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## ARTICLE I - DEFINITIONS

- A. In addition to the definitions found in the Medical Staff Bylaws of Saint Clare's Hospital, the following definitions shall apply to terms used in this policy:
1. "Criminal Conviction" shall include conviction of or a plea of guilty or nolo contendere, for any felony, or for any misdemeanor related to the practice of a healthcare professional or federal health program, fraud or abuse, third party reimbursement or controlled substances.
  2. "Excluded Provider" means any individual who has been suspended or terminated for any period of time of the right or privilege to participate in Medicare, Medicaid, and any other government sponsored program or any private or public medical insurance program.
  3. "Allied Health Practitioner" includes "Licensed or unlicensed Dependent," non-Physician practitioners who must function in the Hospital as an employee or an independent contractor or of a Physician on the Medical Staff and/or under direct supervision of such a Physician. Licensed Dependent practitioners include hospital employed Physician Assistants (PA's). The term dependent is utilized as specified in this policy and bears no relationship to the term as utilized in the Wisconsin State Code relative to various practitioners and their status under the law nor does the term reflect any meaning as utilized by practitioners in these categories for professional associations. "Allied Health Practitioner" also includes "Licensed Independent Practitioner" which means a licensed or certified non-Physician practitioner who is granted clinical privileges and may function more independently in the Hospital under the general supervision of a Physician on the Medical Staff. Hospital employees who are considered Licensed Independent Practitioners are Advanced Prescriber Nurse Practitioners (APNP's), Nurse Practitioners (NP's), and Certified Registered Nurse Anesthetists (CRNA's). The term independent is utilized as specified in this policy and bears no relationship to the term as utilized in the Wisconsin State Code relative to various practitioners and their status under the law nor does the term reflect any meaning as utilized by practitioners in these categories for professional associations.
  4. "Scope of practice" means the clinical activities, tasks and functions permitted to be carried out by an Allied Health Practitioners under Physician supervision.
  5. Words used in this policy shall be read as the masculine or feminine gender, and as the singular or plural, as the content requires. The captions or headings are for convenience only and are not intended to limit or define the scope or effect of any provision of this policy.

## ARTICLE II - SCOPE AND OVERVIEW OF POLICY

- A. This policy addresses those Allied Health Professionals who are permitted to practice or provide services at the Hospital and its facilities, and are not Hospital employees. It also covers hospital-employed APNP's, NP's, CRNA's, and PA's.
- B. Only those classes of Allied Health Professionals that have been approved by the MMT and MEC shall be permitted to practice at the Hospital. When the MMT & MEC determine that there is a need for the services of a particular type of Allied Health Professional and decides to permit those Allied Health Professionals to practice in the Hospital, the MEC shall adopt the minimum qualifications that must be demonstrated by such individuals, as well as the authorized privileges or scope of practice and supervision requirements, if applicable, for those practitioners in the Hospital.
- C. This policy sets forth the credentialing processes for Allied Health Professionals at the Hospital, as well as the general practice parameters for these individuals
- D. The "Licensed Independent Practitioners" category shall include all those Allied Health Professionals who are licensed under state law and authorized by the Hospital to function independently in the Hospital and who are granted clinical privileges. General supervision of these practitioners is required by this hospital policy, and a supervising physician who has hospital privileges must be designated.
- E. The "Licensed or unlicensed Dependent Practitioners" category shall include all Allied Health Professionals who are authorized to function in the Hospital only as employees of, or under direct supervision of, a Physician(s) appointed to the Medical Staff and pursuant to a defined scope of practice and hospital employed Physician Assistants. The employing and/or supervising Physician(s) shall remain fully responsible for the actions of the Licensed Dependent Practitioner in the Hospital. A current listing of the types of Allied Health Professionals functioning in the Hospital as Licensed Dependent Practitioners is attached to this policy as Appendix B. This Appendix may be modified or supplemented hereafter by action of the Board, in accordance with Article VII, without the necessity of further amendment of this policy.

