Howard Young Medical Center

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MEDICAL STAFF POLICY & PROCEDURE

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TITLE: ALLIED HEALTH PROFESSIONALS	Revised 6/98; 5/99; 7/00; Annual Review 2/01; Revised 3/02; Revised 5/04; 7/04; 10/04; 8/06; 9/06; 9/07; 2/08, 4/09; 02/2011; 10/2014; Revised 2/2017

PART ONE: AUTHORIZATION AND CONTROL PROVISIONS

I. QUALIFICATIONS OF THE ALLIED HEALTH PROFESSIONAL STAFF

An allied health professional (AHP) is an individual other than a physician who is qualified by academic and clinical training and by prior and continuing experience and current competence in a discipline that the Board of Directors has approved to practice in the Hospital and who either:

a.) is licensed by the State of Wisconsin to provide services independently without the direction or immediate supervision of a physician (Advanced Practice Professional - APP);

or

b.) functions in a medical support role and under the direction and supervision of a physician or functions by contract for a specific scope of practice with or without direct physician supervision. (Authorized Provider).

Allied Health Professionals are not members of the Medical Staff.

Allied Health Professionals must certify biennially that their current health status does not in any way impair their ability to safely exercise the clinical privileges requested or to care for patients. A disability which can be reasonably accommodated shall not bar the granting of membership or clinical privileges. Allied Health Professionals must provide evidence of a current tuberculin skin test (TST) or Quantiferon Gold (QFG) lab test and be assessed, by titer, for immunity to select vaccine-preventable diseases as delineated in the Health Assessment Questionnaire.

The Board of Directors may precondition the exercising of clinical privileges based on the practitioner undergoing a health examination. A health examination may also be requested by the Medical Executive Committee at any time. Following appointment, Allied Health Professionals must complete a TB screening form annually.

Evidence of the member's current Wisconsin licensure, and, if applicable, current DEA registration and current certification must be maintained electronically in the Credentialing software.

Allied Health Professionals must submit, annually*, evidence of financial responsibility in at least the minimum amount required by Chapter 655 of the Wisconsin Statutes. This requirement may be satisfied by a certificate from an insurance company evidencing professional liability coverage. (*If a member is a locum tenens provider and insured by a locum tenens agency, evidence of current liability coverage will be required prior to providing services.)

Failure to maintain such required financial responsibility shall be grounds for suspension of a practitioner's clinical privileges.

If within ninety (90) days after written warning of the delinquency, the practitioner does not provide evidence of required financial responsibility, they shall voluntarily be terminated from the staff and their privileges relinquished.

As part of their appointment and reappointment to the Allied Health Staff, practitioners have a continuing obligation to comply with Federal and State laws and regulations applicable to the practice of their profession in a hospital setting.

No applicant who is currently barred from providing services in the Hospital under Chapter HFS 12 of the Wisconsin Administrative Code is eligible or qualified for Allied Health Professional status.

No applicant who is currently excluded from any health care program funded in whole or in part of the federal government, including Medicare or Medicaid, is eligible or qualified for Allied Health Professional status.

The foregoing qualifications will not be deemed exclusive and other qualifications and conditions deemed by the Hospital and the Medical Staff to be relevant may be considered in evaluating applications for membership or clinical privileges.

II. CURRENT DISCIPLINES OFALLIED HEALTH PROFESSIONALS

Pursuant to this policy adopted by the Board of Directors, the following are the only disciplines of Advanced Practice Clinicians and Authorized Providers authorized to provide services in the Hospital:

a.) Advanced Practice Clinicians

- Advanced Practice Nurse Prescribers (Nurse Practitioners and Clinical Nurse Specialists)
- Certified Registered Nurse Anesthetists
- Physician Assistants
- Dentists
- Licensed Clinical Social Workers
- Optometrists
- Podiatrists
- Psychologists

b.) Authorized Providers

- Surgical Resource Personnel (not employed by the hospital)
  - Surgical Procedure Assistants
  - Surgical Technologists
  - Surgical First Assistants
  - Surgical Sub-Specialty Assistants

- Registered or license practical nurses and clinical technicians who are employees of an active or courtesy staff member or members of the Medical Staff.

- Certified Orthotists & Prosthetists (must have a contract in place for inpatient/outpatient hospital services)

Advanced Practice Clinicians will be organized into two categories:

- Active Advanced Practice Clinicians – these clinicians shall consist of practitioners who have an active patient practice in the hospital. The active clinicians will have voting rights (with the exception of election of officers as defined in MS.7 Officers and Committee Chairpersons of the HYMC Medical Staff) and will be subject to meeting attendance requirements at the Med/Surg Department and Annual Staff meetings.

