

# NORTH HILLS HOSPITAL

## REQUEST FOR CONSIDERATION



Thank you for your interest in applying for membership to the Medical Staff at North Hills Hospital. The information below and the attached HCA Credentialing Online Provider Authorization for Delegate form is needed, in its entirety, to complete this request. Your application will come from the HCA Credentialing Processing Center (CPC) based in Houston, Texas. Please contact the Medical Staff Office if you have any questions or concerns during this process.

The following are General Qualifications for appointment for North Hills Hospital:

- 1) The applicant must possess a current, active license in the State of Texas for the practice of medicine, dentistry, podiatry or an Advanced Practice Professional.
- 2) To have prescribing privileges for controlled substances, the applicant must possess a current Federal Drug Enforcement Administration (DEA) registration and Texas Department of Public Safety with the applicant's in-state address for the State of Texas.
- 3) An applicant Practitioner must also have successfully completed a residency program in the field of specialty for which the Practitioner requests clinical privileges and shall be board certified, board qualified as defined by the specialty board for his/her specialty, or comparably qualified as defined by the Medical Executive Committee.
- 4) The applicant must document his/her current clinical competence, experience and judgment with sufficient adequacy, as determined at the discretion of the Medical Executive Committee and the Board.
- 5) The applicant shall possess the ability to perform the clinical privileges requested.
- 6) The applicant shall maintain professional liability insurance coverage through an insurance carrier authorized as a licensed provider of professional malpractice insurance, for the clinical privileges requested with limits of at least \$200,000 for each claim and \$600,000 in aggregate.
- 7) The individual shall not currently be an Ineligible Person and shall not become an Ineligible Person as defined in these bylaws, during the term of an appointment or granting of clinical privileges.
- 8) No individual shall be eligible for or continue to hold medical staff membership or clinical privileges when the individual has a conviction, or a plea of guilty or no contest pertaining to any felony, or to any misdemeanor involving (i) controlled substances; (ii) illegal drugs; (iii) Medicare, Medicaid, or insurance or health care fraud or abuse; (iv) violence against another, or (v) related to the practice of a health care profession and/or the safety of patients and staff, even if not yet excluded, debarred, or otherwise declared Ineligible.

### CHECKLIST OF DOCUMENTS ENCLOSED THAT MUST BE COMPLETED AND RETURNED WITH THIS PRE-APPLICATION

- Application Fee of \$300.00 for Physicians (\$200.00 for AHP) made out to "North Hills Hospital"
- Call coverage form signed by current staff member/applicant who has agreed to cover for you
- Provider Delegate Form
- MRSA Form
- NHH Letter of Expectation
- Documentation of Vaccines/Immunizations as outlined in the NHH Vaccine Policy
- Code of Conduct Acknowledgement
- Disaster Contact Form



