

# **ALLIED HEALTH PROFESSIONAL POLICY & CREDENTIALING MANUAL**

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**COMMUNITY HEALTH NETWORK  
ALLIED HEALTH PROFESSIONAL POLICY MANUAL**

**OBJECTIVE:**

To establish the method by which Allied Health Professionals may be granted clinical privileges and appointment to the Allied Health Professional Staff of the Community Health Network.

**DEFINITION:**

Allied Health Professionals (AHPs) are individuals other than physicians, oral surgeons, or podiatrists or dentists who are qualified to render patient care services in accordance with specific privileges granted. Allied Health Professionals are qualified by academic and clinical training and by prior and continuing experience in a discipline acknowledged by the Board of Directors and approved to practice in the Community Health Network.

Independent AHPs are licensed by the State of Indiana and permitted by Indiana State Practice Acts and the Hospital to provide patient services without direct supervision by a physician; but who may or may not have a contractual agreement with a physician. Those AHP's required to be credentialed by the Community Health Network are those who are directly involved in the diagnosis and treatment of disease.

Dependent AHPs are licensed, certified or registered by the State of Indiana to perform patient care services ordinarily performed by a physician under the direction of the physician and with mutually agreed upon guidelines.

The following categories of AHPs are permitted to provide services in the Network:

a) Independent AHP Categories:

Advanced Practice Nurse

Nurse Practitioner

Clinical Nurse Specialist

Certified Nurse Midwife

Physician Assistants

Licensed Independent Clinical Psychologist

b) Dependent AHP Categories:

Physician Employees; e.g. Scrub Nurses & Surgical Technicians

**PREROGATIVES OF ALLIED HEALTH PROFESSIONALS:**

AHPs are given the prerogative to:

perform such services as defined by the Board of Directors and consistent with any limitations stated in the policies governing the AHPs practice in the Community Health Network and any other applicable Medical Staff or Hospital policies;

attend educational meetings of the hospital or Medical Staff when appropriate to his/her discipline;  
exercise such other prerogatives as the Medical Executive Council may accord to AHPs.

**LIMITATIONS OF ALLIED HEALTH PROFESSIONALS:**

Allied Health Professionals are **not**:

eligible to become members of the Medical Staff

required to pay dues to the Medical Staff

governed by the due process as defined by the Fair Hearing Plan/Corrective Action Section of the Medical Staff Constitution & Bylaws

eligible to admit or discharge patients

## **OBLIGATIONS OF ALLIED HEALTH PROFESSIONALS:**

Each AHP shall:

- a) provide patients with care or other services at the level of quality and efficiency professionally recognized as the appropriate standard of care based on the scope of state licensure, certification or registration;
- b) provide or arrange for appropriate and timely medical coverage and care for patients for whom he/she is responsible;
- c) when necessary, and as appropriate, notify the principle attending practitioner of the need to arrange for a suitable alternative for care and supervision of the patient;
- d) attend educational meetings in his/her specialty area;
- e) abide by the applicable sections of the Medical Staff Bylaws and Policies and Procedures, the AHP Policies and the applicable sections of the Hospital Policies and Procedures;
- f) prepare and complete, as appropriate and authorized, those portions of the patient's medical record, and any other required records, documenting services provided;
- g) provide current credentialing information as requested by the Medical Staff Office
- h) refrain from any conduct or acts that are or could reasonably be interpreted as being beyond, or an attempt to exceed, the scope of practice authorized within the Hospital.
- i) Immediately notify the President of the Medical Staff, the Vice President for Medical Affairs and the Medical Staff Office of:
  - any criminal charges brought against the AHP (other than minor traffic violations not involving a DUI charge);
  - any change made or formal action initiated that could result in a change in the status of his/her license/certificate to practice, or professional liability insurance coverage
  - all changes in employment or affiliation relationships involving a termination, disciplinary action or reduction in practice privileges with the physician identified as the individual who supervises the AHP;
  - any change in affiliation with or specified services at other institutional affiliations where he/she provides specified services;
  - any change in the status of current or initiation of new malpractice claims involving his/her professional performance; and
  - any change in health status that would affect his/her ability to perform safe and sound patient care.
  - any change in employment or affiliation relationship with the physician identified as the individual who supervises the AHP
  - any termination, disciplinary action or reduction in practice privileges of the physician identified as the individual who supervises the AHP.

Failure to satisfy any of these obligations is grounds, as warranted by the circumstances, for termination or non-renewal of specified services or for such other disciplinary action as deemed appropriate under the provisions of these policies.

An AHP's authorized specified scope of practice within any department/section is subject to the rules and regulations of that department/section and to the authority of the chairman/medical director. The quality and efficiency of the care provided by AHPs within any such department/section shall be monitored and reviewed as part of the regular Medical Staff and/or Hospital mechanisms. Indiana AHPs, with a contractual agreement, shall have a defined process for the role of the physician.

When a supervising physician is unable or unavailable to be the principle medical decision maker, another licensed physician must be designated to assume temporary supervisory responsibilities with respect to the dependent AHP. For a period of one month or less, the supervising physician may designate a temporary replacement; for periods longer than one month, the AHP and supervising physician must notify the appropriate Department Chairman, Medical Staff Office, and Human Resources, if applicable. If no temporary supervisory physician is available, the AHP will be suspended from performing specified services or clinical privileges until such time as a supervising physician is named.

Reinstatement may be recommended upon official notice of the new supervising physician appointment. The AHP would then be responsible for providing the Medical Staff Office with the new collaborative agreement.

**SCOPE OF PRACTICE:**

Limitations may be placed on the AHP's authorized scope of practice in the Hospital for the efficient and effective operation of the Hospital, for the management of personnel, services and equipment, or for quality and/or efficient patient care as deemed necessary by the Medical Executive Council.