  Advanced Practice Clinicians on the Allied Health Professional staff who have had no hospital activity for two years shall have been deemed to have requested voluntary termination of their membership and relinquishment of clinical privileges. Future activity would require a full reapplication to the Allied Health Professional Staff.

- Affiliated Advanced Practice Clinicians – these clinicians shall consist of practitioners whose professional practice is clinic based. The affiliated clinicians may provide in hospital consultative services. The affiliated clinicians will not have voting rights and will not be subject to meeting attendance requirements.

III. PROCEDURE FOR APPROVAL OF A NEW DISCIPLINE OF ALLIED HEALTH PROFESSIONAL

a.) Request: A request to establish a new AHP discipline should:

1. include a statement outlining the need for the discipline;
2. include the statement of qualifications required under Part IV below;
3. and the description of the scope of services.

Requests must be submitted in writing to the Medical Executive Committee. The request will not be considered unless the HYMC Board's Medical Staff Development Plan permits.

b.) Review and Recommendations: The Medical Executive Committee (MEC) shall review the request and shall transmit its recommendation on the discipline, the statement of qualifications, and the scope of services to the Board of Directors.

If the recommendation of MEC is not unanimous, the nature of and reason for the dissenting view must be documented and transmitted with the majority's recommendation. The Board of Directors shall review the recommendations and any dissenting views. It shall refer the matter back for input as appropriate to the applicable Department Chairperson for additional input and subsequent recommendation or shall take action to recommend or deny the request.

IV. QUALIFICATIONS OF ALLIED HEALTH PROFESSIONALS

Every AHP who applies for appointment and reappointment must demonstrate to the satisfaction of the appropriate authorities of the Medical Staff and of the Hospital the following qualifications and any additional qualifications as are set forth for his/her particular discipline of AHPs:

a.) LICENSURE
Current license, registration, certificate or such other credential, if any, as may be required by Wisconsin state law.

b.) PROFESSIONAL EDUCATION AND TRAINING
As defined by the minimum threshold criteria to request core privileges as defined for each specific discipline.

c.) EXPERIENCE AND PROFESSIONAL PERFORMANCE
Current experience and documented evidence of the ability to provide patient care services at an acceptable level of quality and efficiency in each Hospital setting where specified services are or will be provided.

d.) COOPERATIVENESS
Ability to work cooperatively with others in the Hospital environment, specifically to include refraining from conduct which over time constitutes a pattern of disruption such as to adversely affect the quality or efficiency of patient care services in the Hospital.

e.) SATISFACTION OF OBLIGATIONS
Satisfactory compliance with the obligations outlined in Section VII of these policies.

f.) PROFESSIONAL ETHICS AND CONDUCT
To be of high moral character and to adhere to generally recognized standards of professional ethics.

g.) HEALTH STATUS

Physical or Mental Impairment: AHPs should be free of any mental or physical impairment with or without accommodation that could interfere with the performance of all or any of the specified services requested or granted, unless reasonable accommodations can be made for such impairment consistent with the interests of sound patient care.

In the event of such a physical or mental impairment, the AHP shall promptly notify the appropriate Department Chairperson so that a determination can be made as to whether or not there is reasonable accommodation that can be made for the impairment that will permit the AHP to continue his/her duties.

Substance / Chemical Abuse: To be free from abuse of any type of substance or chemical that interferes with, or presents a reasonable probability of interfering with, the AHPs ability to satisfy any of the qualifications required by Section IV or his/her ability to perform all or any of the specified services requested or granted.

h.) COMMUNICATION SKILLS
Ability to read, write and understand the English language, to communicate in the English language in an intelligible manner, and to prepare any authorized medical record entries and other required documentation in a legible manner.

i.) FOR HOSPITAL EMPLOYMENT
Hospital employees must satisfy any additional requirements applicable to employment by the Hospital.

j.) PROFESSIONAL LIABILITY INSURANCE
Professional liability insurance coverage must be issued by a recognized company-and of a type and in an amount equal to or greater than the limits required by Wisconsin Statutes.

V. EFFECTS OF OTHER AFFILIATIONS

No AHP shall be automatically entitled to specified services merely because he/she:

a.) is authorized to practice in this or in any other state; or
b.) is a member of any professional organization; or
c.) is certified by any board; or
d.) had, or presently has, those specified services at another healthcare facility or in another practice setting; or
e.) had, or presently has, those specified services or is employed at this Hospital; or
f.) is or is about to become affiliated with a practitioner or another AHP who is, or with a group of practitioners or AHPs one or more of whose members are, affiliated with the Hospital through employment, contract, Medical Staff appointment or otherwise.