## APPLICATION PROCESS FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
<p>How do I obtain an application?</p>	<p>Go to <a href="http://northhillshospital.com/careers/physician-resources.dot">http://northhillshospital.com/careers/physician-resources.dot</a></p> <p><b>Physician Resources</b></p> <p>Home » Careers » Physician Resources</p> <p><b>Medical Staff Membership</b></p> <p>To obtain an Application for membership complete the <a href="#">Request for Application for Physicians</a> or <a href="#">Request for Application for Advanced Practice Professionals</a> (NP, PA, and CRNA) and fax it to the Medical Staff Office at (817) 255-1968 or email to <a href="mailto:NHIL_MedicalStaff@hcahealthcare.com">NHIL_MedicalStaff@hcahealthcare.com</a>.</p> <p>Download the appropriate pre-application for Physician or Advanced Practice Professional. Fill out the form and attached requested items. Return all to Medical Staff Services.</p>
<p>How long will it take to receive the full application (RFC)?</p>	<p><b>24-48 Hours from request</b></p> <p>Once the completed pre-application is received by Medical Staff Services and assured minimum documentation for a full application is received, they will notify the Central Processing Center (CPC) to send a full application.</p> <p>Depending on how the Delegate Authorization form is completed, an application can be via the On-line application (HCO), emailed or sent regular mail. On average this takes approximately 24-48 hours once the request is made by Medical Staff Services.</p>
<p>Once I submit the application (RFC) to the CPC, how long is the process?</p>	<p><b>45-60 Days from receipt of complete application (RFC)</b></p> <p>The Central Processing Center (CPC) will determine if a received application is a complete application. They will not begin processing the application without the following forms:</p> <ol style="list-style-type: none"> <li>1. Request for Consideration (The Texas Standard Application – all 20 pages)</li> <li>2. The HCA Addendum to the State Application with a current signature and date.</li> <li>3. Delineation of Privileges form</li> <li>4. Authorization, Attestation and Release form with a current signature and date.</li> </ol> <p>Upon the determination of completeness, the verification process can begin and will take approximately 45-60 days. A deadline will be set and the CPC will release the file to Medical Staff Services by that date regardless of if the verification process is completed or not.</p>
<p>How can I assist in expediting my application process?</p>	<p><b>Assure your application packet (RFC) is complete.</b></p> <p>Other helpful tips include the following:</p> <ol style="list-style-type: none"> <li>1. Don't leave anything blank or unanswered on your pre-application, application or addendum.</li> <li>2. Provide full contact information for all training, affiliations and references including emails, phones and faxes.</li> <li>3. Submit a case log from the prior 2 years from your primary facility and assure that it meets the criteria on the privilege form. The privilege form provides criteria details. Please review it carefully.</li> <li>4. Provide written explanations for any adverse responses.</li> </ol>
<p>Is my application (RFC) approved when the CPC releases the file to the Medical Staff Office?</p> <p>(Timeline is dependent on completeness of file and responsiveness of applicant to requested documents. If the application is deemed complete it will be reviewed for the next cycle of committees)</p>	<p><b>NO.</b> The application is not approved until it has been audited by Medical Staff Services, reviewed by the appropriate Department Chairman, Credentials Committee, Medical Executive Committee and the Board of Trustees, where the final decision is made.</p> <p>Upon receipt of the application and verifications from the CPC, Medical Staff Services must audit all verifications, complete any verifications not obtained by the CPC, and assure that all facility specific documents are present. Additionally, Medical Staff Services will assure that membership and privilege criteria is met.</p> <p>At any point during this review process you may be asked for additional information. It is important to respond to all requests as soon as possible. Any requests not responded to or information not submitted may deem your application incomplete and withdrawn.</p> <p>You will also be required to schedule an appointment with Medical Staff Services for an in-person orientation and verification of identity, at which point, a photo will be taken for your badge. However, you cannot have your badge until after the Board has made the final approval.</p>

## APPLICATION PROCESS FREQUENTLY ASKED QUESTIONS

QUESTION	ANSWER
What will happen if I do not respond timely to requests for clarification or missing information?	<b>Your application will be in jeopardy of being deemed voluntarily withdrawn.</b> The application, verification and privileging process is a time sensitive process. It is important to respond to requests made by Medical Staff Services as soon as possible. When you do not respond or information is missing, the Chairman and Committees reviewing your application may not have enough information to make a decision. If your file continues to be incomplete, your application can be voluntarily withdrawn. The consequence of a withdrawn applications is that you may have to begin the process from the beginning again and because each document in your file has an expiration date there may be items that have to be re-verified, re-signed or re-attested to. This can most importantly cause additional work for you as well as the CPC and Medical Staff Services. Medical Staff Services does not want this to happen so please keep in constant communication with the Coordinator working your file.
How often does the Chairman review Credentials files and how often do the Committees meet?	<b>Monthly.</b> Typically, the Chairman will begin reviewing all completed files in the first week of the month. The Credentials Committee meets the 2 <sup>nd</sup> week of the month (subject to change) The Medical Executive Committee meets the 3 <sup>rd</sup> week of the month (subject to change) The Board of Trustees meets the 4 <sup>th</sup> week of the month (subject to change)
Can temporary privileges be granted if I need to start work sooner than the committee schedule allows?	<b>Generally, temporary privileges are not granted.</b> Temporary privileges are reserved for issues arising from an urgent patient care need and granted rarely. An example where temporary privileges may be considered include but is not limited to: <ol style="list-style-type: none"> <li>1. A patient in critical need of a highly specialized physician, where no others are on staff.</li> <li>2. A shortage of physician staff in a high risk/high volume specialty where daily services are required.</li> </ol>
How soon can I begin working in the hospital after my application is approved?	<b>Activation of system accounts may take a couple of days.</b> Therefore, if you anticipate being schedule to work on the day of approval or shortly thereafter, please notify Medical Staff Services ahead of time. Medical Staff Services can proactively have your accounts created and access ready to start on the first day if necessary.

