

SACRED HEART HOSPITAL

EAU CLAIRE, WISCONSIN

**POLICY ON ALLIED
HEALTH PROFESSIONALS**

Revised: July 14, 2016

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ADOPTION AND APPROVAL

This Policy on Allied Health Professionals is adopted and made effective upon approval of the Board of Directors of Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis, 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:

President of the Medical Staff

(Date)

Approved by the Board of Directors of Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis:

Chairperson of the Board

(Date)

ARTICLE I

DEFINITIONS

The following definitions shall apply to terms used in this policy:

- (1) “Allied health professional” means an individual, other than a licensed physician, dentist or podiatrist, whose patient care activities require that his or her authority to perform specific patient care services or to exercise specific clinical privileges or a scope of practice be processed through Medical Staff channels or with involvement of Medical Staff representatives.
- (2) “Appointee” means any physician, dentist and podiatrist who has been granted Medical Staff appointment and clinical privileges by the Board to practice at the hospital.
- (3) “Authorized representatives” means any persons who have responsibility for obtaining or evaluating credentials, acting upon applications, or conducting professional review activity, including governing Board members, Medical Staff appointees or committee members, hospital employees, consultants and legal counsel.
- (4) “Automatic relinquishment” of clinical privileges or scope of practice means a lapse in clinical privileges or scope of practice deemed to automatically occur as a result of stated conditions.
- (5) “Board” means the Board of Directors of Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis.
- (6) “Chief Executive Officer” or “CEO” means the individual appointed by the Governing Board to act on its behalf in the overall management of the Hospital.
- (7) “Clinical privileges” or “privileges” means the authorization granted by the Board to an applicant, Medical Staff appointee, other independent practitioner, or allied health professional to render specific patient care services in the hospital within defined limits.
- (8) “Collaborating practitioner” means a member of the Medical Staff with clinical privileges, who has agreed in writing to collaborate with an allied health professional requiring collaboration.
- (9) “Collaboration” means a process involving two or more health care professionals working together and, when necessary, in each other’s presence, and in which

each health care professional contributes his or her expertise to provide more comprehensive care than one health care professional can offer alone.

- (10) “Dentist” shall be interpreted to include a doctor of dental surgery (“D.D.S.”) and doctor of dental medicine (“D.M.D.”).
- (11) “Federal health program” means Medicare, Medicaid or any other federal or state program providing health care benefits which is funded directly or indirectly by the United States government.
- (12) “Hospital” means Sacred Heart Hospital of the Hospital Sisters of the Third Order of St. Francis.
- (13) “Medical Executive Committee” means the Executive Committee of the Medical Staff.
- (14) “Medical Staff” means all physicians, dentists and podiatrists who are granted appointment and, when appropriate, privileges by the Board to treat patients at the hospital and who collectively perform duties delegated to them by the Board as described in applicable Medical Staff bylaws documents, policies, rules and regulations and corporate documents.
- (15) “Physicians” shall be interpreted to include both doctors of medicine (“M.D.s”) and doctors of osteopathy (“D.O.s”).
- (16) “Podiatrist” shall be interpreted to mean a doctor of podiatric medicine (“D.P.M.”).
- (17) “Scope of practice” means the authorization granted by the Board or the CEO, as applicable, to allied health professionals to perform certain clinical activities, tasks and functions under the supervision of, or in collaboration with, a supervising/collaborating practitioner.
- (18) “Supervising practitioner” means a member of the Medical Staff with clinical privileges, who has agreed in writing to supervise an allied health professional requiring supervision and to accept responsibility for the actions of the allied health professional while that individual is practicing in the hospital.
- (19) “Third parties” includes, but is not limited to, other hospitals, health care facilities/entities, government agencies, former employers, insurers, and managed care plans.

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

Section 1. Scope of Policy and Categories of Allied Health Professionals:

- (a) This policy addresses those allied health professionals who are permitted to practice or provide services at the hospital and its facilities (Appendix A).
- (b) Only those classes of allied health professionals that have been approved by the Board shall be permitted to practice at the hospital. When the Board determines 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 Board shall amend existing policy or adopt a separate policy that establishes the minimum qualifications that must be demonstrated by such individuals, as well as the authorized privileges or scope of practice and supervision/collaboration requirements, if applicable, for those professionals 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) This policy shall be supplemented by separate policies as referenced in paragraph B above. These separate policies shall set forth: (1) any specific qualifications and/or training that the allied health professional must possess beyond those set forth in this policy; (2) a detailed description of the allied health professional's authorized clinical privileges or scope of practice; (3) any specific conditions that apply to the allied health professional's functioning within the hospital; and (4) all supervision/collaboration requirements, if applicable.