**INDEPENDENT AHP:**

The clinical privileges available to any type of independent AHP shall be established in accordance with the applicable state and federal laws, subject to review and approval as provided in these policies, and with input from the applicable Department/Section Chairman, Medical Director, and Vice Chairman of the Advanced Practice Nurse Section or Chairman of the Psychology Section.

**DEPENDENT AHP:**

Written guidelines defining the specified services that may be provided by each category of dependent AHP shall be established in accordance with applicable state and federal laws by the Medical Staff in conjunction with the AHP and the designated physician supervisor. These services are also subject to review and approval based on these policies and procedures and with input from the applicable Department/Section Chairman, Medical Director and Vice Chairman of the Advanced Practice Nurse Section or Chairman of the Psychology Section.

**AHP GUIDELINES:**

Guidelines must include at least:

- qualifications applicable to all services that may be authorized and special requirements that attach to specific services;
- specification of categories and ages of patients that may be seen;
- description of the services to be provided, procedures to be performed, and/or protocols that specific tasks may involve;
- specific guidelines governing the issue of prescriptions or medication orders;
- the degree of physician supervision required;
- the circumstances in which physician consultation or referral is required; and
- provisions for managing emergencies.

## **CREDENTIALING PROCESS – ALLIED HEALTH PROFESSIONALS**

### **APPLICATION PROCEDURE:**

An application for specified services or clinical privileges must be submitted by the AHP on the Hospital approved form. The application and Release of Liability must be complete with all questions answered and returned to the Medical Staff Office within 30 days. Applications not received within the 30-day time period, will not be considered.

### **PROCESSING THE APPLICATION:**

#### **AHP's Burden of Proof:**

The AHP and his/her supervising/employing/physician, if applicable, have the burden of producing adequate information for a proper evaluation of the AHP's experience, training, current competence, ability to work cooperatively with others and health status, and of resolving any doubts about these or any of the qualifications required for the requested specified services, and of satisfying any reasonable requests for information or clarification made by appropriate Medical Staff or Board authorities.

### **VERIFICATION OF INFORMATION:**

The completed application, accompanied by a complete list of the specified services or clinical privileges the AHP seeks to provide in the Hospital and, as applicable, the level of supervision required for each, must be submitted to the Medical Staff Office.

Verification of the references, licensure, registration, certification, education, training, affiliations and other qualification evidence provided will be completed by the Medical Staff Office. The Medical Staff Office will promptly notify the AHP and, when applicable, the supervising/employing physician in writing of any gaps or other problems in obtaining the information required and the time frame for response. Failure to provide information within the required time frame is deemed a withdrawal of the application, unless the Vice Chairman of the APN Section or the Chairman of the Psychology Section determines that the failure to respond was caused by circumstances beyond the control of the AHP.

### **EVALUATION OF COMPLETED CREDENTIAL FILE:**

A completed credential file, which includes the application and all supporting documentation, will be reviewed by the Chairman or the Vice Chairman of the Advanced Practice Nurse Section (APN) or the Chairman of the Psychology Section to evaluate evidence of the applicant's training, education, experience and demonstrated ability. The application will then be forwarded to the respective Medical Staff Department/Section Chairman for a recommendation. Upon approval by the Department/Section Chairman, the file will be forwarded to the Medical Staff Credentials Committee.

If, at any time during the review process, there are questions regarding the application, the AHP will be asked to clarify or provide additional information before a recommendation is made to the Medical Staff Credentials Committee. If the AHP fails to respond by the specified date as outlined in the request for clarification or request for additional information, the application will be considered to be voluntarily withdrawn.

The recommendation may be affirmed or modified by the Chairman or Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section and/or the Medical Staff Department/Section Chairman and this will be documented and submitted to the Medical Staff Credentials Committee. 8

### **MEDICAL STAFF CREDENTIALS COMMITTEE EVALUATION:**

The Medical Staff Credentials Committee shall review the application and supporting documents to include the recommendations from the Chairman or Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section and Medical Staff Department/Section Chairman.

The Medical Staff Credentials Committee will make a recommendation to the Medical Executive Council if their review is in concurrence with the Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section and the Medical Staff Department/Section Chairman. If the conclusion of the Medical Staff Credentials Committee is contrary to that of the Chairman or Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section and the Medical Staff Department/Section Chairman, the application may be deferred pending further clarification and the provision of additional information by the AHP.

### **MEDICAL EXECUTIVE COUNCIL EVALUATION:**

The Medical Executive Council reviews the recommendations from the Chairman or the Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section, the Medical Staff Department/Section Chairman, the Medical Staff Credentials Committee and any other relevant information available to it. The Medical Executive Council shall take one of the following actions on the application with the effect as described:

Deferral: If the Medical Executive Council requires further information, it may defer its recommendation. The Medical Staff Office will notify the AHP and, when applicable, the supervising/employing physician of the deferral. If the AHP is to provide the additional information, the notice must so state and must include a request for the specific data/explanation and the deadline for response. Failure to respond in a satisfactory manner within the specified time frame, will be construed as a voluntary withdrawal of the application.

Favorable Recommendation: A favorable Medical Executive Council recommendation on the AHP's application will be forwarded to the Board of Directors.

Adverse Recommendation: An adverse Medical Executive Council recommendation is forwarded to the Vice President of Medical Affairs who shall promptly inform the AHP and the supervising/employing physician, if applicable, in writing of the recommendation and the reasons for the recommendation. If the AHP is an employee of the Hospital, the Vice President of Human Resources must also be notified.

The AHP has ten (10) days from the receipt of the notice to request an appeal of the recommendation. This request must be in writing and delivered personally or by certified mail to the Medical Staff Office. Failure to respond in a timely and appropriate manner is deemed a waiver of any opportunity to appeal and the Board of Directors shall take final action on the recommendation of the Medical Executive Council.