If you have any other questions, not addressed here, please do not hesitate to contact Medical Staff Services at (817) 255-1195.

We look forward to assisting you.

Thank you,  
Medical Staff Services  
North Hills Hospital

Please return to the Medical Staff Office at North Hills Hospital  
 4401 Booth Calloway Road, North Richland Hills, TX (817) 255-1968—Confidential FAX

**Please complete in its entirety:**

Name: _____	Primary Office Address: _____
Home Address: _____	City/State/Zip: _____
City/State/Zip: _____	Office Phone: _____
Specialty: _____	Office Fax: _____
Home Phone: _____	Cell Phone: _____
Credentialing Contact Name: _____	Credentialing Phone: _____
Credentialing Address: _____ <small>(If different from Office)</small>	Credentialing Email: _____
SSN: _____	DOB: _____
NPI: _____	EXPECTED START DATE: _____

Please tell us which Membership Category you are applying for by checking the appropriate box below:

Requested	Definitions
<input type="checkbox"/>	<b>ACTIVE STAFF CATEGORY</b> <ul style="list-style-type: none"> <li>Office located closely enough to the Hospital to provide appropriate care to his/her patients.</li> <li>Admits patients or consults on patients in the Hospital at a minimum average of six (6) each year.</li> <li>May change from Active to Courtesy staff only at the time of reappointment.</li> <li>Responsible for emergency room call</li> <li>May vote and hold office</li> </ul>
<input type="checkbox"/>	<b>ACTIVE- AFFILIATE CATEGORY</b> <ul style="list-style-type: none"> <li>Visit their own patients, but make no entries to the Medical Record</li> <li>May attend Department and General Staff Meetings, but not vote or hold office</li> </ul>
<input type="checkbox"/>	<b>COURTESY STAFF CATEGORY</b> <ul style="list-style-type: none"> <li>Office located in the community primarily serviced by the Hospital, or otherwise arranges to provide continuous care to his/her patients.</li> <li>Physicians: Admits/consults on patients a minimum of two (2) patients per two year reappointment period, but no more than twenty-three (23) patients per year</li> <li>Dentists: a minimum of one (1) patient per two year reappointment period, or eleven (11) patients per year</li> <li><b><u>Member in good standing of the Active medical staff of at least one hospital accredited by the TJC</u></b></li> </ul>
<input type="checkbox"/>	<b>CONSULTING STAFF CATEGORY</b> <ul style="list-style-type: none"> <li>Reserved for specialist physicians not commonly found in the community and who do not primarily practice at North Hills Hospital, to allow these physicians to be available for consultation with the Medical Staff and to provide unique services for hospitalized patients.</li> <li>May not admit patients - May not vote or hold office.</li> <li><b><u>Must be a member in good standing of the Active Medical Staff of at least one hospital accredited by the TJC.</u></b></li> </ul>

Please select below if appropriate for your practice

<input type="checkbox"/>	<b>TELEMEDICINE ONLY</b> - May not vote, hold office or follow other Medical Staff or Hospital requirements that apply only to practitioners who provide direct patient care.
<input type="checkbox"/>	<b>INTERNAL MEDICINE:</b> Applicant has an out-patient, office practice
<input type="checkbox"/>	<b>HOSPITALIST:</b> Physicians whose primary professional focus is the general medical care of hospitalized patients. Hospitalists cannot have an office or clinic in which to develop/provide clinical or non clinical services in an out-patient setting or manner. Their activities include patient care, teaching and leadership related to hospital care.