VI. PREROGATIVES OF ALLIED HEALTH PROFESSIONALS

The prerogatives of an AHP are to:

a.) Perform such specified services in accordance with the granted clinical privileges or scope of practice under the degree of supervision or direction of a physician member of the Medical Staff and consistent with any limitations stated in the policies governing the AHP's practice in the Hospital and any other applicable Medical Staff or Hospital policies.

b.) Serve on committees, if so appointed.

c.) Attend, when invited, to clinical meetings of the Medical Staff, a Department or other clinical unit when appropriate to his/her disciplines.

d.) Attend education meetings of the Medical Staff, a Department or other clinical unit, or the Hospital.

e.) Exercise such other prerogatives as the MEC, with the approval of the Board of Directors, may afford AHPs in general or a specific discipline of AHPs.

VII. 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 appropriate at facilities such as the Hospital.

b.) Retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient in the Hospital for whom he/she is providing specified services and, when necessary and as appropriate to the circumstances of the case, either arrange or alert the principal attending practitioner of the need to arrange a suitable alternative for such care and supervision.

c.) Participate in quality performance/improvement activities appropriate to his/her discipline and in discharging such other functions as may be required from time to time.

d.) When requested, attend clinical and educational meetings of the Medical Staff and of the Department and any other clinical units with which he/she is affiliated and any individual conference requested by any applicable Department Chairperson, medical director of a special unit, or Hospital Department Director.

e.) Abide by the Medical Staff Bylaws, policies/procedures, and Organization and Functions Manual, this policy and those attached hereto specific to his/her particular discipline, and all other lawful standards, and hospital policies.

f.) Prepare and complete in a timely fashion, as appropriate and authorized, those portions of patients' medical records documenting services provided and any other required records.

g.) Immediately notify the Department Chairperson of:

1.) any criminal charges brought against the AHP (other than minor traffic violations not involving a DUI charge);

2.) any change made or formal action voluntarily or involuntarily initiated that could result in a change in the status of his/her license/certificate to practice, professional liability insurance coverage, employment by or other affiliation with a physician identified as one who supervises the AHP, and affiliation with or specified services at other institutional affiliations where he/she provides specified services.

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 specified services authorized within the Hospital.

i.) Abide by the ethical principle of his or her profession.

j.) Participate as a member of an organized health care arrangement in coordinating and supporting patient health information privacy and security practices as stated in the "Notice of Privacy Practices" and as required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA).

As warranted by the circumstances, failure to satisfy any of these obligations is grounds for termination or non-renewal of staff appointment and clinical privileges, or for such other disciplinary action as deemed appropriate under Part Four of these Policies.

VIII. TERMS AND CONDITIONS OF AFFILIATION

An AHP shall be individually assigned, as appropriate, to the clinical Department and/or Hospital Department appropriate to his/her professional training and authorized scope of services and is subject to an initial probationary period, formal periodic reviews and disciplinary procedures as set forth in Parts Three and Four of these Policies.

An AHP's provision of specified services within any Department is subject to the rules and regulations of that Department, and to the authority of the Chairperson thereof. The quality and efficiency of the care provided by AHPs within any such Department shall be monitored, and reviewed as part of the regular Medical Staff and/or Hospital mechanisms.

The specified services authorized for an AHP shall automatically terminate if the clinical privileges of his/her supervising physician are terminated or not renewed. Similarly, an AHP's specified services shall be automatically suspended effective upon and for the same term as suspension of the clinical privileges of his/her supervising physician.

IX. SCOPE OF SPECIFIED SERVICES

Notwithstanding the apparent scope of specified services permitted to any particular discipline of AHPs or any individual AHP under state or federal regulations or licensure, limitations may be placed on the AHPs authorized scope of services in the Hospital as deemed necessary either for the efficient and effective operation of the Hospital or any of its departments or services, or for management of personnel, services and equipment, or for quality or efficient patient care, or as otherwise deemed by the Board of Directors to be in the best interests of patient care in the Hospital.

X. SPECIAL PROVISIONS FOR ADVANCED PRACTICE NURSE PRESCRIBERS

1. Advanced Practice Nurse Prescribers (NP, CNS, CRNA) must meet the criteria set forth in Wisconsin State Statutes relative to "Prescriptive Authority".

2. APNP's must have a physician agree to work in collaboration with them and must have a copy of the signed collaborative agreement on file as part of the appointment and reappointment processes. The collaborating physician must be credentialed as an Active, Courtesy or Affiliated Staff member and privileged to practice at HYMC. Collaboration is defined as described under Medicare Part B (latest update December 15, 2001), Federal definition.