4) Ad hoc Review Committee: If an appeal is made in a timely and appropriate manner, the Vice President of Medical Affairs and the Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section shall appoint an ad hoc review committee composed of:

at least two members of the Medical Staff, one of whom must be in the same area of clinical practice as the supervising/employing physician, if applicable;

a representative of the AHP category involved, if available

The Vice President of Medical Affairs shall designate one of the appointees as chairman. This review committee shall convene as soon as is reasonably possible. A notice of the review committee meeting will be sent to the AHP and the supervising/employing physician, if applicable, by the Vice President of Medical Affairs. The AHP and the supervising/employing physician, if applicable, shall be required to personally appear before the review committee, present an oral or written statement in support of his/her position and respond to any questions from committee members.

Failure of the AHP and the supervising/employing physician, if applicable, to appear in person or to proceed in this manner is deemed a waiver and will be construed as a voluntary withdrawal of the application. The review committee's recommendation will be submitted to the Board of Directors for final action.

**Notice of Decision:** The Vice-President of Medical Affairs shall promptly give notice of the final decision to the AHP, to the supervising/employing physician, when applicable, and to the /President of the Medical Staff. If the AHP is a Hospital employee, notice will be given to the Human Resources Department.

#### **TIME PERIOD FOR PROCESSING:**

The time required to complete the verification process by the Medical Staff Office is approximately 90 days after the receipt of the completed application. If the gathering of additional information is required, the credentialing process could exceed 90 days.

The 90-day time period is only a guideline and does not create any rights for an AHP to have an application processed within this time period. If action does not occur at a particular step in the process and the delay is without good cause, the next higher authority may immediately proceed to consider the application and all the supporting information or this action may be directed by the Vice President for Medical Affairs, on behalf of the Medical Executive Council or by the Hospital President, on behalf of the Board of Directors.

#### **TEMPORARY PRIVILEGES:**

Temporary privileges can not be granted to accommodate administrative issues. Temporary privileges to allied health professionals will only be considered in the rare case of an urgent patient care need that mandates an immediate authorization to practice. In addition, the credentialing application must be completed, with all documentation received and verified. A written request from the AHP must be made to the credentials committee that explains in detail the reason for the request. If it is demonstrated that there is an urgent patient care need that would not otherwise be fulfilled, The Medical Staff Office will contact the Chairman or the Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section, the Department/Section Chairman, the Credentials Committee Chairman, and the President of the Medical Staff. If all concur in their recommendations, the President of the Hospital will send a letter to the AHP confirming that temporary privileges have been granted.

#### **REAPPOINTMENT PROCEDURES FOR ALLIED HEALTH PROFESSIONALS**

Reappointment of each AHP will be conducted every two (2) years for independent AHPs and yearly (1) for dependant AHPs. Hospital employed AHPs are subject to periodic performance review, separate from the reappointment procedures, on the same terms and conditions as other Hospital employees. If the hospital employed AHP is terminated through the HR process, he/she will not be allowed to apply for re-appointment through the process outlined in this policy.

The AHP will be sent a reappointment form for completion. All information must be updated, including external continuing education activities and the request for the specified services or clinical privileges requested for the upcoming term. The basis for any changes from the specified services or clinical privileges requested for the upcoming term must be documented. The Medical Staff Office will compile information regarding his/her satisfaction of the obligations pursuant to his request for specified services or clinical privileges

The following procedure will be followed:

- The AHP will complete a reappointment application and return it with the following:
  - current license or certificate
  - verification of current malpractice insurance
  - an evaluation completed by the sponsoring physician describing the allied health professional's activities, competencies and interpersonal relations with patients and staff. Any concerns and/or opportunities for improvement should be noted. If employed by a contractual organization, a copy of the last employee evaluation conducted by the company should be included.

- CPR certification (or equivalent)

The reappointment application will be reviewed by the Medical Staff Office for completeness and forwarded to the Chairman or the Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section and/or to the appropriate Clinical Director for review. The approval process will follow the same approval process as an initial application.

## **DISCIPLINARY ACTION PROCEDURES FOR ALLIED HEALTH PROFESSIONALS:**

### **Grounds for Initiating:**

Grounds for initiating routine, summary or automatic suspension of an AHP's specified services or clinical privileges are the same as provided in the Medical Staff Constitution & Bylaws for instituting such action against a Medical Staff member or a practitioner with clinical privileges as applicable.

If the AHP's employment or affiliation is terminated for reasons of clinical incompetence, the AHP's specified services/clinical privileges shall be automatically terminated. A process of evaluation of the circumstances will take place to assess whether or not the AHP will be re-evaluated.

The AHP and the supervising/employing physician, when applicable, must notify the Medical Staff Office of any change in the AHP's practice and provide documentation indicating details of the change.

When disciplinary action is proposed or has been taken against an AHP, the Vice President of Medical Affairs promptly notifies the AHP and the supervising/employing physician, when applicable, by special notice. If further processing is required, the matter shall be referred to the Director of Allied Health Professionals or the Chairman of the Psychology Section and the appropriate Department/Section Chairman.

### **FAIR HEARING:**

AHPs are not medical staff appointees and accordingly have no staff appointee duties and prerogatives. Any AHP holding current clinical privileges is entitled to a fair hearing and appeals process.

### **AHP REVIEW COMMITTEE:**

In the event that the activities of an AHP are denied, suspended, restricted or limited, the AHP and the supervising/employing physician, when applicable, within five (5) days of the receipt of notice of such action, may request an interview before the appropriate Department/Section Chairman, the Vice Chairman of the Advanced Practice Nurse Section or the chairman of the Psychology Section, and the Vice President for Medical Affairs (AHP Review Committee). At least three (3) days notice of the time and place of the interview must be given.