## **ARTICLE III - APPLICATION**

### **Section 3.01 - General Qualifications of Applicants**

- A. Any Allied Health Professional who applies to practice at the Hospital shall:
  - 1. possess a current unlimited license or certificate to practice his or her profession in the State of Wisconsin and have a privilege form approved by the Medical Management team and supervising physician; if unlicensed or uncertified, have a privilege form approved by MMT and the supervising physician;
  - 2. be located close enough to the Hospital to provide timely and continuous care for patients in the Hospital;
  - 3. be covered by current, valid professional liability insurance coverage in such form and in amounts satisfactory to the Hospital;
  - 4. always be eligible to participate in all federal healthcare programs to obtain and retain privileges;
  - 5. have never been criminally convicted of a felony; and
  - 6. be able to document his or her:
    - a. background, education, relevant training, experience, and current demonstrated clinical competence,
    - b. adherence to the ethics of his or her profession,
    - c. good reputation and character,
    - d. ability to perform the clinical privileges or scope of practice requested,
    - e. ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated by the individual will receive quality care and that the Hospital will be able to operate in an orderly manner, and
    - f. Drug Enforcement Administration (DEA) registration number, where applicable.

### **Section 3.02 - No Entitlement to Medical Staff Appointment**

- A. Allied Health Professionals who are applying to practice at the Hospital shall not be eligible for appointment to the Medical Staff, or entitled to the rights, privileges, and/or prerogatives of Medical Staff appointment.
- B. Allied Health Professionals shall practice at the Hospital at the discretion of the Board.
- C. Allied Health Professional shall specifically agree to abide by the Hospital's mission statement, the Bylaws, Rules and Regulations of the Medical Staff, the Medical Staff's Code of Conduct and the Ethical and Religious Directives for Catholic Health Care Services as promulgated by the National Conference of Catholic Bishops.

### **Section 3.03 - Hospital Employees**

- A. Individuals who are employees of the Hospital shall be governed by such Hospital policies, manuals and descriptions as may be established from time to time by Hospital management. Applications and privilege requests submitted by hospital employed Physician Assistants (PA's), Nurse Practitioners (NP's), Nurse Midwives, Advanced Prescribing Nurse Practitioners (APNP's) and Certified Registered Nurse Anesthetists (CRNA's) will be processed through the Medical Staff Office through medical staff processes. Such hospital employees, if granted privileges shall be reappointed every two years through recommendation by the MMT and the Executive Committee and approved by the Board of Directors. They will not be granted medical staff membership and will not have any of the rights and privileges of medical staff members.

### **Section 3.04 - Non-Discrimination Policy**

- A. No individual shall be denied permission to practice at the Hospital on the basis of sex, disability, familial status, race, creed, religion, color or national origin or on the basis of any criteria unrelated to professional qualifications or to the Hospital's purposes, needs and capabilities.

### **Section 3.05 - Assumption of Duties and Responsibilities**

- A. As a condition of consideration of an application and as a condition of continued permission to practice in the Hospital, all Allied Health Professionals shall assume such reasonable duties and responsibilities as the Medical Management Team, the Medical Executive Committee and/or the Board shall require, including:
  - 1. providing appropriate continuous and timely care and supervision to all patients in the Hospital for whom the individual has responsibility;
  - 2. abiding by all policies of the Hospital, including all rules and regulations and policies of the Medical Staff as shall be in force during the time the individual is granted permission to practice in the Hospital;
  - 3. practicing within the scope of their training;
  - 4. practicing within the limits authorized by their State licensure and any other State or Federal regulation relating to their practice;
  - 5. accepting committee assignments and such other reasonable duties and responsibilities as shall be assigned;
  - 6. providing to the Hospital, in a timely manner, with or without request, and as it occurs, new or updated information that is pertinent to any question on the application form;
  - 7. appearing for personal interviews as requested in regard to the application;
  - 8. paying such dues and assessments as established by the Medical Executive Committee of the Medical Staff;
  - 9. compliance with State and Federal laws relative to healthcare and in accordance with the Saint Clare's Hospital Corporate Integrity Program;
  - 10. refraining from assuming responsibility for diagnoses or care of Hospitalized patients for which he or she is not qualified or without adequate supervision;
  - 11. communicating his or her status as an Allied Health Professional to patients in whose care they are involved;
  - 12. seeking consultation of a member of the Medical Staff whenever necessary or as required by the scope of practice or delineation of clinical privileges;
  - 13. promptly notifying the Medical Staff Office of any change in eligibility for payments by third-party payers or for participation in Medicare, including any sanctions imposed or recommended by the Federal Department of Health and Human Services, and/or the receipt of a Peer Review Organization (PRO) citation and/or quality denial letter concerning alleged quality problems in patient care;
  - 14. abiding by generally recognized ethical principles applicable to the individual's profession;
  - 15. participating in quality evaluation and performance improvement activities of the Hospital;
  - 16. completing, in a timely manner, the medical and other required records for all patients as required by the Medical Staff bylaws, rules and regulations, this policy and other applicable policies of the Hospital;