Please return to the Medical Staff Office at North Hills Hospital

4401 Booth Calloway Road, North Richland Hills, TX (817) 255-1968–Confidential FAX

Answer the following:

- 1) Are you currently licensed in the State of Texas?  YES  NO  
 If not, when do you expect to obtain your TX license? (MM/YYYY)
- 1a) If applicable to your practice, do you currently hold a DEA registered with a Texas address?  YES  NO  
 If not, when do you expect to register your DEA in TX? (MM/YYYY)
- 1b) If applicable to your practice, do you currently hold a TX DPS certificate?  YES  NO  
 If not, when do you expect to obtain your TX DPS registration? (MM/YYYY)
- 1c) Do you currently have malpractice for the privileges you are requesting in the coverage amounts of 200,000.00 per incident / 600,000.00 aggregate?  YES  NO  
 If not, when do you expect to have this coverage? (MM/YYYY)
- 2) Are you certified by the appropriate specialty board of the ABMS, the AOA, the American Board of Oral and Maxillofacial Surgery, or the American Board of Podiatric Surgery, as applicable?  YES  NO  
 If not Board Certified, date of completion of training \_\_\_\_\_ (Current Medical Staff Bylaws require Board Certification within 5 years of training or within the Specialty Boards specified time limit.)
- 3) If appointed to the **Active Medical Staff**, will you agree to participate in the emergency call rotations as determined by your Section, and to treat all patients referred to you during such coverall regardless of ability to pay?  YES  NO
- 4) **If practicing in a group**, will you be cross-covering for your partners at North Hills Hospital?  
 N/A (solo practitioner)- Skip to question #5  
 Yes List Partners or attach a list: \_\_\_\_\_  
 No Please provide a brief explanation as to why: \_\_\_\_\_
- 5) **If practicing solo**, please indicate a NHH physician who has explicitly agreed to provide continuing coverage for your patients when you are not available: \_\_\_\_\_ (Must be a member of NHH medical staff or an applicant in process with NHH)
- 6) To what extent to you anticipate using the facilities at North Hills Hospital?  
 Percentage of your total practice: \_\_\_\_\_ %  
 Percentage of your total hospital practice: \_\_\_\_\_ %
- 7) Do you plan to establish or have you established an office near the hospital?  YES  NO
- 8) Are you employed by any other hospital or their affiliate?  YES  NO  
**If yes, please provide list:** \_\_\_\_\_
- 9) Are you currently appointed to the Medical Staff of any other HCA hospitals?  YES  NO  
**If yes, please list:** \_\_\_\_\_
- 10) Are you currently in a residency/fellowship program?  YES  NO  
 If yes, please provide completion date: \_\_\_\_\_  
*Please note that if you are more than 90 days from completion, your request for an application may be held.*

I request an application for appointment to the Medical Staff. I understand that the information requested on this application form is sought to enable the hospital and its Medical Staff to make an administrative determination as to whether I am eligible to receive an application. The request for an application form does not constitute an application.

I hereby release from any and all liability, and agree not to sue the hospital and its representatives for their actions in connection with evaluating the information provided on this form and determining whether or not I am eligible to receive an application.

I understand that a determination that I am ineligible to receive an application does not give rise to any hearing rights under the Medical Staff Bylaws, Policies and Procedures.

\_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date

<b>NORTH HILLS HOSPITAL</b>	<b>POLICY DESCRIPTION: Orientation of Medical Staff Members/Advanced Practice Professional</b>
<b>PAGE: 1 of 2</b>	<b>POLICY NUMBER:</b>

<b>ORIGINAL DATE OF ISSUE: 9/18/2012</b>	<b>REVISION/REVIEWED DATES: 06/13 02/15</b>
<b>FUNCTIONAL AREA/DEPARTMENT: Medical Staff Services</b>	<b>RETIRED:</b>
<b>OWNER &amp; TITLE: Director of Medical Staff Services</b>	
<b>APPROVAL COMMITTEE: Credentials Committee; Medical Executive Committee; Board of Trustees</b>	

**SCOPE:** All applicants of the medical staff and advanced practice professionals with the exception of telemedicine. Telemedicine includes: Tele-neurology and Tele-radiology that live outside the service area.

**PURPOSE:** To provide new Medical Staff Members and Advanced Practice Professionals with an orientation and education regarding North Hills Hospital's (NHH) facility, the staff, services provided, and the standards and expectations set forth by the Hospital and the Medical Staff.