The interview shall be conducted informally as a professional discussion without the participation of legal counsel or application of the technical rules of evidence. The decision of the Department/ Section Chairman, the Vice Chairman of the Advanced Practice Nurse Section or the Chairman of the Psychology Section and the Vice President for Medical Affairs (AHP Review Committee) shall be final as to all substantive matters.

The supervising/employing physician, when applicable, may appeal the decision to the Medical Executive Council only with respect to the fairness of the interview. A written request must be provided to the Medical Executive Council for such review within five (5) days after the decision of the AHP Review Committee.

## **ADVANCED PRACTICE NURSE (APN)**

An Advanced Practice Nurse, Clinical Nurse Specialist, Nurse Mid Wife means a registered nurse holding a current license in Indiana who:

1) Has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the Indiana State Board of Nursing;

2) Functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings including, but not limited to:

- Homes
- Institutions
- Offices
- Industries
- Schools
- Community agencies
- Private practice
- Hospital outpatient clinics
- Health maintenance organizations

3) Makes independent decisions about the nursing needs of patients.

The three categories of Advanced Practice Nurses are:

- Nurse practitioner
- Certified nurse midwife
- Clinical nurse specialist

### **PRESCRIPTIVE AUTHORITY:**

An advanced practice nurse may be authorized to prescribe legend drugs, including controlled substances, if the APN:

Submits an application on a form prescribed by the Indiana State Board of Nursing.

Submits proof of collaboration with a licensed practitioner, in the form of a written Collaborative Agreement, which sets forth the manner in which the advanced practice nurse and licensed practitioner will cooperate, coordinate and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the advanced practice nurse and the licensed practitioner and the reasonable and timely review by the licensed practitioner of the prescribing practices of the advanced practice nurse.

The practice agreement sets forth how the licensed practitioner and the advanced practice nurse will:

Work together

Share practice trends and responsibilities

Maintain geographic proximity

Provide coverage during absence, incapacity, infirmity or emergency by the licensed practitioner

The practice agreement shall also set forth:

A description of what limitation, if any, the licensed practitioner has placed on the advanced practice nurse's prescriptive authority

A description of the time and manner of the licensed practitioner's review of the advanced practice nurse's prescribing practices. The advanced practice nurse must submit documentation of his/her prescribing practices to the licensed practitioner within seven (7) days. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

Advanced Practice Nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating licensed practitioner. Written practice agreements shall terminate automatically if the advanced practice nurse or licensed practitioner no longer has an active, unrestricted license.

Advanced practice nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration (CSR) and a federal Drug Enforcement Administration (DEA) registration. A written practice agreement is not necessary if the advanced practice nurse does not seek prescriptive authority.

**RULES & REGULATIONS  
ADVANCED PRACTICE NURSES SECTION**

**PURPOSE:**

To establish policy and procedure for the utilization of Advanced Practice Nurses (APNs) within the Community Health Network.

**ADVANCED PRACTICE NURSES SECTION:**

The APN Section is established to provide a forum for professional issues surrounding the advanced practice of nursing within the Community Health Network. The Section provides a structure for:

the recommendation of the APNs to the respective medical staff department/section and to the medical staff for privileges as an independent AHP;

Serving in an advisory capacity to any hospital department utilizing/employing APNs in any capacity;

Addressing peer review and quality assurance issues as needed in the practice of advanced nursing;

and

Advancing the profession of APNs within the network.

**GRANTING OF PRIVILEGES:**

The APN Section determines the qualifications of APNs applying for AHP privileges within the network;

Recommendations for privileges and any decisions of the APN Section regarding peer review functioning will be forwarded to the respective medical staff department/section for additional action;

APNs practicing within the network will abide by the Medical Staff Bylaws and Policies and Procedures.

The credentials files of the APNs who have been granted privileges will be maintained by the Medical Staff Office.

The credentials files of the Community Hospital Anderson APN's, who are practicing in an office setting only and with a collaborative agreement, will be reviewed by the Vice Chairman of the APN Section. The Anderson APN's will be credentialed but no hospital privileges will be granted.

**APN SECTION REQUIREMENTS:**

Must be approved by the Board

Must be nationally certified or become nationally certified within one year of credentialing approval

Must attend at least one (1) APN Section meeting per year (meetings held quarterly)

Must provide and utilize a valid e-mail account

**PRIVILEGES OF APNs:**

Providing services to patients within the Network according to privileges granted; and

Voting, holding offices and serving on committees of the APN Section.

**OFFICERS:**

The officers of the APN Section shall be the Chairman, Vice Chairman and Secretary. **RESPONSIBILITIES**

**OF THE APN SECTION OFFICERS:**

The Chairman shall:

Serve as Chairman at Section meetings;

Serve as liaison and consultant to the network on APN issues and practice

The Vice Chairman shall:

Serve as Chairman at Section meetings when the Chairman is not present

Assume all duties of the Chairman should the Chairman be unable to complete his/her duties for any reason

Review all Allied Health Professionals credential files

The Secretary shall:

Maintain minutes and attendance records of the Section meetings

Maintain and update Section membership, including addresses and phone numbers

Notify members at least two (2) weeks in advance by appropriate means of the date, time and major agenda items of the Section meeting

Perform other duties as assigned by the Chairman

**ELECTIONS:**

The APN Section officers will serve a two (2) year term corresponding to the fiscal year of the Hospital. They will be chosen by vote of the members present. Elections will be held in a timely manner so that the new officers may assume their duties at the beginning of the fiscal year of the election.

Vacancies in offices will be filled by appointment through the Chairman of the Section. Appointed officers will fill the remainder of the term of the person vacating the office.

**COMMITTEES:**

Temporary committees may be formed at any time through appointment by the Chairman. The Chairman of any temporary committee will serve a one year term and may be reappointed for a second term by the Chairman of the APN Section.

**MEETING FREQUENCY:**

The APN Section will meet quarterly. Special meetings may be called by the Chairman.

