POLICY #1. ALLIED HEALTH PROFESSIONALS

COMMUNITY HOWARD REGIONAL HEALTH
KOKOMO, INDIANA

MEDICAL STAFF POLICY

Purpose

The purpose of this Policy is to define the responsibilities and duties of the Allied Health Professional and set forth the criteria for credentialing Allied Health Professionals. Allied Health Professionals are not Members of the Medical Staff. This Policy is incorporated in the Medical Staff Bylaws as if stated therein.

Allied Health Professional (AHP). An AHP is an individual granted Clinical Privileges to provide direct patient care services in the Hospital under a defined degree of supervision by a Member who also has been granted Clinical Privileges. AHPs exercise judgment within the areas of documented professional competence and in areas consistent with the AHP's Indiana state practice act.

AHPs are designated by the Board of Directors to be credentialed and privileged as defined in the Medical Staff Bylaws and Policies and Procedures. The Board periodically determines the categories of individuals eligible for Clinical Privileges as AHPs. At this time, the disciplines included in the AHP category are:

- Registered Nurse Practitioners
- Clinical Registered Nurse Specialists
- Physician Assistants
- Clinical Psychologists
- Certified Registered Nurse Anesthetists

AHPs are not eligible for Medical Staff Membership. AHPs may be employed or contracted by the Hospital or may be employed or contracted by a Member with Clinical Privileges at the Hospital.

Designation

The designation of Allied Health Professional is a privilege extended only to competent licensed Advanced Nurse Practitioners, Physician Assistants and Clinical Psychologists. Each applicant who seeks or enjoys the designation of Allied Health Professional must at the time of application and continuously thereafter demonstrate the qualifications enumerated by the Credentials Committee, Medical Executive Committee ("MEC"), and the Board of Directors.
The Allied Health Professional shall be subject to monitoring and supervision by the Medical Staff. The appointment term for Allied Health Professionals shall be for a period of not more than two years.

**Responsibilities**

Each Allied Health Professional shall:

1. provide patients with quality care;

2. meet the professional standards established by the Medical Staff;

3. abide by this Policy, Rules and Regulations and Policies of the Medical Staff and Allied Health Professionals;

4. discharge in a responsible and cooperative manner such reasonable responsibilities and assignments as imposed upon the Allied Health Professional Staff by the Medical Executive Committee;

5. complete, in a timely fashion, medical records for all patients for whom the Allied Health Professional provides care in the Hospital;

6. work cooperatively with the Member Staff, other Allied Health Professionals, Administration, nurses, and others so as not to adversely affect patient care;

7. discharge such other obligations as may be established from time to time by the Board of Directors;

8. abide by the Code of Ethics adopted by his/her respective profession;

9. agree to comply with the Network’s Responsibility and Compliance Program, the Hospital's and Network’s Code of Conduct; and

10. agree that the Network's affiliated hospitals, through their peer review structures, may share information concerning the Applicant's ongoing eligibility for privileges. The information includes interpersonal and communication skills, professionalism including character and ethics, the ability to continuously learn and improve and work harmoniously with others; patient care rendered including the accuracy of diagnosis, the propriety, appropriateness, quality or necessity of care rendered; utilization of services, procedures, and facilities in the treatment of patients; incident reports, complaints, or concerns about the Applicant; any peer review activities related to the Applicant including but not limited to performance improvement activities such as external reviews, focused professional practice evaluation, and ongoing focused professional practice evaluation; Applicant’s fitness for duty including physical or mental health condition or any other matter having a bearing on qualifications.
Qualifications

An Advanced Nurse Practitioner, Physician Assistant or Clinical Psychologist who seeks the designation of an Allied Health Professional at the Hospital must at the time of application and continuously thereafter demonstrate that he/she holds a valid license issued by the appropriate licensing board in the State of Indiana and demonstrate that he/she meets the qualifications set forth below.

Application

Applicants shall apply for AHP privileges on an application form provided by the Medical Staff Office. Such application form shall require submission of information concerning the applicant's education, training, license, experience, character, physical and mental health, ethics, and professional liability insurance and shall require the applicant to delineate the specific extender privileges being requested. AHPs shall be granted Clinical Privileges by the Board of Directors upon the recommendation of the MEC and Credentials Committees.

The application form shall also require submission of information regarding Sponsor's supervision of the applicant.

The Applicant shall be required to submit proof that the Applicant is a Qualified Health Care Provider with professional liability insurance through the Applicant's Sponsor, the Applicant's employer, or individual coverage. The Sponsor for a physician assistant is responsible for the conduct, services or tasks performed by the AHP while working in the Hospital as if the Member performed the service or task, himself.

The Applicant must consent to a criminal background check. Any Applicant who has been excluded from Medicare, Medicaid or any other federal or state government health care program is not eligible for AHP designation.