Section 2. Process for Determining Need for a New Category of Allied Health Professionals:

- (a) Whenever an allied health professional requests to practice at the hospital and the Board has not already approved that specific category of practitioner, the CEO shall refer the matter to the Allied Health Professionals Review Panel to evaluate the need for that specific category of allied health professionals. The Allied Health Professionals Review Panel shall report to the Medical Executive Committee, which shall make a recommendation to the Board for final action.
- (b) As part of the process of determining need, the allied health professional shall be invited to submit information about the nature of the proposed practice, the reason access to the hospital is sought, and the potential benefits to the community of having such services available at the hospital.

- (c) The Allied Health Professionals Review Panel may consider the following factors when making a recommendation as to the need for the services of a specific category of allied health professionals:
- (1) the nature of the services that would be offered;
 - (2) any state license or regulation which outlines the specific patient care services and/or activities that the allied health professionals are authorized by law to perform;
 - (3) any state “nondiscrimination” or “any willing provider” laws that would apply to the allied health professionals;
 - (4) the patient care objectives of the hospital, including patient convenience;
 - (5) the community’s needs and whether those needs are currently being met or could be better met if the services offered by the allied health professionals were provided at the hospital;
 - (6) the type of training that is necessary to perform the services that would be offered and whether there are individuals with more training currently providing those services;
 - (7) the availability of supplies, equipment, and other necessary hospital resources;
 - (8) the need for, and availability of, trained staff to support the services that would be offered; and
 - (9) the ability to appropriately supervise performance and monitor quality of care.

Section 3. Additional Recommendations:

- (a) If the Allied Health Professionals Review Panel makes a recommendation that there is a need for the particular category of allied health professionals at the hospital, it shall also recommend:
- (1) any specific qualifications and/or training that must be possessed beyond those set forth in this policy;
 - (2) a detailed description of a scope of practice or clinical privileges;
 - (3) any specific conditions that apply to practice within the hospital; and
 - (4) any supervision/collaboration requirements, if applicable.

- (b) In developing such recommendations, the Allied Health Professionals Review Panel shall consult the appropriate clinical service chief(s) and consider relevant state law and may contact professional societies or associations. The Allied Health Professionals Review Panel may also recommend the number of allied health professionals that are needed.

ARTICLE III

APPLICATION

Section 1. Eligibility Criteria:

To be eligible to apply for initial and continued permission to practice, allied health professionals must, where applicable:

- (a) have a current, unrestricted license, certification or registration to practice in this state and have never had a license, certification or registration to practice revoked or suspended;
- (b) have a current, unrestricted DEA registration and state controlled substance license;
- (c) be board certified by the appropriate nationally-recognized certifying body, as applicable (AHP's credentialed prior to the approval date of this Policy will be grandfathered);
- (d) be located (office and residence) within the geographic service area of the hospital, as defined by the Board, close enough to fulfill responsibilities and provide timely and continuous care for patients in the hospital;
- (e) have current, valid professional liability insurance coverage in a form and in amounts satisfactory to the hospital;
- (f) have never been convicted of Medicare, Medicaid, or other federal or state governmental or private third-party payer fraud or program abuse or have been required to pay civil penalties for the same;
- (g) have never been and are not currently excluded or precluded from participation in Medicare, Medicaid or other federal or state governmental health care program;
- (h) have never had a scope of practice or clinical privileges denied, revoked, restricted, resigned, relinquished, or terminated by any health care facility or health plan for reasons related to clinical competence or professional conduct;

- (i) have never been convicted of, or entered a plea of guilty or no contest to, any felony or any misdemeanor relating to controlled substances, illegal drugs, insurance or health care fraud or abuse, or violence;
- (j) satisfy all additional eligibility qualifications relating to their specific area of practice that may be established by the hospital; and
- (k) have a written agreement (if required) with a supervising/collaborating practitioner, which agreement must meet all applicable requirements of state law and hospital policy.

Section 2. 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 professionals may attend meetings of the Medical Staff and its clinical departments, committees, and panels if invited by the Medical Executive Committee or the presiding officer of a service, section, committee or panel.