   Collaboration – Collaboration is a process in which an APNP works with one or more physicians (MD or DO) to deliver health care services, with medical direction and appropriate supervision as required by the law of the State in which the services are furnished.

   In the absence of State law governing collaboration, collaboration is to be evidenced by APNPs documenting their scope of practice and indicating relationships that they have with physicians to deal with issues outside their scope of practice.

3. Supervision of CRNAs will consist of working in a collaborative relationship with a physician. The collaborative relationship is a process in which a CRNA is working with a physician, in each other's presence when necessary, to deliver health care services within the scope of the practitioner's professional expertise.

   Preoperative anesthetic evaluation shall be performed by the CRNA with assessment of the patient's health status as it relates to the relative risks involved with anesthetic management of the patient during the performance of an operative procedure.

   The CRNA shall develop a plan of anesthesia and shall implement the appropriate anesthetic plan. The CRNA shall take corrective action to counteract problems that may develop during implementation of the anesthesia plan. The surgeon and/or the physician in charge of the patient's medical care shall be responsible for diagnosing new medical problems associated with the patient's care. The anesthetist shall inform and consult with the surgeon and/or the physician in charge of the patient's medical care regarding medical complications during implementation of the patient's surgery or anesthesia plan. The CRNA shall provide necessary post-anesthesia care and shall discuss potential complications or conditions requiring further treatment with the surgeon and/or the physician in charge of the patient's medical care.

4. NPs and CNSs may request privileges for inpatient practice consistent with their collaborating physician's department affiliation; however, they will not be privileged to admit patients.

   They may treat inpatients but only under the supervision of a physician credentialed as an Active, or Courtesy Staff member at HYMC.

XI. RESTRICTIONS ON SERVICES

Allied Health Professionals may have a collaborative/supervisory relationship with a physician credentialed as an Affiliated Staff member at HYMC. The AHPs scope of services will be limited to the following:

1. may provide consultations at the request of the attending physician;
2. may provide pre-procedural history and physical examinations;
3. may order but not perform outpatient diagnostic procedures;
4. may order but not perform therapeutic procedures.

XII. RESTRICTIONS ON SERVICES WAIVED IN AN EMERGENCY

In case of an emergency in which serious permanent harm or aggravation of injury or disease is imminent, or in which the life of a patient is in immediate danger, and any delay in administering treatment could add to that danger, an AHP is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the AHPs license or certificate but regardless of scope of specified services. In such an emergency, the AHP is obligated to summon all consultative assistance deemed necessary and to relinquish care of the patient when a physician or other more qualified professional arrives.

XIII. SUPERVISING PHYSICIAN'S OBLIGATIONS

A physician supervising an AHP in the care of the patient is obligated to comply with the following:

a.) Accept full legal and ethical responsibility for the AHP's performance if the AHP is not a Hospital employee;

b.) the correction and resolution of any problems that may arise;

c.) be physically present or immediately available by telephone to provide further guidance when the AHP performs any task or function, except in life-threatening emergencies;

d.) maintain ultimate responsibility for directing the course of the patient's medical treatment;

e.) assure that the AHP provides specified services in accordance with accepted medical standards;

f.) provide active and continuous overview of the AHPs activities in the Hospital to ensure that directions and advice are being implemented;

g.) abide by all polices and rules governing the use of AHPs in the Hospital, including refraining from requesting that the AHP provide specified services beyond, or that might reasonably be construed as being beyond, the AHP's authorized scope of practice in the Hospital;

h.) immediately notify the Department Chairperson and the Medical Staff Office in the event any of the following occur:

1.) The scope or nature of his/her professional arrangement with the AHP changes;

2.) His/her approval to supervise the AHP is revoked, limited, or otherwise altered by action of the applicable state licensing authority;

3.) Notification is given of investigation of the AHP or of his/her supervision of the AHP by the applicable state licensing authority;

4.) His/her professional liability insurance coverage is changed insofar as coverage of the acts of the AHP is concerned.

i.) obtain consents from all patients to be treated by the AHP in accordance with such rules and regulations pertaining thereto as may be adopted by the Hospital from time to time and as are required under Wisconsin state law;

j.) comply with all laws and regulations and all policies specific to the particular discipline of AHPs as appended to these policies governing his/her supervision of the AHP.

k.) to ensure that the AHP has been properly oriented to hospital services and applicable policy and procedures.

XIV. IDENTIFICATION

At all times while on Hospital premises, the AHP shall wear a picture identification.