## **NURSE PRACTITIONER-CLINICAL NURSE SPECIALIST-CERTIFIED NURSE MIDWIFE**

A Nurse Practitioner (NP) means an Advanced Practice Nurse who provides advanced levels of nursing care in a specialty role, and who has completed any of the following:

A graduate program offered by a college or university accredited by the Commission on Recognition of Post-secondary Accreditation (CORPA) which prepares the registered nurse to practice as a Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife.

A certificate program offered by a college or university accredited by CORPA which prepares the registered nurse to practice as a Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife. Nurse Practitioners, Clinical Nurse Specialist or Certified Nurse Midwife who complete a certificate program must be certified within one (1) year of hire and maintain certification as a Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife by a national organization which requires a national certifying examination.

Prior to July 1, 1993:

A formal organized program of study and clinical experience which prepares the registered nurse to practice as a Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife.

The required program of study at a time when there was no credentialing or certification process available in the specialty area of the program of study.

A formal organized program of study and clinical experience or the equivalent is determined by the ISBN to mean:

A program offered by a college or university accredited by the Commission on Recognition of Post-secondary Accreditation (CORPA) which shall include:

instruction in the biological, behavioral, medical, and nursing sciences relevant to practice as an Advanced Practice Nurse, Clinical Nurse Specialist or Certified Nurse Midwife in a specified category; instruction in the legal, ethical and professional responsibilities of advanced practice nursing; and supervised clinical practice of those skills used by the Advanced Practice Nurse in a specialty role; or

Experience obtained in collaboration with a physician, prior to the promulgation of this article, which was required by a national organization as a prerequisite for a national certifying examination used to certify a registered nurse in a specialty area.

A Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife performs as an independent and interdependent member of the health care team. Standards of practice for the Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife include:

1) Assessing patients by using advanced knowledge and skills to:

identify abnormal conditions;  
diagnose health problems;  
develop and implement nursing treatment plans;  
evaluate patient outcomes; and  
collaborate with or refer to a physician in managing the plan of care.

2) Using advanced knowledge and skills in teaching and guiding patients and other health team members.

Using appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of a nurse practitioner.

Functioning within the legal boundaries of their advanced practice area and having and utilizing knowledge of the statutes and rules governing their advanced practice area, including the following:

State and federal drug laws and regulations.  
State and federal confidentiality laws and regulations  
State and federal medical records access laws.

Consulting and collaborating with other members of the health team as appropriate to provide reasonable patient care, both acute and ongoing.

Recognizing the limits of individual knowledge and experience, and consult with or refer patients to other health care providers as appropriate.

Retaining professional accountability for any delegated intervention, and delegate interventions only as authorized by IC 25-23-1.

Maintaining current knowledge and skills in the Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife area.

Conducting an assessment of patients and families that may include health history, family history, physical examination, and evaluation of health risk factors.

Assessing normal and abnormal findings obtained from the history, physical examination, and laboratory results.

Evaluating patients and families regarding development, coping ability, and emotional and social well-being.

Planning, implementing, and evaluating care.

Developing individualized teaching plans with each patient based on health needs.

Counseling individuals, families, and groups about health and illness and promoting attention to wellness.

15) Participating in periodic or joint evaluations of service rendered including, but not limited to, the following:

Chart reviews

Patient evaluations

Outcome statistics

16) Conducting and applying research findings appropriate to the area of practice.

Participating, when appropriate, in the joint review of the plan of care.

## **PSYCHOLOGIST**

A Psychologist is a healthcare practitioner who provides clinical psychology and counseling psychology services.

### **QUALIFICATIONS:**

Psychologists are eligible for appointment in the Community Health Network provided that they:

Meet and satisfy all relevant criteria and qualifications outlined in the AHP Policy Manual;

Have a license granted by the Indiana Psychology Board to practice psychology;

Possess a doctoral degree in psychology from a program accredited by the American Psychological Association (APA);

Acquire Health Service Provider in Psychology (HSPP) certification within two (2) years of initial appointment.

### **SCOPE OF PRACTICE:**

When specifically requested by a physician member of the Hospital medical staff, a licensed psychologist shall be permitted to independently perform the activities set forth in this section, provided that they are within the clinical privileges that he/she has been granted by the Hospital.

A licensed psychologist's specific grant of clinical privileges shall be determined in accordance with the Hospital's Policy on AHPs and may include some, or all, of the following:

Construction, administration and interpretation of tests of intellectual and cognitive abilities, aptitudes, skills, interests, attitudes, personality characteristics, perception, emotion, motivation and opinion  
Diagnosis and treatment of mental and behavioral disorders  
Diagnosis and treatment of chemical dependency  
Assessment and treatment strategies for pathological gambling  
Educational and vocational planning and guidance  
Arrangement of effective work and learning situations  
Resolution of interpersonal and social conflicts  
Techniques used in interviewing, counseling, psychotherapy and behavior modification of individuals or groups

Supervision of psychological services

The planning and conduct of research on human behavior

#### **A licensed psychologist shall not:**

admit patients to the Hospital;

provide services for patients without a request from a physician member of the medical staff;

perform any activity that is not within the specific clinical privileges that have been granted by the Hospital;

engage in services beyond the scope of practice.

### **General patient care responsibilities:**

All patients who receive psychological care and treatment in the Hospital shall be under the overall care of a physician member of the medical staff, who shall be responsible for the medical care of the patient throughout any period of hospitalization.

The licensed psychologist shall be responsible for the care that he/she provides to patients pursuant to this policy and shall make such documentation in the patient's medical record as is appropriate and necessary for the care and safety of the patient, including the psychological history and testing of the patient. Such medical record documentation shall be consistent with the medical staff policies and procedures.

**RULES & REGULATIONS  
PSYCHOLOGY SECTION – PSYCHIATRY DEPARTMENT**

**PURPOSE:**

To recommend policy and procedure for the utilization of psychologists within the Community Health Network both in employee positions and in independent practice; and to delineate the relationship between Psychologists, the Psychiatry Department and the Medical Staff.