17. working cooperatively with Medical Staff Appointees, other Allied Health Professionals, nurses and other Hospital personnel so as not to adversely affect patient care; and
18. participating in applicable continuing education programs.

### **Section 3.06 - Professional Conduct**

- A. Allied Health Professionals who are granted permission to practice in the Hospital are expected to relate in a positive and professional manner to other health care professionals, and to cooperate and work collegially with the Medical Staff leadership and Hospital management and personnel. All Allied Health Professionals shall comply with the Medical Staff Code of Conduct. Professional conduct shall also include, but not be limited to, each individual's obligation to present himself or herself at the Hospital physically and mentally capable of providing safe and competent care to patients.

### **Section 3.07 - Application Process**

- A. Any Allied Health Professional who requests an application for permission to practice in the Hospital (if such Allied Health Professional is a member of a class approved by the Board as provided in Article II.B) shall initially be sent:
  1. This policy and procedure and
  2. an application form which requests proof that the individual meets the general qualifications outlined in this policy and in the policies relating to the applicant's area of practice. A completed application form with copies of all required documents must be returned to the Medical Staff Office within thirty (30) days after the individual's receipt of the application form if further consideration is desired.
- B. The applicant shall indicate on the application clinical privileges or scope of practice form the specific procedures or clinical activities which the applicant desires to perform.
- C. An application will be processed only for those classes of Allied Health Professionals who have been approved by the Board, who meet the general qualifications set forth in this policy, and who meet the specific qualifications relating to each applicant's area of practice, and who have a supervising physician on staff with clinical privileges at the Hospital. Applications of individuals who either fail to meet the general qualifications or fall within a class not approved by the Board shall not be processed and shall be so notified.

### Section 3.08 - Information to be Submitted With Applications

- A. The application form shall require detailed information concerning the applicant's professional qualifications, including:
1. the names and addresses of at least two (2) individuals including at least one peer with the same credential as the applicant and a physician who have had recent experience in observing and working with the applicant, and who can provide adequate information pertaining to the applicant's current professional competence and character;
  2. the names and addresses of the Department Chiefs and/or supervising Physician(s) at any and all Hospitals or other institutions at which the applicant has worked or trained;
  3. information as to whether the applicant's permission to practice and/or affiliation has ever been voluntarily or involuntarily relinquished, denied, revoked, suspended, reduced, or not renewed at any Hospital or health care facility;
  4. information as to whether the applicant has ever voluntarily or involuntarily withdrawn his or her application or resigned before a final decision by a Hospital's or health care facility's governing board or designee;
  5. information as to whether the applicant's (a) membership in any local, state, or national professional society, (b) license or certification to practice any profession in any state, or (c) Drug Enforcement Administration certification (if applicable) is, or has ever been voluntarily or involuntarily relinquished, suspended, modified, terminated, restricted, or is currently being challenged;
  6. information concerning the applicant's professional liability insurance coverage, including the name of the insurance company, the amount and classification of such coverage, whether said insurance policy covers the clinical privileges or scope of practice the applicant requests, and a consent to the release of information from present and past professional liability insurance carriers;
  7. information concerning the applicant's malpractice litigation experience for the prior ten (10) years and/or any professional misconduct proceedings involving the applicant, in this state or any other state, whether such proceedings are closed or still pending, including the substance of the allegations of such proceedings or actions, the substance of the findings of such proceedings or actions, the ultimate disposition of any such proceedings or actions that have been closed, and any additional information concerning such proceedings or actions as the applicant or the Hospital may deem appropriate;
  8. information concerning the suspension or termination for any period of time of the right or privilege to participate in Medicare, Medicaid, or any other government sponsored program or any private or public medical insurance program;
  9. current information regarding the applicant's ability to perform safely and competently the clinical privileges or scope of practice requested;
  10. information as to whether the applicant has ever been a defendant in a criminal action or convicted of a crime, including details about any such instance;
  11. information regarding the citizenship and/or visa status of the applicant;
  12. the applicant's signature and the sponsoring/employing Physician's signature; and
  13. such other information as the Hospital may require.
- B. Any application that is illegible or which does not provide the information requested on or with the application form shall not be considered or processed.