Section 3. Factors for Evaluation:

Only those individuals who can document that they are qualified in all regards shall be granted permission to practice. The following factors will be evaluated as applicable, as part of a request for permission to practice:

- (a) relevant training, experience, demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, and clinical judgment, and an understanding of the contexts and systems within which care is provided;
- (b) adherence to the ethics of their profession, continuous professional development, an understanding of and sensitivity to diversity, and responsible attitude toward patients and their profession;
- (c) good reputation and character;
- (d) ability to work harmoniously with others, including, but not limited to, interpersonal and communication skills sufficient to enable them to maintain professional relationships with patients, families and other members of health care teams;

- (e) ability to safely and competently perform the clinical privileges or scope of practice requested; and
- (f) recognition of the importance of, and willingness to support, the hospital's commitment to quality care and a recognition that interpersonal skills and collegiality are essential to the provision of quality patient care.

Section 4. Hospital Employees:

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 administration. Where applicable, the CEO or a designee shall consult appropriate Medical Staff appointees including, but not limited to, department chairpersons, and/or committee chairpersons regarding the qualifications of those hospital employees whose responsibilities require the delineation of clinical privileges or scope of practice.

Section 5. Non-Discrimination Policy:

No individual shall be denied permission to practice at the hospital on the basis of sex, 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 6. Assumption of Duties and Responsibilities:

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 Allied Health Professionals Review Panel, Credentials Committee, Medical Executive Committee and/or the Board shall require, including:

- (a) providing appropriate continuous and timely care and supervision to all patients in the hospital for whom the individual has responsibility;
- (b) abiding by all bylaws and policies of the hospital, including all bylaws, rules and regulations of the Medical Staff as shall be in force during the time the individual is granted permission to practice in the hospital;
- (c) accepting committee and panel assignments and such other reasonable duties and responsibilities as shall be assigned;
- (d) providing to the hospital, with or without request, and, as it occurs, new or updated information that is pertinent to any question on the application form;
- (e) appearing for personal interviews as requested in regard to the application;

- (f) abiding by the terms of the Ethical and Religious Directives for Catholic Health Care Services promulgated by the National Conference of Catholic Bishops, and to perform no activity prohibited by said Directives;
- (g) refraining from illegal fee splitting or other illegal inducements relating to patient referral;
- (h) refraining from assuming responsibility for diagnoses or care of hospitalized patients for which he or she is not qualified or without adequate supervision/collaboration;
- (i) refraining from deceiving patients as to his or her status as an allied health professional;
- (j) seeking consultation whenever necessary;
- (k) promptly notifying the CEO or a designee, and the Chairperson of the Performance Improvement Committee of any change in eligibility for payments by third-party payors 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 PRO citation and/or quality denial letter concerning alleged quality problems in patient care;
- (l) abiding by generally recognized ethical principles applicable to the individual's profession;
- (m) participating in quality evaluation and performance improvement activities of the hospital;
- (n) 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;
- (o) working cooperatively with Medical Staff appointees, other allied health professionals, nurses and other hospital personnel so as not to adversely affect patient care;
- (p) participating in applicable continuing education programs;
- (q) to constructively participate in the development, review, and revision of clinical protocols and pathways pertinent to his or her specialty, including those related to national patient safety initiatives and core measures;
- (r) to comply with adopted protocols and pathways or document reasons for variance;

- (s) to immediately submit to a blood and/or urine test, or to a complete physical and/or mental evaluation, if at least two Medical Staff leaders (or one Medical Staff leader and one member of the Administrative team) are concerned with the individual's ability to safely and competently care for patients. The health care professional(s) to perform the testing and/or evaluations shall be determined by the Medical Staff leadership; and
- (t) that any misstatement in, or omission from, the application form is grounds for the hospital to stop processing the application. If permission to practice has been granted prior to the discovery of a misstatement or omission, clinical privileges or scope of practice may be deemed to be automatically relinquished. In either situation, there shall be no entitlement to the procedural rights in Article V of this policy. The individual shall be informed in writing of the nature of the misstatement or omission and permitted to provide a written response. The Allied Health Professionals Review Panel shall review the individual's response and provide a recommendation to the Credentials Committee and Medical Executive Committee. The Medical Executive Committee shall recommend to the Board whether the application should be processed further.

Section 7. 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 administration and personnel. 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.
- (b) Allied health professionals who are granted permission to practice in the hospital are expected to wear identification at all times clearly indicating their name and specialty.