**PSYCHOLOGY SECTION:**

The Psychology Section of the Psychiatry Department is established to provide a forum for professional issues surrounding the practice of psychology within the Community Health Network. The Section provides a structure for:

- recommending psychologists to the Psychiatry Department and to the Medical Staff for privileges as an independent AHP;
- providing points of contact and communication with the Medical Staff organization and hospital administration;
- servicing in an advisory capacity to any medical staff department or hospital department employing Psychologists in any capacity;
- addressing peer review and quality improvement issues as needed in the practice of psychology; and
- advancing the profession of Psychology.

**RELATIONSHIP OF THE PSYCHOLOGY SECTION TO THE DEPARTMENT OF PSYCHIATRY:**

The Psychology Section will function under the Psychiatry Department and will report to the Psychiatry Department Chairman.

Liaison will be established between the Psychiatry Department and the Psychology Section by having the Psychology Section Chairman or a designated representative attend the Psychiatry Department meetings.

**RELATIONSHIP OF THE PSYCHOLOGY SECTION TO THE MEDICAL STAFF:**

The Psychology Section functions in an advisory capacity to the Medical Staff Office on the qualifications of psychologists applying for AHP privileges within the Hospital.

Psychologists practicing within the Hospital will abide by the Medical Staff Bylaws and Policies and Procedures.

The credentials files of the psychologists who have been granted affiliation will be maintained by the Medical Staff Office.

**MEMBERSHIP IN THE PSYCHOLOGY SECTION:**

Psychologists must be credentialed by Community Hospitals and be a member of the Psychology Section of the Psychiatry Department before they will be permitted to see inpatients or outpatients in the Hospital.

**MEMBERSHIP FOR PSYCHOLOGISTS:**

Membership may be granted to those individuals who have been granted a State of Indiana license to practice as a psychologist.

Individuals granted membership, who are not certified as a Health Service Provider in Psychology (HSPP), must show that they are being supervised by an HSPP.

Individuals must become certified as a Health Service Provider in Psychology (HSPP) within two years or lose their membership. Extenuating circumstances will be reviewed by the Psychology Section for determination of continued membership.

**MEMBER PRIVILEGES:**

All members of the Section may provide psychological services to patients of the Hospital at the request of a physician member of the medical staff.

All members of the Section may vote, hold office and serve on committees of the Psychology Section.

**OFFICERS:**

The officers of the Section shall be the Chairman, Vice Chairman, and Secretary.

## **RESPONSIBILITIES OF THE PSYCHOLOGY SECTION OFFICERS:**

### **The Chairman shall:**

- Serve as Chairman of the Psychology Section at the bi-monthly meetings;
- Represent the Psychology Section at the Psychiatry Department meeting or designate a substitute in his/her absence;
- Serve as liaison and consultant to hospital administration, to the medical staff and to the Psychiatry Department on psychology issues and psychologist practice.
- Review all Psychologist Allied Health Professional credentials files.

### **The Vice Chairman shall:**

- Serve as Chairman of the Psychology Section meetings when the Chairman is not available; and
- Assume all duties of the Chairman should the Chairman be unable to complete his/her duties for any reason.

### **The Secretary shall:**

- Maintain minutes and attendance records of the Section meetings;
  - Maintain and update Section membership including addresses and phone numbers;
  - Notify members at least two weeks in advance of the meeting date and any major agenda items;
- and
- Perform other duties as assigned by the Chairman.

## **ELECTIONS:**

The Psychology Section officers will serve a two (2) year term corresponding to the fiscal year of the Hospital. They will be chosen by vote of the members present. Elections will be held in a timely manner so that the new officers may assume their duties at the beginning of the fiscal year.

## **COMMITTEES:**

Temporary committees may be formed at any time through appointment by the Chairman. The Chairman of any temporary committee will serve a one year term and may be reappointed for a second term by the Chairman of the Psychology Section.

## **MEETING FREQUENCY:**

The Psychology Section will meet six (6) times per year at a minimum. Special meetings may be called by the Chairman.

## PHYSICIAN ASSISTANTS

A Physician Assistant means an individual who has:

Graduated from a physician assistant or surgeon assistant program accredited by an accrediting agency (Accreditation Review Commission on Education for the Physician Assistant; Commission on Accreditation of Allied Health Education Programs [CAAHEP]; Committee on Allied Health Education and Accreditation of the American Medical Association [CAHEA]).

Obtain certification within one (1) year of hire and maintain the certification by the National Commission on Certification of Physician Assistants (NCCPA).

Been certified by the Physician Assistant Committee

Physician Assistants (PAs) are eligible for appointment as AHPs at the Hospital provided that they:

Meet and satisfy all relevant criteria and qualifications outlined in the AHP Policy;

Are currently licensed as a Physician Assistant by the Indiana Health Professions Bureau;

Are employed by, or have an agreement with one or more supervising physician(s) who will supervise the PA's practice in the hospital. The Supervising Physician(s) shall be a member of the medical staff; and

Provide the Hospital with a written agreement signed by the Supervising Physician(s).

### **SUPERVISION OF PHYSICIAN ASSISTANTS:**

Supervision by the supervising physician must be continuous but does not require the physical presence of the supervising physician at the time and the place that the services are rendered. The supervising physician must be able to be on site within the standard on-call response time.

A supervising physician shall review all patient encounters not later than twenty-four (24) hours after the physician assistant has seen the patient

### **RESPONSIBILITIES OF THE SUPERVISING PHYSICIAN:**

Observes, directs and evaluates the work, records and practices of each PA;

Acknowledges that he/she is legally responsible for all acts of PAs whom he/she supervises;

Is continuously available to provide consultation to the PA when requested and to intervene when necessary;

Assumes total responsibility for the care of any patient when requested by the PA or required by this Policy or in the interest of patient care;

Affirms that the range of medical services set forth in the PA's job description are consistent with the skills and training of the Supervising Physician and the PA; and

Agrees to authenticate and countersign all orders and other entries recorded by the PA on the medical records of all patients seen or treated by the PA.

