

*Approved Addition as of 4/4/2022*  
**(BOLD means addition)**

*(Recommended by Credentials Committee: 1/4/2022*  
*Recommended by Medical Executive Committee: 1/11/2022)*

Medical Staff Bylaws

**ARTICLE V**

**MEMBERSHIP QUALIFICATIONS AND CREDENTIALING PROCESS**

**Community Advanced Practice Professional (APP):** The Community Advanced Practice Professional shall consist of those APPs requesting membership with no delineated clinical privileges. APPs currently on staff as well as new applicants may request this status category. This also may include those in research, administrative or public health positions. They may attend department/section meetings and participate in educational activities. APPs in this category must: 1) provide demographic updates in order to keep abreast of meetings and educational opportunities, and hospital news; 2) provide a valid State of Maryland medical license. They will not be required to have an office address as specified in these Medical Staff Bylaws. They will be subject to the reappointment process with demographic updates every two years and will pay a \$150 reappointment fee. The processing fee to apply for Community Advanced Practice Professional status as a new applicant is \$350. They will not be subject to department or medical staff dues. Community APPs may attend meetings and participate in discussions but will not have the right to vote or hold elective office. They will not be subject to FPPE and OPPE. Community status will be automatically terminated if the Member is convicted of a felony or crime of moral turpitude.

**Approved Changes as of 4/4/2022**

~~(Strikethrough means deletion)~~

**(Recommended by Credentials Committee: 2/7/2022  
Recommended by Medical Executive Committee: 2/15/2022)**

**Medical Staff Bylaws**

**ARTICLE V**

**MEMBERSHIP QUALIFICATIONS AND CREDENTIALING PROCESS**

**Section 5.2: General Qualifications for Membership**

**5.2-1**

**Minimum Qualifications:** Each applicant and Member of the Medical Staff shall document his or her continuous compliance with the following minimum qualifications with sufficient adequacy to assure the Medical Staff and the Governing Board that any patient he or she treats in the Hospital will receive medical care of the type generally recognized by the Hospital as an acceptable level of professional quality and efficient care. Each such applicant or Member shall demonstrate that he or she at least:

- A. Possesses a current, unrevoked and unsuspended license to practice his or her profession in this State of Maryland as a MD, DO, DDS, DMD, DPM; or an Allied Health Practitioner with a sponsoring/collaborating physician who is on staff here at Shady Grove Medical Center.
- B. Is in sufficiently good physical and mental health;
- C. Has sufficient academic background, clinical experience and professional training;
- D. Has current clinical and technical competence, as demonstrated by experience in the management of patients representative of those admitted to this Hospital;
- E. Adheres to the ethics of his or her profession;
- F. Possesses good reputation and professional character;
- G. Works harmoniously with other professionals and Hospital personnel and interacts appropriately with such persons, as well as with patients and the general public;
- H. Agrees to accept and complete all Medical Staff responsibilities;
- I. Does not support, practice, or claim to practice any exclusive or sectarian system of medicine;
- J. Has established or will have established by the time the applicant or Member is approved for membership, a bonafide medical office within Montgomery County or Frederick County, Maryland limited to 15 miles North of the Montgomery County/Frederick County borderline. This requirement applies to all applicants who intend to become Members of the Medical Staff excluding Consultants, Honorary staff, Community Staff and Telemedicine Physicians.
- K. Meets the requirement for membership in the department which he or she intends to join;
- L. Possesses Active board eligibility or board certification by a specialty board which is a member of the American Board of Medical Specialties for the applicant's or Member's primary practice area, or has completed an approved residency training program within the past two years;
- M. Has performed adequately as a member of the medical staff at other hospitals or health care facilities, if the applicant or Member has held such other membership;
- N. Provide the name of at least two references, one (1) peer and one (1) professional in a leadership capacity who will provide an evaluation of the applicant's medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, professionalism, system-based practice and ability to perform the clinical privileges requested. The references may not be an associate, employee or partner;
- O. Provides sufficient documentation of pending and past liability claims, any settlements or monetary payments made, and any denials or cancellations of any professional liability insurance policy when requested and when the NPDB report does not include such information;
- P. Provides acceptable responses to such other items of information or inquiry which may be contained on the application for initial appointment or reappointment;
- Q. Fulfills the medical staff's continuing medical education requirements and agrees to abide by Maryland State Law regarding Continuing Medical Education (CME) requirements;
- R. Agrees to provide for the continuous care of his or her patients;