Effect of Application

By applying for designation as an Allied Health Professional, each applicant:

1. Signifies his/her willingness to appear for interviews in regard to the application.

2. Authorizes consultation with others who may have been associated with him/her or who may have information bearing on his/her competence for qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information.

3. Consents to inspection of records and documents that may be material to an evaluation of his/her qualifications and ability to carry out privileges requested and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying.
4. Releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the applicant.

5. Releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the applicant, including otherwise confidential information.

6. Consents to criminal background check.

7. Consents to the disclosure to other hospitals, professional associations and licensing boards and to other similar organizations as required by law, any information requiring his or her professional or ethical standing that the hospital or Medical Staff may have and releases the Medical Staff and hospital from liability for so doing, to the fullest extent permitted by law.

8. Pledges to provide for continuous quality care for his/her patients.

9. Consents to the sponsoring physician receiving any notices related to the appointment application or any corrective action.

**Burden of Producing Information:**
In connection with all applications for privileges or advancement of privileges, the Applicant shall have the burden of producing information for adequate evaluation of the Applicant's qualifications and suitability for the privileges and delineation requested, of resolving any reasonable doubts about these matters and of satisfying requests for information. The Applicant's failure to sustain this burden shall be grounds for denial of the application. This burden may include submission to a medical or psychological examination at the Applicant's expense if deemed appropriate by the Credentials Committee or MEC which may select the examining physician. Medical examinations and/or health status assessments will only be performed after a conditional offer of designation as an AHP and delineation of privileges has been made.

**Delineation of Privileges**
AHP privileges are available to any Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Physician Assistant, or Clinical Psychologist that meet the qualifications set forth in this Policy and the clinical privilege form applicable to his or her professional license and requested clinical privileges. The Credentials Committee shall review each application for AHP privileges and shall make a recommendation for privileges to the MEC and Board for action.

**Scope of Privileges**
All specific functions and tasks delegated to an AHP shall be based upon the individual's documented training, experience, and competence. All procedures and tasks performed by the AHP shall be done under the direction of the Sponsor. The Sponsor shall be responsible for the care of the patient. The scope and extent of the procedures and tasks performed by an AHP shall be limited to, delegated by, and within the scope of the Clinical Privileges of the Sponsor.
The MEC may take any action warranted against the Sponsor, if it discovers that a AHP and/or Sponsor has not complied with this Policy or that the AHP has acted outside the scope of his/her privileges.

**Denial of Application and Restrictions of Privileges**

The Clinical Privileges of an Allied Health Professional may be limited or restricted by the Board of Directors upon the recommendation of the MEC. The Clinical Privileges of an Allied Health Professional may be summarily suspended upon the agreement of two of the following persons: the Chief of Staff, the Department Chief, and the President. The Medical Staff Bylaws, as they relate to challenges of limitations, restrictions, or suspensions and the Fair Hearing and Appeal Policy are inapplicable to Allied Health Professionals. The procedures for such challenges are contained in this Policy.

The MEC will provide the Allied Health Professional a written notice of the allegations supporting the proposed action within seven (7) days. The notice will contain the timeframe for requesting a review and summarize the review procedure set forth in this Policy.

Any recommendation to deny an initial complete application of an Allied Health Professional will trigger the same notice and opportunity to be heard provisions set forth in this Policy.

**Exhaustion of Remedies**

The procedures and remedies provided in this Policy must be exhausted before resorting to any legal action.

**Procedural Process of Adverse Actions**

Within thirty (30) days of receiving notice of the denial, limitation, restriction, or suspension, the Allied Health Professional shall request a review of a denial, limitation, restriction, or suspension before the MEC. If requested, the Allied Health Professional shall have an opportunity before the MEC to present evidence to rebut the concerns leading to the recommendation of denial, limitation, restriction, or suspension. Upon hearing the evidence, the MEC may lift, modify or continue the recommendation of denial, restriction, or suspension. If the MEC does not vacate its initial recommendation, the MEC shall provide the Allied Health Professional with written findings of its formal recommendation. The Allied Health Professional will have fifteen (15) days from the date of the receipt of the written findings of the MEC’s formal recommendation to request an appeal to the Board of Directors.

If a review before the MEC or an appeal is not requested, in the timeframes set herein, the MEC recommendation shall be forwarded to the Board of Directors for Final Action.

If an appeal is requested, the Chief Executive Officer will set a reasonably date for the Allied Health Professional to submit his written appeal, which shall be no earlier than thirty (30) days from the receipt of the MEC’s formal recommendation. The MEC will be
provided an opportunity to respond in writing to the Allied Health Professional’s written appeal submission. The Board of Directors or a committee appointed by the Board of Directors will consider the written submissions of both parties and make its final determination. Any action by the Board of Directors shall become effectively immediately.