### **SCOPE OF PRACTICE:**

Any individual who wishes to practice at the Hospital as a PA may request permission to perform the activities set forth in their Scope of Practice under the supervision of a Supervising Physician(s). A PA's specific Scope of Practice is a part of the credentials file.

### **A Physician Assistant shall not:**

Perform any activity that is outside the specific scope of practice that has been granted by the Hospital

Perform any services which are not included in his/her job description

Independently practice medicine

Be supervised by and work for more than three Supervising Physicians at one time

Independently bill patients for services provided

Independently delegate a task assigned to him/her by the Supervising Physician(s) to another individual

Perform acupuncture in any form

Perform any services unless wearing a name tag identifying the individual as a PA

**Community Hospitals of Indiana, Inc.**  
**MEDICAL STAFF POLICIES & PROCEDURES**

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>Community Hospital East</b>  | <input checked="" type="checkbox"/> <b>Community Hospital South</b>   |
| <input checked="" type="checkbox"/> <b>Community Hospital North</b> | <input checked="" type="checkbox"/> <b>The Indiana Heart Hospital</b> |

**TITLE: Credentialing and Privileging by the Medical Staff for Physician Assistants**

**PURPOSE:**

To provide clarity and consistency regarding the scope of practice for Physician Assistants (PA) at Community Hospital East, Community Hospital North, Community Hospital South and The Indiana Heart Hospital (Hospitals) for the purpose of maximizing patient safety, clinical efficiency and quality of care, while at the same time not extending privileges outside their scope of practice as defined by Indiana Codes (IC 25-22.5-1-1.1, 25-27.5, 25-27.5-5-6)

**DEFINITION:**

A physician assistant (PA) is an individual who is a graduate of a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or by one of its predecessor agencies (the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs); and/or who is certified by the National Commission on Certification of Physician Assistants; and who is licensed, registered, or certified to practice medicine with physician supervision.

**SUMMARY OF PRINCIPLES:**

1. The supervising physician is responsible for all clinical activity of the PA.
2. A PA works under the supervision of a physician or the physicians' designee, within the context of a practice agreement.
3. The PA may not practice outside of the supervising physician's scope of practice.
4. The practice agreement must be submitted with the PAs application for credentialing and privileging. The PA must submit any new, revised or terminated supervisory agreements to Medical Staff Services of each facility where he/she holds privileges.
5. The practice agreement must reflect the scope of prescriptive authority.
  - A. For PAs without prescriptive authority, the practice agreement may delineate clinical duties including history taking, performance of the physical exam and certain diagnostic and therapeutic interventions.
  - B. The practice agreement for PAs with prescriptive authority, as granted by the Indiana Professional Licensing Agency, may delineate clinical duties including history taking, performance of the physical exam, certain diagnostic and therapeutic interventions, and prescription of certain medications per protocol. Protocols for prescriptive delineation must be part of the practice agreement and be in compliance with applicable Indiana Codes.
    - i. In the performance of PA professional services, patient care duties and call coverage, PA shall practice under the continuous supervision of the supervising physician or his/her duly qualified physician designee(s) who may provide temporary supervision of the PA from time to time in the supervising physician's absence.
    - ii. In accordance with applicable requirements, the supervising physician shall either be physically present on the hospital premises, as appropriate, or immediately available by telephone for consultation when the PA is performing services or prescribing drugs hereunder. The supervising physician hereby authorizes the PA to prescribe those drugs and controlled substances which are expressly stated and set forth in **Addendum A**, attached hereto and incorporated herein, all of which the supervising physician is authorized to perform within her/his scope of practice and in accordance with applicable requirements. At no time shall the supervising physician or his/her designee, authorize or otherwise permit the PA to prescribe any Schedule I, Schedule II, or Schedule III, IV or V drugs which contain oxycodone. The PA shall not make a medical diagnosis or prescribe medication without the prior authorization of the supervising physician or his/her designee
    - iii. The supervising physician hereby authorizes the PA to perform those medical services which are documented on the Physician Assistant Delineation of Privileges, attached hereto, all of which the supervising physician is authorized to perform within his/her scope of practice and in accordance with applicable requirements. PA shall not make a medical diagnosis or institute treatment without the prior authorization of the supervising physician.

## **MEDICAL STAFF POLICY AND GUIDELINES**

### **Credentialing and Privileging by the Medical Staff for Physician Assistants**

#### **Page 2**

- iv. At all time when performing services on behalf of the supervising physician, the PA shall wear a name badge that identifies him/her as a PA and shall verbally inform all patients that he/she is a PA.
  - v. The supervising physician shall review and co-sign the PA's documentation related to the provision of medical services, performance of tasks and the prescription of medications, if applicable, in accordance with applicable requirements. The PA shall submit all such documentation to the supervising physician for review within twenty-four (24) hours after the services, tasks or prescriptions were performed or written. The supervising physician and PA shall meet regularly to discuss and review management of patients and their treatment.
- C. Medication orders from the PA outside of the scope of the practice agreement must be through the "read back and verify" ("RAV") procedure as ordered by the supervising physician. Using this procedure, the order may be acted on prior to co-signature by the supervising physician.
6. For quality of care concerns, the Quality Assurance Committee of the supervising physician's medical staff department will review the care provided by the PA. Every 6 months, the supervising physician must submit a PA evaluation form, a copy of which shall be attached hereto as **Addendum B** (included for information only), which is required as part of the medical staff OPPE process
  7. Recommendations for granting clinical privileges to a PA will be made by the Credentials Committee, after review and recommendation by the supervising physician's department chairman, based on demonstration or documentation of appropriate competencies.