### **Section 3.09 - Submission of Application**

- A. Completed applications shall be submitted to the Medical Staff Office and must be accompanied by the designated non-refundable application fee. After reviewing the application to determine that all questions have been answered, and after reviewing all references and other information or materials deemed pertinent, and after verifying the information provided in the application with the primary sources, the Medical Staff Office shall transmit the completed application along with all supporting materials to the Medical Management Team.
- B. An application shall be deemed to be complete when all questions on the application form have been answered, all supporting documentation has been supplied and all information verified. An application shall become incomplete if the need arises for new, additional or clarifying information anytime during the evaluation.
- C. Any application that continues to be incomplete ninety (90) days after the applicant has been notified of the additional information required shall be deemed to be withdrawn. It is the responsibility of the applicant to provide a complete application, including adequate responses from references. An incomplete application will not be processed.

### **Section 3.10 - Burden of Providing Information:**

- A. The applicant shall have the burden of producing information deemed adequate by the Hospital for a proper evaluation of competence, character, ethics, and other qualifications, and of resolving any doubts about such qualifications.
- B. The applicant shall have the burden of proving that all the statements made and information given on the application are true and correct. Any misstatement, omission and/or misrepresentation on the application, whether intentional or not, shall constitute cause for immediate cessation of the processing of the application, and no further processing shall occur.
- C. In the event that Allied Health Practitioner status has been granted prior to discovery of such misstatement, misrepresentation or omission, such discovery shall result in automatic relinquishment of all clinical privileges or scope of practice and resignation as an Allied Health Practitioner. In either situation, there will be no entitlement to the procedural rights provided in this policy.

### **Section 3.11 - Release and Immunity**

- A. By applying for permission to practice in the Hospital, applicants expressly accept and agree to the following conditions (whether or not permission is granted):
  - 1. The applicant specifically authorizes the Hospital and its authorized representatives to consult with any third party who may have information bearing on the applicant's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter reasonably having a bearing on the applicant's qualifications to practice as an Allied Health Practitioner. This authorization includes the right to inspect or obtain any and all communications, reports, records, and documents from said third parties. The applicant also specifically authorizes said third parties to release said information to the Hospital and its authorized representatives upon request.
  - 2. To the fullest extent permitted by law, the applicant releases from any and all liability, extends absolute immunity to, and agrees not to sue the Hospital, its authorized representatives, and any third parties with respect to any acts, communications or documents, recommendations, or disclosures involving the applicant.

## **ARTICLE IV - MEDICAL MANAGEMENT TEAM OVERSIGHT OF ALLIED HEALTH PROFESSIONALS**

### **Section 4.01 - Duties**

- A. The Medical Management Team of the Medical Staff shall:
1. evaluate and make recommendations to MEC in accordance with Article VII regarding the need for the services that could be provided by classes of Allied Health Professionals that are not currently permitted to practice in the Hospital;
  2. develop and recommend privilege forms and criteria for each class of Allied Health Professional permitted by MEC to practice in the Hospital. Such forms shall specify training, education and experience requirements for applicants, the scope of practice or clinical privileges to be granted, any specific conditions that apply to the practitioners' functioning within the Hospital, any ongoing supervision and annual evaluation requirements;
  3. develop the training, education and experience requirements as well as the scope of practice and clinical privileges with the assistance of the appropriate Medical Staff Department
  4. review the qualifications and applications of all Allied Health Professionals who apply for permission to practice in the Hospital, interview such applicants as may be necessary, and make a written report of its findings and recommendations to the Medical Executive Committee;
  5. oversee ongoing quality reviews of the quality of care provided by Allied Health Practitioners at the Hospital; and
  6. review all information available regarding the clinical competence and behavior of Allied Health Professionals currently permitted to practice in the Hospital and, as a result of such review, to make a written report of its findings and recommendations to the Medical Management Team.