PART TWO: APPLICATION PROCEDURE FOR ALLIED HEALTH PROFESSIONALS

I. APPLICATION AND CONSENT

Application for specified services must be submitted by the AHP in writing, signed, and on the Hospital approved form. The applicant must furnish complete information concerning at least the following:

a.) **Personal Information**: Full name, social security number, addresses and telephone numbers for office and residence.

b.) **Physician Supervision Information**: For supervised AHPs, the name of the physician/group who employs the AHP and designated to supervise the AHP. Each such physician or group leader must sign the supervising physician acknowledgment form accompanying the application and delineation of specified services form for the AHP.

c.) **Education**: School name and location, major degrees awarded, and dates attended for all undergraduate and/or professional/other graduate schools relevant to the category of allied health professional for which applying.

d.) **Postgraduate/Continuing Education**: Institution/school name, dates attended and completed, and if applicable, program director.

e.) **Professional Licenses/Registration/Certifications**: Prior and current professional state licenses; if applicable, DEA registration, if applicable, date of certification by the professional college or specialty board, where applicable (e.g., National Commission on Certification of Physician Assistants), and other professional certifications, where applicable.

f.) **Chronology of Professional Career** (all present and prior): Hospital affiliations, other institutional affiliations, employment with solo, group, partnership practice. Information must include affiliation name, nature and location of each, inclusive dates, and experience at each in the specified services being requested. The chronology must cover all periods from professional education and training to current.

g.) **Professional Society Memberships**: Current and pending.

h.) **Disciplinary Actions** (pending and completed): Denials, revocations, limitations, probation, non-renewals, voluntary relinquishments (A voluntary relinquishment or voluntary non-renewal is for disciplinary reasons when the relinquishment or non-renewal is done to avoid an adverse action, preclude an investigation, or is done while the licensee is under investigation related to professional conduct.) of or withdrawals of application for any of the following: professional registration/license/certificate, academic, appointment, hospital/other institutional affiliation, authority to provide services, professional society membership, board certification, professional liability insurance; full details of each to be provided.

i.) **Professional Liability Insurance**: Names of present and past insurance carriers, appropriate coverage amounts; any claims, suits, settlements or arbitration proceedings pending or concluded with appropriate details; covering occurrences in practice over the past 5 years.

j.) **Health Status**: Attestation of health status (which means mental, physical, emotional health and stability) to exercise the services requested in a safe and competent manner (with reasonable accommodation). Additional details as indicated on the health assessment questionnaire shall be assessed following a favorable recommendation for appointment by the Medical Executive Committee.

k.) **Completed Background Information Disclosure Form** as required under the provisions of sections 48.685 and 50.065 of the Wisconsin State Statutes.

l.) **Notification** of the authorization, release and immunity provisions of the Medical Staff Bylaws and their applicability to consideration of the AHPs application and his/her provision of specified services in the Hospital and evidence of the applicant's agreement with them.

m.) **APN Collaborative Agreement** must be completed by the APN and the collaborating physician.

n.) **Supervising physician acknowledgment** to assume and carry out the obligations required by the policies specific to the particular discipline involved.

o.) **References**:
Advanced Practice Clinicians: The names of at least two (2) professionals (at least one should be in the AHPs own discipline when available) who have personal knowledge of the applicant's current clinical ability, ethical character, health status and ability to work cooperatively with others and who will provide specific written comments on these matters upon request from Hospital or Medical Staff authorities. The named individuals must have acquired the requisite knowledge through recent (within the past two years) observation of the applicant's professional performance over a reasonable period of time.

In addition, if the applicant completed a training program within the last three years, a reference will be requested from the program director where training was obtained. A reference will also be requested from the collaborating/supervising physician from the applicant's most recent employment.

Authorized Providers*:* The name of the applicant's current , or most recent, supervising physician or professional healthcare provider who can attest to the applicant's current clinical ability, ethical character, health status and ability to work cooperatively with others.

p.) **Such other information or references** as may be established in the specific policies governing the discipline of AHP for which application is being made.

II. EFFECT OF APPLICATION

The AHP must sign the application and in so doing:

a.) Attest to the correctness and completeness of all information furnished and acknowledges that any misstatement or misrepresentation in or omission from the application, whether intentional or not, constitutes grounds for denial of specified services or for automatic revocation of previously authorized services in the event they were granted prior to the discovery of the misstatement, misrepresentation, or omission;

b.) Signifies his/her willingness to appear for interviews in connection with the application.

c.) Agrees to abide by the terms of these policies, the related manuals, rules, regulations, policies and procedure manuals of the Medical Staff and those of the Hospital.

d.) Agrees to maintain ethical behavior and to refrain from misrepresenting his/her position, status or scope of authorized service to any patient, Hospital visitor, Hospital employee, Medical Staff members, or any other person affiliated with or coming in contact with the Hospital;

e.) Agrees to notify, promptly and in writing, the Department Chairperson or his/her designees and the Medical Staff Office, of any change in any of the information provided on the application;

f.) Authorizes and consents to Hospital representatives consulting with prior associates or others who may have information bearing on professional or ethical qualifications and competence and consents to their inspecting all records and documents that may be material to evaluation of said qualifications and competence;

g.) Releases from any liability all those who review, act on or provide information regarding the AHPs background, experience, clinical competence, professional ethics, character, health status, and other qualifications.