#### **MINIMAL REQUIREMENTS:**

- Successful graduation from a physician assistant program accredited by an accrediting agency (as defined in IC 25-27.5-2-4.5);
- Successful completion of certifying exam through the National Commission on Certification of Physician Assistants (NCCPA) and maintenance of that certification;
- Full licensure (not temporary) to practice as a Physician Assistant in the State of Indiana;
- Have signed supervisory agreement with an MD or DO who hold active and unrestricted membership and privileges on the medical staff of Community Hospitals.

#### **SUPERVISION:**

Supervision by the supervising physician or the physician designee must be continuous, but does not require the physical presence of the supervising physician at the time and the place that the services are rendered. A supervising physician or physician designee shall review all patient encounters not later than twenty-four (24) hours after the PA has seen the patient (IC 25-27.5-6-1).

Physician supervision means:

1. Physically present (at the same site as the PA); or
2. Immediately available for consultation AND able to present to the Hospitals to fulfill their Medical staff responsibilities and to provide timely and continuous care for their patients.

Reviewed and recommended by South Medical Executive Council: November 10, 2008  
Reviewed and recommended by East & North Medical Executive Council: November 18, 2008  
Reviewed and approved by The Indiana Heart Hospital Medical Executive Council: February 23, 2009  
Approved by Board of Directors (E, N & S): November 2008  
Approved by the TIHH Board of Managers: February 2009  
Revised November 25, 2009

## **ADDENDUM A**

### **PHYSICIAN ASSISTANT'S PRESCRIPTIVE AUTHORITY**

The following is a listing of those drugs which may be prescribed by the Physician Assistant in accordance with applicable requirements and the terms and conditions of this Policy & Procedure. The placement of a checkmark (✓) by a particular drug means that the PA may prescribe the drug per the supervisory agreement. This placement of an asterisk (\*) by a particular drug means that the PA must affirmatively obtain either a written or verbal order from the supervising physician or his/her designee before prescribing the drug. The PA is not authorized to prescribe any unmarked drugs or any Schedule I or II drugs or any Schedule III, IV or V drugs containing oxycodone.

Insert list of authorized drugs here:

PRINT/ATTACH ADDENDUM B SEPARATELY

## **PHYSICIAN EMPLOYEE (PE)**

Physician Employees (PEs) shall include, but are not limited to, scrub nurses, surgical technicians, and PA's who are employed by a Medical Staff member and who perform all of their duties or a portion thereof while in the Hospital. The employing physician is responsible for all acts of the PE as they relate to patient care.

### **REQUESTS FOR PRIVILEGES:**

All Medical Staff members must submit to the Medical Staff Office the names of their authorized PEs who will work with them in the Hospital. An AHP application must be submitted to the Medical Staff Office and shall include the following documentation:

The specific duties and responsibilities requested for the PE by the employing physician;

The endorsement of the employing physician, including acknowledgement that the employing physician assumes full responsibility for all acts of the PE as they relate to patient care; and

Licensure by a state agency or certification by a professional organization.

Should the PE be terminated by the employing physician, it is the responsibility of the Medical Staff member to notify the Medical Staff Office of such termination within forty eight (48) hours and the privileges of the PE will be canceled immediately upon receipt of such notification. If the reasons for termination of the employment of the PE should be of such nature which, in the opinion of the employing physician, adversely reflects on the suitability of the PE for future extension of privileges, the physician should so notify the Medical Staff Office in writing and this notification should be placed in the permanent file of the PE so that it will be available to the appropriate committee for further evaluation.

### **LIMITATIONS OF PHYSICIAN EMPLOYED PERSONNEL:**

PEs shall perform at all times under the supervision of the employing physician. The employing physician must be either physically present or available, as defined by the Indiana State Medical Licensing Board rules and regulations unless a life-threatening emergency exists.

#### **Physician Employed Personnel shall not:**

Make a final or definitive diagnosis of a disease or ailment or the absence thereof, independent of the supervising physician;

Prescribe, order, dispense medication, or sign prescriptions on behalf of the physician or have prescription blanks available that have been pre-signed or stamped by the physician, or order the refilling of a prescription, except as authorized by provisions of applicable state laws;

Replace the supervising or employing physician in making visits in the Hospital, Emergency Department or Hospital Outpatient Clinic; and

Independently initiate or change any order on a patient's chart in the Hospital

### **SUPERVISING PHYSICIAN RESPONSIBILITIES – DEPENDENT AHP:**

Any physician supervising a dependent AHP in the care of a specific patient must:

Be a member of the medical Staff of the Hospital and accept full legal and ethical responsibility for the AHP's performance;

Accept full responsibility for the proper conduct of the AHP within the Network, in accordance with all bylaws, policies and procedures of the Hospital and the Medical Staff, and for the correction and resolution of any problems that may arise;

Be immediately available in person or by telephone to provide further guidance when the AHP performs a specific task or function;

Maintain ultimate responsibility for directing the course of the patient's medical treatment;

Assure that the AHP provides specified services or clinical privileges in accordance with accepted medical standards;

Provide active and continuous overview of the AHP's activities in the hospital to ensure that directions and advice are being implemented;

Must comply with all laws and regulations and all policies specific to the particular category of AHP;

Must immediately notify the Medical Staff Office in the event any of the following occur:

The scope or nature of the professional arrangement with the AHP changes;

The approval to supervise the AHP is revoked, limited, or otherwise altered by action of the applicable state licensing authority;

Notification is given of investigation of the AHP or of the supervising physician's supervision of the AHP by the applicable state licensing authority; or

The supervising physician's professional liability insurance coverage is changed insofar as coverage of the acts of the AHP is concerned or the AHP's professional liability insurance coverage is changed.