**POLICY:** It is the policy of the Medical Staff of North Hills Hospital that all Medical Staff Members and Advanced Practice Professionals must attend an in-person orientation as part of the credentialing process. The application will not be approved unless the orientation is attended.

**PROCESS:**

1. No more than 30 days after the practitioner has submitted their application to Parallon Houston Credentialing Processing Center (CPC), they should contact Medical Staff Services at (817) 255-1195 to begin the process of scheduling their orientation. Multiple staff schedules must be coordinated so early scheduling is important.
2. The medical staff orientation may take between 2 and 3 hours and will include at a minimum the following:
  - a. Key Bylaws and Rules and Regulations/Medical Staff Policies and Procedures – Standards and Expectations
    - i. Core Measure Compliance
  - b. Key services
  - c. Tour of the service area
  - d. Orientation to systems including Computerized Physician Order Entry (CPOE)
    - i. If CPOE training is not completed, a badge will not be provided until system training is complete. Confirmation of training completion will be submitted to Medical Staff Services by the Advanced Clinicals Department.
  - e. Verification of Identity
3. Prior to the Governing Board meeting, the applicant must arrange for and complete orientation with the Director of Medical Staff Services. The Medical Staff Coordinator will assist in arranging the appointment. Note: Attending orientation does not mean in any way that the application is approved. It is still pending review by the medical staff committees.
4. Failure to attend the orientation will render the application incomplete.. The application will not advance to the governing body for consideration without the orientation being completed, unless previously approved for an extension as noted in paragraph 4.
5. Exceptions or extensions must be approved by the Department Chairman with ratification by the Credentials Committee or Medical Executive Committee and may not be more than 30 days from the

<b>NORTH HILLS HOSPITAL</b>	<b>POLICY DESCRIPTION: Orientation of Medical Staff Members/Advanced Practice Professional</b>
<b>PAGE: 2 of 2</b>	<b>POLICY NUMBER:</b>

Committee approval date. If Orientation is not complete by the expiration of the extension, then the Request for Consideration (RFC)/Application is voluntarily withdrawn. The practitioner will need to reapply to be re-considered

- a. A written request for exception or extension must be provided to the attention of the Department Chairman care of Medical Staff Services prior to the Credentials Committee or Medical Executive Committee for consideration.
6. Orientation materials are also made available via the intranet after approval for future reference.

**INVOICE**

**\$300.00 – Medical Staff Application Fee**  
**\$200.00 – Adv Practice Prof Staff Application Fee**

Please send payment to:  
North Hills Hospital  
Medical Staff Services  
4401 Booth Calloway Rd.  
North Richland Hills, TX 76180

**PLEASE SEND BACK WITH YOUR PAYMENT**

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Provider Name: \_\_\_\_\_

**North Hills Hospital Application Fee**

Please check (✓) which payment you are submitting:

- \$300.00 – Medical Staff Application Fee**
- \$200.00 – APP Staff Application Fee**

**Please make checks payable to “North Hills Hospital”**

Instructions to Applicant:

1. **PRINT/SIGN YOUR NAME AT THE BOTTOM; PLEASE FORWARD THIS FORM TO THE PHYSICIAN WHO WILL COVER YOUR PATIENTS IN YOUR ABSENCE.**
2. THE PHYSICIAN MUST HAVE OR IS APPLYING FOR CURRENT PRIVILEGES AT NORTH HILLS HOSPITAL.

**CALL COVERAGE**

Below you will find the excerpt from the Medical Staff Bylaws regarding coverage requirements at North Hills Hospital:

*3.5 BASIC OBLIGATIONS ACCOMPANYING STAFF APPOINTMENT AND/OR THE GRANTING OF CLINICAL PRIVILEGES  
By submitting an application for Staff membership and/or a request for clinical privileges, the applicant signifies agreement to fulfill the following obligations of holding Staff membership and/or clinical privileges. The applicant shall agree to:*

*3.5.2 Provide continuous care to his/her patients at the generally recognized professional level of quality and efficiency established by the Hospital; delegate in his/her absence, the responsibility for diagnosis and/or care of his/her patients only to a Practitioner who is a member in good standing of the Medical Staff and who is qualified and approved by the Hospital to undertake this responsibility by the granting of appropriate clinical privileges; and seek consultation whenever necessary, and in accordance with the consultation policies of the Medical Staff;*

Listed below is the North Hills Hospital applicant who has informed us that you have agreed to provide coverage for his / her patients during any absences. Please sign the form and return via fax to: 817-255-1968. Thank you!