Section 8. Requests for Application:

- (a) Each allied health professional applicant shall be told by the Medical Staff Office that an application will only be forwarded to an individual who can document that he or she meets the requirements of the allied health professionals' policy regarding education, training, licensure, certification and/or experience. If, based upon the Medical Staff Office's inquiry, the individual is eligible for an application, the Medical Staff Office will send the individual an application.
- (b) A completed application form with copies of all required documents must be returned to the Medical Staff Office within ninety (90) days if the individual desires further consideration. Individuals who fail to meet the threshold criteria

shall not be given an application for allied health professional consideration and shall be so informed.

Section 9. Information to be Submitted with Applications:

- (a) Application forms shall be sent from the Medical Staff Office to those individuals who return completed request for application forms and who meet the general qualifications set forth in this policy and the threshold qualifications outlined in the policy relating to their areas of practice.
- (b) 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 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 chairs and/or supervising/collaborating 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 hospital or health care facility affiliation has ever been voluntarily or involuntarily relinquished, denied, revoked, suspended, reduced, or not renewed;
 - (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, or 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. If the applicant is an employee or seeking to become a hospital employee, the Human Resource Department shall

consult with the Allied Health Professionals Review Panel concerning the privileges, functions or scope of practice requested;

- (7) information concerning the applicant's malpractice litigation experience 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 supervising/collaborating physician's registration, if applicable;
 - (13) the applicant's signature; and
 - (14) such other information as the hospital may require.
- (c) Any application that does not provide the information requested on the application form shall be deemed incomplete and shall not be considered or processed.

Section 10. Submission of Application:

- (a) Completed applications shall be submitted to the Medical Staff Office and must be accompanied by the designated non-refundable processing 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 Allied Health Professionals Review Panel.

- (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 thirty (30) 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 11. 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. In the event that allied health professional 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 from the allied health professional staff. In either situation, there will be no entitlement to the procedural rights provided in this policy.

Section 12. Grant of Immunity and Authorization to Obtain/Release Information:

By applying for permission to practice, each allied health professional expressly accepts the following conditions during the processing and consideration of the application, whether or not granted, and as an ongoing condition of practice, if granted:

- (a) Immunity:

To the fullest extent permitted by law, the individual releases from any and all liability, extends absolute immunity to, and agrees not to sue the hospital, any appointee to the Medical Staff, their authorized representatives, and appropriate third parties for any matter relating to scope of practice or clinical privileges or the individual's qualifications for the same. This includes any actions, recommendations, reports, statements, communications, or disclosures involving the individual which are made, taken, or received by the hospital, its authorized agents, or appropriate third parties.

(b) Authorization to Obtain Information from Third Parties:

The allied health professional specifically authorizes the hospital, Medical Staff leaders, and their authorized representatives (1) to consult with any third party who may have information bearing on the individual's professional qualifications, credentials, clinical competence, character, ability to perform safely and competently, ethics, behavior, or any other matter reasonably having a bearing on his or her qualifications for scope of practice or clinical privileges, and (2) to obtain any and all communications, reports, records, statements, documents, recommendations or disclosures of third parties that may be relevant to such questions. The individual also specifically authorizes third parties to release this information to the hospital and its authorized representatives upon request.

(c) Authorization to Release Information to Third Parties:

The individual also authorizes hospital representatives to release information to other hospitals, health care facilities, managed care organizations, and their agents when information is requested in order to evaluate his or her professional qualifications for scope of practice, clinical privileges, and/or participation at the requesting organization/facility.

(d) Procedural Rights:

Each allied health professional agrees that the procedural rights set forth in this policy shall be the sole and exclusive remedy with respect to any professional review action taken by the hospital.

(e) Legal Actions:

If, notwithstanding the provisions in this Section, an individual institutes legal action and does not prevail, he or she shall reimburse the hospital, any appointee to the Medical Staff, and any other agent named in the action for all costs incurred in defending such legal action, including reasonable attorney's fees.

ARTICLE IV

ALLIED HEALTH PROFESSIONALS REVIEW PANEL

Section 1. Composition:

- (a) The Allied Health Professionals Review Panel shall consist of individuals who are actively interested or experienced in and willing to perform the responsibilities associated with the credentialing and performance improvement reviews of allied health professionals. Permanent members of the committee shall include the President of the Medical Staff or a designee, the Secretary-Treasurer of the

Medical Staff, who shall serve as Panel Chairperson, the Chairperson of the Credentials Committee or a designee, one (1) at-large Active Staff appointee appointed by the President of the Medical Staff, the Director of Human Resources or a designee, the Chief Nurse Executive, the Medical Staff Coordinator, and at least two (2) allied health professionals, one (1) each from a different clinical specialty, appointed by the Chief Executive Officer in consultation with the President of the Medical Staff. Rotating members of the panel shall be the relevant clinical department chair(s) or their designee(s) and relevant hospital department head(s) or nurse manager(s), depending on the type of allied health professional being considered.