## **ARTICLE V - CREDENTIALLING PROCEDURE**

### **Section 5.01 - Review by the Medical Management Team**

- A. The appropriate Service Chief shall examine the application and all supporting information and documentation, and make a report to the Medical Management Team regarding the applicant's qualifications for the clinical privileges or scope of practice requested.
- B. The Medical Management Team may use the expertise of any individual on the Medical Staff or at the Hospital, or an outside consultant, if additional information is required regarding the applicant's qualifications. In evaluating the application, the Medical Management Team may also meet with the applicant and, when applicable, the employing or supervising Physician.

If the Medical Management Team's initial recommendation is adverse to the applicant, when applicable, the employing or supervising Physician shall be given the opportunity to meet with the Medical Management Team before a final recommendation is made. This meeting shall be informal and shall not be considered a hearing. Following this meeting, the Medical Management Team shall make a recommendation to the Medical Executive Committee. If the Medical Management Team's recommendation to the Medical Executive Committee is adverse, the employing or supervising Physician shall be given the opportunity to meet with the Medical Executive Committee before a decision by the Medical Executive Committee is made. The Medical Executive Committee shall have the authority to grant appointment and clinical privilege requests from Allied Health Practitioners.

### **Section 5.02 - Permission to Practice and Renewal of Permission to Practice**

- A. New Allied Health Professionals shall be granted permission to practice in the Hospital on a provisional basis of at least three (3) months. Permission to practice in the Hospital is a courtesy extended by the Medical Executive Committee and shall be granted for a period not to exceed two (2) years. Reassessment of Allied Health Practitioner competence shall be done yearly and reviewed by the appropriate service chief. Renewal of clinical privileges or scope of practice shall be granted only upon submission of a completed reappointment application and request for clinical privileges.
- B. Once an application for reappointment and clinical privileges has been completed and submitted to the Medical Staff Office, it shall be evaluated in the same manner and follow the same procedures outlined in this policy regarding initial applications.

### **Section 5.03 - Questions of Clinical Competence**

- A. Questions regarding the clinical competence of an Allied Health Professional shall be forwarded to the appropriate Service Chief, who shall review the matter and all supporting information and documentation, and make a written report to the Medical Management Team regarding the issue of clinical competence.
- B. The Medical Management Team may use the expertise of any individual on the Medical Staff or at the Hospital, or an outside consultant, if additional information is required regarding the competence issue. In evaluating the matter, the Medical Management Team may also meet with the applicant and, when applicable, the employing or supervising physician.
- C. If the Medical Management Team's initial recommendation is to terminate, revoke or modify a Licensed Dependent Practitioner's clinical privileges or scope of practice, the Practitioner in question and the employing or supervising Physician shall be given the opportunity to meet with the Medical Management Team before a final recommendation is made.
  - 1. This meeting shall be informal and shall not be considered a hearing. Following this meeting, the Medical Management Team shall make a recommendation to the Executive Committee.
  - 2. If the Medical Management Team's recommendation to the Medical Executive Committee is adverse, the employing or supervising Physician shall be given the opportunity to meet with the Medical Executive Committee before a decision by the Medical Executive Committee is made. The Medical Executive Committee shall have the authority to render a final decision on all Allied Health Professional issues of clinical competence.
- D. If the Medical Management Team's initial recommendation is to terminate, revoke or modify an Allied Health Practitioner's clinical privileges or scope of practice, that individual shall be given the opportunity to meet with the Medical Management Team before a final recommendation is made.
  - 1. This meeting shall be informal and shall not be considered a hearing. Following this meeting, the Medical Management Team shall make a recommendation to the Medical Executive Committee.
  - 2. If the Medical Management Team's recommendation to the Medical Executive Committee is adverse, Independent Licensed Practitioner shall be given the opportunity to meet with the Medical Executive Committee before a decision by the Medical Executive Committee is made. The Medical Executive Committee shall have the authority to render a final decision on all Allied Health Professional issues of clinical competence.