Applicant name (Please Print)	Signature
Name of covering physician (Please Print)	Specialty of covering physician
Signature of physician agreeing to cover	Date

Please return the completed form to North Hills Hospital, Medical Staff Service by fax to 817-255-1968 or by email to [NHIL.medicalstaff@hcahealthcare.com](mailto:NHIL.medicalstaff@hcahealthcare.com)

Thank you!

Medical Staff Services  
North Hills Hospital  
(P) 817-255-1195

**HCA Credentialing Online - Provider's Authorization for Delegate**

**Step 1**

The contact information listed below has been pre-populated based on your information in our credentialing system. If changes are needed, please indicate below.

Provider Name: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Provider Email (required): \_\_\_\_\_

**NOTE: Provider email must be unique to the provider; it cannot be the same address as a delegate.**

**Step 2**

- I do not want to select any delegates at this time. I will personally provide re-credentialing information. \_\_\_\_\_ *initial and skip to Step 3*
- I understand that one delegate for all entities is preferred; however, I have different people handle my credentialing at different entities. The delegate listed below is my primary delegate for HCA access.
- The delegate listed below is my delegate for all entities.

I hereby authorize:

**Delegate**

name:			
email:			
phone:	(     )	-	ext.

(hereinafter, individually referred to as "Delegate") to access the HCA Credentialing Online web portal to enter data and submit documents for the HCA Requests for Considerations (RFC) and HCA Reappointment Requests for Information (RRFCs) requests on my behalf. I understand that I will need to review the data and documents and attest to their accuracy before I submit them to HCA via the HCA Credentialing Online web portal.

I acknowledge that I have voluntarily provided the above information, and I have carefully read and understand this Authorization. I understand and agree that a facsimile or photocopy of this Authorization shall be as effective as the original.

\_\_\_\_\_  
PROVIDER SIGNATURE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER or NPI

\_\_\_\_\_  
DATE (MM/DD/YYYY)

**Step 3**

Please complete, sign and date. The form may be returned via:

1. Scanned and e-mailed to email below
2. Faxed to the attention of the Intake Team at the fax below or
3. U.S. mail to the address below

**MRSA Nasal Swab Order– Physician/Practitioner Attestation**

Signatures within this document represent review and acceptance that the MRSA nasal screening protocol will be implemented for the patient populations defined below.

- Patients admitted or transferred into a critical care unit anywhere in the hospital (all adult critical care units, excludes telemetry)
- Patients admitted/transferred from Nursing home, Long Term Care Facility, Other Healthcare Facility (rehab and assisted living facility), Other Hospital, Jail/Prison, or Homeless Shelter
- Patients undergoing total hip, total knee, open spine, CABG procedures and implant devices.
- Chronic Dialysis Patients
- Patients with a history of MRSA (defined as a positive nasal swab within the last 365 days) may be placed directly into isolation without a nasal screen

Physician's will be notified of positive screenings during daytime hours (between 7a.m. and 8p.m.).

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Physician Printed Name and dictation number

Date

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Physician Signature

## MEDICAL STAFF STANDARDS LETTER OF EXPECTATION

The goal of the Medical Staff of North Hills Hospital is to provide the highest quality of care to our patients. In an effort to accomplish this, the medical staff has articulated the generally accepted criteria and attributes which govern the practice of medicine within this hospital and outlined them below:

### Attributes that are important to our medical staff are as follows:

- Dedication to continuous, high quality patient care.
- Strict adherence to the ethical standards governing your respective profession
- Collegiality and professionalism demonstrated by positive, dignified, cooperative and respectful work relationships with hospital patients, visitors, employees and Medical Staff Members.
- Appropriate utilization of hospital resources, i.e., participation in length of stay initiatives, evidence based medicine (core measures) clinical pathway and other hospital quality initiatives, **including utilization of the Electronic Medical Record**
- Willingness to make contributions to the hospital and the community, e.g.; giving medical talks to colleagues and patients and/or participating in hospital committees
- Regular thoughtful communications with patients, their families and the healthcare team regarding the patient's condition and plan of care.
- Patient and medical staff confidentiality
- Avoiding disruptive or threatening behavior or communication
- Medical records documentation completed in an accurately, timely and legible manner
- Timely patient discharge
- Emergency Department call coverage as required
- Participate in continuing education programs

*In addition continuously adhere to all the provisions in the Medical Staff Bylaws, Rules and Regulations and Medical Staff Policies and Procedures and all other policies and procedures of this facility. Following is a list of the key rules. This list does not encompass all rules. Please see Bylaws/Rules and Regulations for full read.*

### Key Rules:

1. No patient shall be admitted to the hospital without a provisional diagnosis being stated and admitting orders.
2. Direct admits must have admission orders prior to arrival
3. A complete H&P must be recorded in the record of all inpatients within 24 hours and for surgical patients at the time of admission and prior to the procedure
4. Operative reports must be written immediately after surgery.
5. Medical records should be completed at the time of discharge. CPOE system must be utilized.
6. Unapproved Abbreviations may not be used
7. Medical record documentation and Pharmacy Orders must be written clearly, legibly and completely with physician signature, the date, the time noted and **printed physician name or stamped printed name.**
8. Verbal orders will only be accepted from authorized physicians and must be read back and verified by the nurse taking the verbal orders. All verbal orders must be counter signed within 48 hours by the physician.
9. Consultation communications must be physician to physician directly in emergent/urgent situations. Consultations must be done timely.
10. Informed Consent must be obtained prior to the procedure and the nature of the procedure, risks, benefits and alternatives must be communicated to the patient and documented by the physician performing the procedure.
11. All inpatients and observation patients shall be visited by their attending physician or designee at least once every calendar day or once every 24 hours and documented in the medical record.
12. Name badges must be worn at all times
13. A time out must be performed immediately before starting any procedure.
14. Any patient admitted to the ICU shall be seen by a physician in a timely manner **per the ICU/CCU Admission Criteria Policy PC.041**
15. All members of the active staff shall serve on the ER schedule unless exempted by their department
16. Maintain compliance with Core Measures and Regulatory requirements

Please indicate your acceptance of the conditions associated with medical staff appointment by signing and returning this document with your application. Keep the extra copy for your reference.

*I have read, understand and agree to abide by the standards and rules outlined for the Medical Staff. I also certify that I have reviewed the HCA Code of Conduct and understand it represents mandatory policies of the organization. I agree to abide by the code.*

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Signature

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Date

**North Hills Hospital Medical Staff**  
**Communicable Disease Screening and Immunization Record**  
**CHECKLIST FORM**

In accordance with medical staff requirements, completion of the Communicable Disease Screening and Immunization Record is required. Please sign and date this form **and attach documentation for each section with the noted guidelines below**