- (b) Each member of the Allied Health Professionals Review Panel shall be entitled to one (1) vote and shall serve a term of two (2) years.
- (c) The Allied Health Professionals Review Panel shall be a review and evaluation body and, unless otherwise specified in this policy, the credentialing functions pertaining to allied health professionals shall be performed by the Allied Health Professionals Review Panel or the Panel Chairperson, and all recommendations shall be forwarded to the Credentials Committee.
- (d) The presence of fifty percent (50%) of the total membership of the Allied Health Professionals Review Panel shall constitute a quorum for all actions. Once a quorum is established, the business of the Panel may continue and all actions taken shall be valid and binding even though less than a quorum exists at a later time in the Panel meeting.

Section 2. Duties:

The Allied Health Professionals Review Panel shall:

- (a) evaluate and make recommendations to the Board, through the Credentials Committee and Medical Executive Committee, 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 or its facilities;
- (b) develop and recommend policies to the Board, through the Credentials Committee and Medical Executive Committee, for each class of allied health professional permitted by the Board, or its designee, to practice in the hospital. Such policies shall specify: (1) training, education and experience requirements for applicants, (2) the criteria for a scope of practice or clinical privileges, (3) the scope of practice or clinical privileges to be granted, (4) any specific conditions that apply to the allied health professionals' functioning within the hospital, (5) any on-going supervision/collaboration requirements, and (6) professional liability insurance requirements;

- (c) review the qualifications 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 Credentials Committee; and
- (d) review, as questions arise, 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 Credentials Committee.

Section 3. Meetings, Reports and Recommendations:

The Allied Health Professionals Review Panel shall meet as often as necessary to accomplish its duties, but at least bi-monthly (every other month), shall maintain a permanent record of its proceedings and actions, and shall make a report of its recommendations after each meeting to the Credentials Committee. The Chairperson of the Panel shall be available to meet with the Credentials Committee on all recommendations that the Panel may make.

ARTICLE V

CREDENTIALING PROCEDURE

Section 1. Review Procedure:

- (a) The Medical Staff Office shall forward the complete application and all supporting materials to the appropriate hospital supervisor and/or clinical department chair or a designee who shall examine the application and all supporting information and documentation, and make a written report to the Allied Health Professionals Review Panel regarding the applicant's qualifications for the clinical privileges or scope of practice requested. They may also meet with the applicant and the employing or supervising/collaborating physician, if applicable, to discuss any aspect of the applicant's qualifications to perform the privileges or scope of practice requested.
- (b) The Allied Health Professionals Review Panel 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 Allied Health Professionals Review Panel may also meet with the applicant and, when applicable, the employing or supervising/collaborating physician.
- (c) If the Allied Health Professionals Review Panel's initial recommendation is adverse to the applicant, the applicant and, when applicable, the employing or supervising/collaborating physician shall be given the opportunity to meet with the Allied Health Professionals Review Panel before a final recommendation is

made. This meeting shall be informal and shall not be considered a hearing. Following this meeting, the Allied Health Professionals Review Panel shall make a recommendation to the Credentials Committee.

- (d) All recommendations to grant allied health professional status must specifically state the clinical privileges or scope of practice to be granted, which may be qualified by any probationary or other conditions or restrictions deemed appropriate by the Panel.
- (e) At its next regular meeting, after receipt of the written findings and recommendation of the Allied Health Professionals Review Panel, the Credentials Committee shall:
 - (1) adopt the findings and recommendation of the Panel; or
 - (2) set forth in its report and recommendation clear and convincing reasons, along with supporting information, for its disagreement with the Panel's recommendation. The Credentials Committee's recommendation shall be forwarded, together with the Panel's findings and recommendation, to the Medical Executive Committee. Thereafter, the recommendation of the Medical Executive Committee shall be forwarded through the CEO to the Board (or the Executive Committee of the Board).