## **ARTICLE VI - CONDITIONS OF PRACTICE APPLICABLE TO LICENSED DEPENDENT PRACTITIONERS**

### **Section 6.01 - Supervision by Employing or Supervising Physician**

- A. Any activities permitted by the Medical Executive Committee to be performed at the Hospital by an Allied Health Practitioner shall be performed only under the direct supervision of the Physician employing or supervising that individual. Except as provided by law or Hospital policy, "direct supervision" shall not require the actual physical presence of the employing or supervising Physician.
- B. Allied Health Practitioners may function in the Hospital only so long as they remain employees of, or are directly supervised by, the hospital or a Physician currently appointed to the Medical Staff. Should the Medical Staff appointment or clinical privileges of the Staff Physician employing an Allied Health Practitioner be revoked or terminated, the Allied Health Practitioner's permission to practice in the Hospital shall be deemed to be automatically relinquished. If the Medical Staff appointment or clinical privileges of a Physician supervising an Allied Health Practitioner is revoked or terminated, the Medical Management Team may immediately recommend the termination of the Allied Health Practitioner's permission to practice in the Hospital or may recommend that the Allied Health Practitioner be permitted to arrange for supervision by another Physician appointed to the Medical Staff, as permitted by law.

### **Section 6.02. - Questions Regarding Authority of Licensed Dependent Practitioner**

- A. Should any Medical Staff Appointee or Hospital employee who is licensed or certified by the State of Wisconsin have any question regarding the clinical competence or authority of an Allied Health Practitioner either to act or to issue instructions outside the physical presence of the employing or supervising Physician in a particular instance, such Medical Staff Appointee or Hospital employee shall have the right to require that the Allied Health Practitioner's employer or supervisor validate, either at the time or later, the instructions of the Allied Health Practitioner. Any act or instruction of the Allied Health Practitioner shall be delayed until such time as the staff Appointee or Hospital employee can be certain that the act is clearly within the scope of the Allied Health Practitioner's activities as permitted by the Board.
- B. Any question regarding the professional conduct of a Allied Health Practitioner shall be reported to the appropriate Service Chief. At all times the employing or supervising Physician shall remain responsible for all acts of the Allied Health Practitioner while at the Hospital.

### **Section 6.03 - Responsibilities of Employing or Supervising Physician**

- A. The number of Allied Health Practitioners acting as employees of or under the supervision of one (1) Physician, as well as the acts they may undertake, shall be consistent with applicable state statutes and regulations, the rules and regulations of the Medical Staff, and the policies of the Board.
- B. It shall be the responsibility of the Physician employing or supervising the Allied Health Practitioner to ensure that the individual practices within the scope of their licensure.
- C. It shall be the responsibility of the Physician employing or supervising the Allied Health Practitioner to provide, or to arrange for, professional liability insurance coverage for the Licensed Dependent Practitioner in amounts required by the Board that covers any activities of the Licensed Dependent Practitioner at the Hospital and to furnish evidence of such coverage to the Hospital. The Licensed Dependent Practitioner shall act at the Hospital only while such coverage is in effect.
- D. It shall be the responsibility of the Physician employing or supervising the Licensed Dependent Practitioner to complete performance evaluations of the Licensed Dependent Practitioner in an acceptable format and to submit it to the Medical Management Team at the time of each reappointment.
- E. It shall be the responsibility of the Physician employing or supervising the Licensed Dependent Practitioner to ensure that such individual does not exceed the scope of practice or delineation of privileges approved by the Board.
- F. The supervising Physician must co-sign all chart orders and documentation. On the day of discharge, all patients must be evaluated and discharged by the attending Physician.