The Chief Executive Officer will notify the Allied Health Professional of the Final Action of the Board of Directors.

**Focused Professional Practice Evaluation (FPPE)**
The purpose of FPPE is to provide a mechanism for monitoring, evaluating, documenting, and reporting the performance of practitioners granted Clinical Privileges. At initial appointment, case logs are requested and the presence of past quality issues is evaluated and discussed. A focused review is then conducted at least one time during the first year of privileges. Focused reviews may also be conducted on established practitioners should quality/performance issues be raised or a new privilege or program is established. The FPPE process is fully set forth in Medical Staff Policy 11.

**Ongoing Professional Practice Evaluation (OPPE)**
The purpose of OPPE is to provide a mechanism for ongoing monitoring, evaluating, documenting, and reporting the performance of practitioners with privileges at CHRH. OPPE will be performed on all practitioners at least bi-annually. This process allows any potential problems with a practitioner’s performance or trends that impact quality of care and patient safety to be identified and resolved in a timely manner. The OPPE also fosters an efficient, evidence-based privilege renewal process. The information resulting from OPPE is used to determine whether to continue, limit, or revoke any existing privileges. The OPPE process is fully set forth in Medical Staff Policy 11 and applies to Allied Health Professionals.

**Orders**
CRNAs may write patient orders without permission of the Sponsor. Psychiatric Nurse Practitioners may enter orders. All other AHPs shall be permitted to write patient orders only with the permission and under the direction of the Sponsor. The AHP and his or her Sponsor must comply with the Rules and Regulations addressing orders.

**Denial, Restriction or Suspension of Privileges**
Automatic suspensions or limitations on clinical privileges and voluntary resignations/relinquishments of clinical privileges become effective immediately by operation of this policy for administrative reasons relating to failure to meet eligibility requirements found in the Medical Staff Bylaws and applicable clinical privilege forms. Automatic actions are not based on a peer review committee determination of competence or unprofessional conduct. Therefore, automatic suspensions or limitations do not give rise to any hearing or appeal procedures under this policy.

Grounds for an automatic suspension of clinical privileges are the same as set forth in the Medical Staff Bylaws for Members. In addition to those grounds, an Allied Health
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Professional's clinical privileges will be automatically suspended when (1) the collaborative/supervising agreement is terminated; or (2) employment with Community Health Network or group practice is terminated. An Allied Health Professional terminated from Community Health Network employment or her/his group practice, who is otherwise eligible for clinical privileges, may reapply. If an Allied Health Professional's collaborating/supervising physician's clinical privileges are restricted or suspended, the Allied Health Professional's clinical privileges will also be similarly automatically restricted or suspended. The Allied Health Professional must notify the Medical Staff Office of any change in the Allied Health Professional's collaborating/supervising physician agreement and provide documentation indicating details of the change.

If significant patient care or professional conduct concerns arise, the privileges of an Allied Health Professional may be summarily suspended upon the agreement of two of the following persons: the Chief of Staff, the Department Chief, and the President. The MEC may take any action warranted by the circumstances to protect patients and the orderly operations of the hospital.

Allied Health Professionals are not entitled to hearing or appeal rights under the Medical Staff Bylaws or the Fair Hearing and Appeal Policy if his or her Clinical Privileges are restricted, suspended or denied.

Assignment

Each Allied Health Professional shall be assigned to the appropriate Department which will be responsible for recommending Clinical Privileges and supervising their professional activities. The Allied Health Professional shall have their work periodically surveyed by the Department Chief.

Meetings

Each Allied Health Professional shall be encouraged to attend any general or special meeting of the Medical Staff and are expected to attend Department meetings as requested by the Department Chief. The designation of Allied Health Professional does not confer any rights to vote in any Medical Staff Committee.

Reappointment

The initial term of the clinical privileges shall not exceed two (2) years. Clinical privileges expire unless timely renewed. The Allied Health Practitioner will be sent a reappointment form for completion before the expiration of the term. All information must be updated by the applicant and must be returned within thirty (30) days. The Medical Staff Office will verify and gather quality and peer review activities information and any other sources warranted by the circumstances.

The reappointment application will be reviewed by the Medical Staff Office for completeness and forwarded to the applicable Department Chair for review. The Credentials Committee or the Medical Staff Executive Committee may seek information
from affiliated and non-affiliated sources in order to evaluate the reappointment application of privileged practitioners. As a routine matter, when practitioners employed by Community Health Network are seeking reappointment, either committee is encouraged as a matter of course to request information from Community Health Network’s Human Resources department.

The reappointment approval process will follow the same approval process as an initial application. Reappointment of each Allied Health Practitioner will be for a period not to exceed two (2) years.

Approved by the Medical Staff Executive Committee of Community Howard Regional Health October 15, 2019

Approved by the Board of Directors of Community Howard Regional Health November 20, 2019