TUBERCULOSIS SCREENING	FREQUENCY
<ul style="list-style-type: none"> <li><b>North Hills Hospital is considered a low TB risk facility;</b> therefore documentation for TB at North Hills Hospital will include a TB test (or chest Xray if TST positive) followed by an annual screening form thereafter. However, if you've had a TB test this year we can accept either the test results or the enclosed annual screening form</li> </ul>	ANNUAL TB Screening form is attached.
INFLUENZA IMMUNIZATION	
Please <b>attach proof</b> of your current influenza immunization within the last year (or most recent flu season) (Flu Season is between November 1 <sup>st</sup> – March 31 <sup>st</sup> )	ANNUAL
HEPATITIS B VACCINATION PROGRAM Based on risk	
<b>ATTACH PROOF OF HEPATITIS B SEROLOGIC TESTING.</b> If your serologic testing is <u>positive</u> , no further documentation is needed; If your serologic testing is <u>negative</u> , please provide the following: <ul style="list-style-type: none"> <li>Obtain a 2<sup>nd</sup> Hepatitis Vaccine series, recheck titer and submit documentation <b>OR</b></li> <li>Complete the Hepatitis B Declination form.</li> </ul>	ONCE IN LIFETIME
REQUIRED VACCINATIONS - ATTACH PROOF OF THE FOLLOWING ACCORDING TO DOCUMENTATION REQUIRED:	
<b>VARICELLA: ATTACH WRITTEN DOCUMENTATION OF:</b> <ul style="list-style-type: none"> <li>Vaccination With 2 Doses Of Varicella Vaccine; <b>OR</b></li> <li>Laboratory Evidence Of Immunity Or Laboratory Confirmation Of Disease; <b>OR</b></li> <li>Diagnosis Or Verification Of A History Of Varicella Disease By A Healthcare Provider Who Diagnosed The Disease; <b>OR</b></li> <li>Diagnosis Or Verification Of A History Of Herpes Zoster By A Healthcare Provider Who Diagnosed The Disease</li> </ul>	ONCE IN LIFETIME FOR ALL
<b>RUBEOLA: ATTACH WRITTEN DOCUMENTATION OF:</b> <ul style="list-style-type: none"> <li>Vaccination With 2 Doses Of Live Measles Or MMR Vaccine Administered At Least 28 Days Apart; <b>OR</b></li> <li>Laboratory Evidence Of Immunity; <b>OR</b></li> <li>Laboratory Confirmation Of Disease; <b>OR</b></li> <li><b>Birth Before 1957 Is Not Required To Provide Documentation</b></li> </ul>	
<b>MUMPS: ATTACH - SAME AS RUBEOLA</b>	
<b>RUBELLA: ATTACH WRITTEN DOCUMENTATION OF:</b> <ul style="list-style-type: none"> <li>Vaccination With 1 Dose Of Live Rubella Or MMR Vaccine; <b>OR</b></li> <li>Laboratory Evidence Of Immunity; <b>OR</b></li> <li>Laboratory Confirmation Of Rubella Infection Or Disease; <b>OR</b></li> <li><b>Birth Before 1957(Except Women Of Childbearing Potential Who Could Become Pregnant, Although Pregnancy In This Age Group Would Be Exceedingly Rare).</b></li> </ul>	
<b>Meningococcal: Attach written documentation</b> of 2 doses of MCV4 vaccine series followed by booster every 5 years for microbiology staff working with these microbes- Laboratory Members Only.	LABORATORY ONLY EVERY 5 YEARS
<b>TDAP: ATTACH PROOF OF ONE CURRENT ADULT BOOSTER OF TDAP FOLLOWED BY TD BOOSTER EVERY TEN YEARS</b>	EVERY 10 YEARS

I attest that the documentation and information I submitted is true.

Signature/Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# ACKNOWLEDGMENT CARD

I certify that I have reviewed the HCA Code of Conduct and understand it represents mandatory policies of the organization.  
I agree to abide by the Code.

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Signature

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Printed Name (as listed in personnel records)

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Department

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Facility

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Universal ID (e.g., 3-4 UID) or Social Security Number

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Date

May 02, 2013

Dear Medical Staff Member,

North Hills Hospital is in the process of implementing a disaster notification system for all members of the Medical Staff. This system will allow us to more effectively communicate with you during a disaster requiring increased volume of patient care and potential medical staff needs using technology for mass, immediate notification by phone, text, email or fax to your preferred point of contact.

Disasters may include but not limited to internal or external disasters which result in a high volume of persons seeking more medical treatment than hospital capacity allows. i.e. Loss of power supply within the facility, tornado within the community, explosions in populated areas, large traffic incidents within the community, etc.

Complete the form below to tell us the best way to communicate with you during the event of a disaster:

Name		(Number in order of sequence) Preferred source of contact for Disaster
Email		
Cell		
Office		
Fax		
<b>Comment (if any)</b>		

Please return your completed form via email or fax to the contact information below:

## Medical Staff Services

Fax: 817-255-1968

Email: [NHIL.medicalstaff@hcahealthcare.com](mailto:NHIL.medicalstaff@hcahealthcare.com)

Should you have any questions regarding this process, please do not hesitate to contact our office at (817) 255-1196.

Thank you for your assistance,  
 Medical Staff Services  
 North Hills Hospital