For the purpose of this section, the term "hospital representative" means: the Board of Directors of the Hospital and any member or committee thereof; the Hospital President or his/her respective designees; the Medical Staff and any member, officer, or committee thereof; employees of the Hospital; and any individual authorized by any appropriate authority of the Medical Staff or Hospital to perform specific information gathering, analysis, use or disseminating functions.

III. PROCESSING THE APPLICATION

A. ALLIED HEALTH PROFESSIONAL'S BURDEN AND PROOF OF IDENTITY

AHP's Burden: The AHP and his/her supervising/collaborating physician, if applicable, have the burden of producing adequate information for a proper evaluation of the AHPs 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.

B. VERIFICATION OF INFORMATION

The completed application, accompanied by a list of the requested clinical privileges or scope of practice 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. The Medical Staff Office staff will organize and coordinate the collection and verification of the references, licensure, certification, education, training, affiliations and other qualifications, and promptly notify the AHP and, when applicable, the supervising/collaborating physician in writing of any gaps or additional information the AHP is to provide in the appropriate time frame. Failure to provide the information within the required time frame is deemed a withdrawal of the application, unless the Hospital Department Director or Department Chairperson determines that the failure to respond was caused by circumstances beyond the control of the AHP. When collection and verification is accomplished, the Medical Staff Office shall notify the applicable Hospital Department Director (when appropriate) and the applicable Department Chairperson that the application and all supporting material are available for review.

C. HOSPITAL DEPARTMENT EVALUATION AND MEDICAL STAFF DEPARTMENT EVALUATION

Each applicable Hospital Department Director and each applicable Medical Staff Department Chairperson, or their respective designees, shall review the application and its supporting documentation and forward their recommendation to the Medical Executive Committee on the prescribed form.

The applicable Hospital Department Director and/or applicable Medical Staff Department Chairperson, or their respective designees, may also interview the AHP.

If the Hospital Department Director or Department Chairperson requires further information, he/she may defer transmitting their recommendation. In case of a deferral, the Department Chairperson and Director shall notify, through the Medical Staff Office the AHP of the deferral. If the AHP is to provide the additional information or a specific release/authorization to allow Hospital representatives to obtain information, the notice to him/her must so state, and must include a request for the specific data/explanation or release/authorization required and the deadlines for response.

Failure to respond in a satisfactory manner by that date is deemed a withdrawal of the application, unless the Hospital Department Director or Department Chairperson determines that the failure to respond was caused by circumstances beyond the AHPs control.

D. MEDICAL EXECUTIVE COMMITTEE EVALUATION

The Medical Executive Committee (MEC) reviews the supporting documentation, along with any applicable reports from the Hospital Department Directors, the Department Chairpersons, and any other relevant information available to it. The MEC shall take one of the following actions on the application with the effect as described:

1. Deferral: If the MEC requires further information, it may defer transmitting its report, and it must notify the AHP and, when applicable, the supervising/collaborating physician, through the Medical Staff Office of the deferral. If the AHP is to provide the additional information or a specific release/authorization to allow Hospital representatives to obtain information, the notice to him must so state and must include a request for the specific data/explanation or release/authorization required and the deadline for response.

   Failure to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application, unless the MEC determines that the failure to respond was caused by circumstances beyond the AHP's control.

2. Favorable Recommendation: A favorable MEC recommendation shall be promptly transmitted to the Board of Directors with the AHPs application and information, and shall be acted on as set forth in Part Two III F below.

   If an application meets the requirements for an expedited appointment, the Medical Executive Committee may recommend that the application and supporting documentation be reviewed by a subcommittee of the Board of Directors, to include three voting members, in lieu of the regularly scheduled Board of Directors meeting.

3. Adverse Recommendation: If the MEC recommendation is adverse to the AHP, the President of the Medical Staff shall promptly so inform the applicant by special notice, and he/she shall be entitled to the procedural rights as provided in Part Four of this policy.

E. EXPEDITED APPROVAL PROCESS

An expedited process allows for a subcommittee of the Board to grant approval of an appointment and/or clinical privileges/scope of practice. In the event any of the following has occurred, an applicant will be ineligible for the expedited process:

- The application is incomplete;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation.