- S. Agrees to cooperatively participate in the Hospital's Case Management (CM) Program;
- T. Providers must provide the following based on the recommendation Center of Disease Control (CDC) for positive or negative TB.
- a) Newly credentialed providers with a history of Negative Tuberculosis Skin Test (TST) will receive a TST at the Adventist HealthCare entity accordingly (or) provide proof of a TST or provide proof of T-Spot within 1 year of the application date.
  - b) Current Providers with a known Negative Tuberculosis Skin Test will receive a TST or T-Spot test every other year and will complete a Tuberculosis Symptom Screening Survey every other year (opposite the TST).
  - c) Newly credentialed providers with a history of Positive Tuberculosis Skin Test will receive baseline Interferon Gamma Release Assay and will receive baseline chest x-ray or provide a chest x-ray within 90 days of the application date. Only a one-time baseline chest x-ray is required.
  - d) Current providers with a history of Positive Tuberculosis Skin Test will receive baseline Interferon Gamma Release Assay if not already on file and will complete a Tuberculosis Symptom Screening Survey annually
  - e) Testing is provided by the hospital's Occupational Health Department.
  - f) Occupational Health does not obtain copies of test results. Please keep copies for your file and future reference.

U. Providers who admit Patients to the Hospital must maintain a current unrevoked and unsuspended Drug Enforcement Administrative Certificate (DEA) with a Maryland address and Controlled Drug Substance Certificate (CDS).

Military providers are not required to obtain a Maryland CDS as members of the military. They are permitted to write prescriptions in all 50 states and territories within the United States. They are required to have a Federal DEA certificate. Providers without a current Drug Enforcement Administrative Certificate (DEA) and Controlled Drug Substance Certificate (CDS) are not allowed to prescribe controlled substances in the Hospital.

V. Must not be excluded from participation in Medicare or Medicaid programs. Exclusion would prohibit appointment or reappointment to the Medical or AHP staff at Shady Grove Medical Center.

W. Agrees to respond in writing and completely within 14 days to any hospital related inquiry including but not limited to patient complaints, peer review concerns or any physical, behavioral or clinical care concerns.

X. Agrees to provide and maintain a working e-mail address to allow for ongoing Hospital and Medical Staff communication and all other correspondence.

Y. For initial applicants, information regarding all current healthcare facility affiliations for the past five (5) years including the Name, address, phone and fax for the facility and dates of affiliation. Hospital affiliations are not required for reappointments.

**~~Z. For initial applicants, information regarding all current healthcare facilities employed at or with privileges for the past five (5) years including the name, address, phone and fax for facility and dates of employment. Work history verification is not required for reappointments.~~**

### **Section 5.21: Telemedicine Privileges**

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. If a telemedicine practitioner prescribes, renders a diagnosis, or otherwise provides clinical treatment to a patient, the telemedicine practitioner is credentialed and privileged through the medical staff mechanisms as set forth in this Bylaws Manual and in the same manner as any other medical staff member.

~~The Medical Staff Office will be required to receive all or a minimum of five (5) high volume satisfactory verifications for each telemedicine provider.~~

### **6.1-5 Telemedicine Physician Staff**

Telemedicine involves the use of electronic communication or other communication technologies to provide or support clinical care at a distance. If a telemedicine practitioner prescribes, renders a diagnosis, or otherwise provides clinical treatment to a patient, the telemedicine practitioner is credentialed and privileged through the medical staff mechanisms as set forth in this Bylaws Manual and in the same manner as any other medical staff member. Any Practitioner in the specialties of Radiology, Adult Neurology, and Pediatric Neurology may apply for privileges to see patients only via telemedicine as provided in these Bylaws. Any Practitioner in this category shall meet all applicable requirements pertaining to the Members of the Medical Staff; provided, however, that Practitioners in such category are not required to attend Medical Staff meetings, nor are they required to see their patients face-to-face.

Practitioners who wish to provide telemedicine services, as defined in these Bylaws, in prescribing, rendering a diagnosis, or otherwise providing clinical treatment to a Hospital patient, without clinical supervision or direction from a Medical Staff Member, shall be required to apply for and be granted clinical privileges for these services as provided in these Bylaws. The Medical Staff shall define in the Rules and Regulations or Medical Staff policy which clinical services are appropriately delivered through a telemedicine medium, according to commonly accepted quality standards. Consideration of appropriate utilization of telemedicine equipment by the telemedicine practitioner shall be encompassed in clinical privileging decisions. In addition to meeting all other qualification for clinical privileges, the following credentialing procedures shall be followed:

- a) When a telemedicine provider is providing services from a different State, licensure will be verified for both Maryland and the State where the practitioner is located.
- ~~b) Specific to telemedicine providers, due to extraordinary high number of healthcare affiliations, queries may be limited to the top five high volume affiliations and any healthcare organization from which the practitioner was reassigned during the last five years.~~
- c) Because they do not treat patients face-to-face, Practitioners who seek only telemedicine privileges need not maintain DEA or Maryland CDS registration.
- d) Telemedicine providers will be subject to OPPE and FPPE.