policy may be amended by a majority vote of the members of the Medical 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 Medical Executive Committee. Notice of all proposed amendments shall be posted on the medical staff bulletin board at least 14 days prior to the Medical Executive Committee meeting and any member of the Medical Staff may submit written comments to the Medical Executive Committee. No amendment shall be effective unless and until it has been approved by the Board.

ADOPTION

This Policy on Allied Health Professionals 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.

Readopted by the Medical Staff on February 13, 2001
Readopted by the Board of Directors on March 27, 2001

Amendments Adopted by the Medical Staff on February 13, 2002
Amendments Adopted by the Board of Directors on February 26, 2002
Amendments Adopted by the Medical Staff on April 13, 2010
Amendments Adopted by the Board of Directors on September 21, 2010

_____
Chief of Staff

_____
President and Chief Executive Officer

_____
Chairman, Board of Directors

APPENDIX A

Those allied health professionals currently practicing as Medical Associates at Maryland General Hospital are as follows:

(1) Physicians
(2) Dentists
(3) Podiatrists
(4) Psychologists
(5) Optometrist

APPENDIX B

Those allied health professionals currently practicing as Medical Assistants at Maryland General Hospital are as follows:

(1) Certified Registered Nurse Anesthetists
(2) Physician Assistants
(3) Nurse Practitioners
(4) Certified Nurse Midwives