The following situations are evaluated on a case-by-case basis and may result in ineligibility for the expedited process:

- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of allied health staff membership at another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- There has been a payment by, or on behalf of an applicant, in settlement of or satisfaction in whole or in part, of a claim or judgment against such practitioner.

F. BOARD OF DIRECTOR'S ACTION

If, in its deliberations pursuant to Part F, the Board of Directors determines that it requires further information, it may defer action but generally for not more than 60 days except for a good cause, and it shall notify the AHP, the supervising/employing physician when applicable, and the President of the Medical Staff in writing of the deferral and the grounds.

If the AHP is to provide additional information or a specific release/authorization to allow Hospital representatives to obtain information, the notice to him/her must so state and must include a request for the specific data/explanation or release/authorization required and the deadline for response.

Failure to respond in a satisfactory manner by that date is deemed a withdrawal of the application, unless the Board of Directors determines that the delay was due to circumstances beyond the AHP's control.

1. On Favorable Recommendation: The Board of Directors or the Subcommittee of the Board of Directors may adopt or reject, in whole or in part, a favorable MEC recommendation or refer the recommendation back to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made back to the Board of Directors.

   If the Board of Directors action is favorable to the AHP, it is effective as the final decision and a letter is sent to the applicant informing him/her of this action.

2. Adverse Recommendation: If the Board of Directors action is adverse to the AHP, the President of the Medical Staff shall promptly so inform the applicant by special notice, and he/she shall be entitled to the procedural rights as provided in Part Four of this policy.

PART THREE: RE-EVALUATION PROCEDURES FOR ALLIED HEALTH PROFESSIONALS

I. MONITORING PERIOD FOR ALLIED HEALTH PROFESSIONALS

A. APPLICABILITY, DURATION AND CONDITIONS

For purposes of these policies, each AHP-shall be subject to a monitoring period for a period of three to six months to determine clinical/technical competence and evaluate overall quality, timeliness and appropriateness of care and treatment.

The monitoring period may be in conjunction with the Medical Staff Proctoring Program MS.12.5.

Any grant of additional clinical privileges to an existing AHP shall also be subject to a review period as determined by the Department Chairman. A Hospital-employed AHP is also subject to such terms and conditions of probation as set forth in the Hospital's Human Resources policies.

B. REQUIREMENTS FOR SUCCESSFUL CONCLUSION OF PROVISIONAL PERIOD

Prior to the end of the monitoring period, a performance evaluation from the department director and/or supervising/collaborating physician, a summary of significant findings from quality assessment/ improvement activities and other relevant information concerning the AHP's satisfaction of the obligations set forth in Part One VII (Obligations of AHP Professionals) of these policies shall be assessed for continued membership.

Prior to the end of the monitoring period, the appropriate Department Chairperson shall review the information on the AHPs practice and transmit a statement to the Medical Executive Committee as to whether or not, based on that information, the AHPs clinical performance is acceptable and whether or not he/she has observed or been informed of, or is otherwise aware of, any rule, procedure or protocol violations, failure to satisfy obligations, or any other incidents that have occurred in connection with the AHPs provision of specified services in the Hospital that indicate actual or potential problems.

The Medical Executive Committee shall make a determination as to whether the review period has or has not been successfully completed or whether an extension of defined duration is appropriate. The AHP will be informed in writing as to whether their review period has or has not been successfully completed.

II. BI-ENNIAL REAPPOINTMENT FOR ALLIED HEALTH PROFESSIONALS

At least ninety (90) days prior to the AHPs biennial reappointment date, the AHP must review and update the information on the reapplication form, , and submit a request for the specified privileges/scope of practice requested for the upcoming term, including any basis for changes from the specified privileges/scope of practice currently authorized.

Failure without good cause to return the reapplication form shall be deemed a voluntary relinquishment of staff membership and clinical privileges at the expiration of the member's current term of appointment.

The Medical Staff Office will compile for the AHPs file information regarding his/her satisfaction of the obligations attendant to his/her affiliation with the staff and the frequency, quality and efficiency of services he/she is providing. Processing is as described in Part Two III C. through III. F. of these policies.

If an AHP has been appointed to the staff to provide locum tenens services and has not provided services within the previous two years, the AHP will not be eligible for reappointment, unless specifically requested by the Hospital Department Director, and shall be deemed to have voluntarily relinquished their membership and clinical privileges at the expiration of their current term of appointment.