### **Section 6.04 - Participation in Federal Programs**

- A. Should an Allied Health Professional be placed on the "Excluded Providers" list by the Office of the Inspector General, all privileges will be automatically suspended effective that date or at the time the Medical Center first becomes aware of such listing. This suspension shall remain in affect as long as the Allied Health Professional remains on the "Excluded providers" list in compliance with the regulations of the Centers for Medicare and Medicaid Services.

## **ARTICLE VII - NEW CLASSES OF ALLIED HEALTH PROFESSIONALS AND APPROVAL OF SCOPES OF PRACTICE AND CLINICAL PRIVILEGES**

### **Section 7.01 - New Classes of Allied Health Professionals**

- A. Whenever a class of Allied Health Professional is proposed that is not currently permitted to practice in the Hospital, the following process shall be followed:
  - 1. If an applicant requests an application for a class of Allied Health Professional not currently permitted to practice in the Hospital, that individual shall be so notified by letter.
  - 2. The matter shall then be referred to the Medical Management Team, who shall make a recommendation as to whether the new category of Allied Health Professional should be permitted to practice in the Hospital.
  - 3. The Medical Management Team recommendation shall be then forwarded to the Medical Executive Committee for action. If the new category is approved by the Board, it shall then act in accordance with Article II.B.
- B. Once the foregoing steps are completed, the specific request from the applicant and future applicants shall be processed in accordance with Article III.

### **Section 7.02 - Approval of Scopes of Practice and Clinical Privileges**

- A. Approval of scopes of practice and clinical privileges for Allied Health Professionals shall follow the following process:
  - 1. The Medical Management Team, after input by the appropriate Service Chief shall refer the proposed scope of practice or clinical privileges to the Medical Executive Committee;
  - 2. The Medical Executive Committee shall take final action. The Medical Executive Committee may remand the proposed scopes of practice or clinical privileges for further study and review to the Medical Management Team.

## **ARTICLE VIII – AMENDMENTS**

### **Section 8.01 - Protocol**

- A. This policy may be amended by a majority vote of the members of the Medical Executive Committee present and voting at any meeting of that Committee where a quorum exists, provided that:
1. the written recommendations of the Medical Management Team concerning the proposed amendments shall have first been received and reviewed by the Medical Executive Committee;
  2. any Allied Health Appointee shall have the right to submit written comments to the Medical Executive Committee regarding the amendment. Such comments shall be addressed to the Chief Medical Officer. All written comments on the proposed changes received prior to the meeting shall be brought to the attention of the Medical Executive Committee before the change is voted upon; and
  3. no such amendment shall be effective unless and until it has been approved by the Board.
  4. This policy may not be unilaterally amended.

**ARTICLE IX - ADOPTION**

This Policy on Allied Health Professionals is adopted and made effective upon approval of the Board, superseding and replacing any and all other Medical Staff bylaws, rules, regulations, policies, manuals or Hospital policies, rules and regulations pertaining to the subject matter thereof.

Adopted by the Medical Executive Committee:

By: \_\_\_\_\_  
Chairman, Medical Executive Committee

Date: \_\_\_\_\_

Approved by the Board:

By: \_\_\_\_\_  
Chairperson of the Board

Date: \_\_\_\_\_

## **APPENDIX A**

- A. Those Allied Health Professionals currently allowed to practice as Licensed Independent Practitioners at the Hospital are as follows:
  - 1. Clinical Psychologists

## **APPENDIX B**

- A. Those Allied Health Professionals currently practicing as Licensed Dependent Practitioners at the Hospital are as follows:
  - 1. Nurse Practitioners and Advanced Prescribing Nurse Practitioners
  - 2. Certified Nurse Midwives
  - 3. Certified Registered Nurse Anesthetists
  - 4. Physician Employed Nurses
  - 5. Physician Assistants
  - 6. Speech-Language Pathologists
- B. Those Allied Health Professionals currently practicing as unlicensed Dependent Practitioners at the hospital are as follows:
  - 1. Surgical technicians
  - 2. Perfusionists
  - 3. EEG technicians
  - 4. All non-licensed Hospice care providers
  - 5. Prosthetist/Orthotist
  - 6. Research clinical coordinators
  - 7. Pedorthist