PART FOUR: DISCIPLINARY ACTION PROCEDURES FOR ALLIED HEALTH PROFESSIONALS

I. CRITERIA FOR INITIATING

Criteria for initiating routine, summary or automatic suspension of an AHPs delineated privileges are the same as provided in the Medical Staff Credentialing policy/procedures for instituting such action against a Medical Staff member or a practitioner with clinical privileges. Authorized initiating parties are also the same, plus the director of any applicable Hospital services. In addition, an AHPs violation of any provision of these policies or of any staff or hospital rule, policy or procedure relating to his/her particular discipline may be grounds for automatic and permanent revocation of the AHPs affiliation or delineated privileges.

If an AHP's employment by or affiliation with the supervising/collaborating member of the Medical Staff is terminated, said Medical Staff members shall notify the Medical Staff Office of the termination including the reason for the termination. During review of the circumstances surrounding the termination, the AHP's delineated privileges may not be exercised. If it is determined that the AHP is eligible for continued staff appointment, the AHP must provide evidence of new employment by, or affiliation with, a supervising/collaborating member of the medical staff.

Staff appointment and privileges will automatically terminate if the AHP does not meet staff requirements at the time of their next scheduled reappointment.

A hospital-employed AHP is also subject to such policies concerning discipline and termination of employment as set forth in the Hospital's Human Resources policies.

II. PROCESSING INDEPENDENT & NON-HOSPITAL EMPLOYED ALLIED HEALTH PROFESSIONALS

When disciplinary or an adverse action is proposed or has been taken against an AHP, the Medical Staff President promptly notifies him or her and his/her supervising/collaborating physician when applicable, by special notice.

If further processing is required, the matter shall be referred to the applicable Department Chairperson, or to the Credentials Committee and further processing shall follow the procedures set forth in Part Two III. C. through III F. of these policies as applicable.

Except as required by law, nothing contained in this Policy shall be interpreted to entitle an Allied Health Professional to the hearing and appeal rights in the Medical Staff Bylaws.

When applicable, an AHP who is the subject of an adverse action must first attempt resolution with his/her supervising physician.

Any problem which is not satisfactorily resolved in this manner should be put in writing and brought to the relevant Department Chairman within seven (7) days of the adverse action. The Department Chairman will review all aspects of the situation and provide a written decision to the AHP and supervising physician within seven (7) days.

If the problem is not resolved at this level, the AHP may request, in writing, a Medical Executive Committee review. The Medical Executive Committee has the option to appoint a fact-finding committee to investigate the problem and recommend appropriate action. The Medical Executive Committee will provide a written decision to the AHP and the supervising physician within seven (7) days.

Following action by the Medical Executive Committee, the AHP may request, in writing, a review by the Hospital President. The Hospital President will review all circumstances and provide a written decision to the AHP. This decision will be final.

III. PROCESSING HOSPITAL EMPLOYED ALLIED HEALTH PROFESSIONALS

When disciplinary action involving a hospital-employed AHP is proposed or required to be taken under the criteria set forth in Part Four I, the matter shall be referred to the Director of Human Resources for processing in accordance with Human Resources procedures.

PART FIVE: REAPPLICATIONS AND MODIFICATION OF PRIVILEGES

I. REAPPLICATION AFTER ADVERSE CREDENTIALS DECISIONS

Except as otherwise determined by the Medical Executive Committee in light of exceptional circumstances, an AHP who has received a final adverse decision, or who has voluntarily resigned or withdrawn an application for specified services, is not eligible to reapply for services for a period of one (1) year from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal.

Any such reapplication must include the information as required under Part Two 1. of these policies, must be processed as an initial application, and must include such additional information as the applicable authorities of the Medical Staff and the Board may reasonably require in demonstration that the basis for the earlier adverse action no longer exists. If such information is not provided, the reapplication will be considered incomplete and will not be further processed. No AHP may submit or have in process at any given time more than one application for services.

II. REQUESTS FOR MODIFICATION OF DELINEATED PRIVILEGES

AHP's may, either in connection with reappointment or at any other time, request modification of delineated privileges by submitting a written request to the Medical Staff Office. A modification request must contain all pertinent information supportive of the request and is processed as set forth in Part Two III C. through III F. of these policies, including such verification with primary sources external to the hospital and compilation of such internal data as necessary to properly evaluate the request.

An AHP who determines to no longer exercise particular delineated privileges which he/she has been granted, shall send written notice of the same, through the Medical Staff Office, identifying the particular privileges involved and, as applicable, the restriction or limitation to the appropriate Department Director, Department Chairperson, Medical Executive Committee and Board of Directors.

PART SIX: AMENDMENT

Proposed amendments to the policies governing Allied Health Professionals shall be conducted in accordance with Medical Staff Bylaws, Article VII, Review, Revision, Adoption and Amendment.