Section 2. Clinical Privileges:

The clinical privileges recommended to the Board shall be based upon consideration of the following:

- (a) education, relevant training, experience, demonstrated current competence, including medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal and communication skills, and professionalism with patients, families and other members of the health care team and peer evaluations relating to the same;
- (b) ability to perform the privileges requested competently and safely;
- (c) information resulting from ongoing and focused professional practice evaluation, performance improvement and other peer review activities, if applicable;
- (d) adequate professional liability insurance coverage for the clinical privileges requested;
- (e) the hospital's available resources and personnel;

- (f) any previously successful or currently pending challenges to any licensure or registration, or the voluntary or involuntary relinquishment of such licensure or registration;
- (g) any information concerning professional review actions or voluntary or involuntary termination, limitation, reduction, or loss of appointment or clinical privileges at another hospital;
- (h) practitioner-specific data as compared to aggregate data, when available;
- (i) morbidity and mortality data, when available; and
- (j) professional liability actions, especially any such actions that reflect an unusual pattern or excessive number of actions.

Section 3. Renewal of Permission to Practice; Submission of Application:

- (a) The grant of a scope of practice or the grant of clinical privileges is a courtesy and, if granted, shall be for a period not to exceed two years. A request to renew a scope of practice or clinical privileges shall be considered only upon submission of a completed renewal application.
- (b) At least three months prior to the date of expiration of an allied health professional's scope of practice or clinical privileges, the Medical Staff Office shall notify the individual of the date of expiration and provide the individual with a renewal application. A completed renewal application must be returned to the Medical Staff Office within 30 days.
- (c) Failure to return a completed application within 30 days shall result in automatic expiration of such scope of practice or clinical privileges at the end of the then current term, unless the application can still be processed in the normal course, without extraordinary effort on the part of the Medical Staff Office and/or the Medical Staff leaders.
- (d) Once an application for renewal of scope of practice or clinical privileges has been completed and submitted to the Medical Staff Office, it shall be evaluated following the same procedures outlined in this policy regarding initial applications.

Section 4. Renewal Process for Allied Health Professionals:

- (a) The procedures pertaining to an initial request for a scope of practice, including eligibility criteria and factors for evaluation, shall be applicable in processing requests for renewal.

- (b) As part of the process for renewal of clinical privileges, the following factors shall be considered:
- (1) an assessment prepared by the applicable clinical department chair;
 - (2) an assessment prepared by a peer;
 - (3) an assessment prepared by the applicable hospital supervisor (i.e., OR supervisor, nursing supervisor);
 - (4) results of the hospital's performance improvement and peer review activities, taking into consideration, when applicable, practitioner-specific information concerning other individuals in the same or similar specialty (provided that, other practitioners shall not be identified);
 - (5) resolution of any verified complaints received from patients or staff; and
 - (6) any focused professional practice evaluations.

Section 5. Permission to Provide Services:

Each allied health professional is subject to professional review activity and action, and his or her permission to provide designated clinical services or to perform designated clinical functions may be modified, suspended, terminated, revoked or restricted consistent with the procedures set forth in this policy and other relevant hospital policies. If the affected allied health professional is a hospital employee, the hospital shall apply its existing Human Resources policy to address the concern.

Section 6. Procedural Rights for Allied Health Professionals:

- (a) Allied health professionals shall not be entitled to the hearing and appeal procedure set forth in the Medical Staff Bylaws documents or the hospital's corporate bylaws pertaining to Medical Staff appointees.
- (b) The clinical privileges granted to those allied health professionals who are employees of the hospital shall be incident to, and coterminous with, their employment, with no right to request a hearing under this policy. Any grievance process related to hospital employment shall be conducted pursuant to the hospital's employment grievance procedure.
- (c) In the event the Medical Executive Committee determines that an allied health professional who is not employed by the hospital should not be granted permission to practice in the hospital, or that permission is restricted or terminated, the individual shall be notified of the recommendation and the specific reasons for the recommendation and given the opportunity to request a

hearing before the adverse recommendation is forwarded to the Board or its designee.

- (d) If the individual requests a hearing, it must be made in writing, directed to the CEO, within thirty (30) days after receipt of written notice of the proposed adverse action.
- (e) If the request for a hearing is made, the CEO shall appoint a hearing officer to conduct the hearing. The hearing officer may be a physician or an attorney at law, and shall not include anyone who previously participated in the recommendation, or any relatives, practice associates, or direct economic competitor of the allied health professional. If the hearing officer is an attorney, he or she shall not represent individuals who are in direct economic competition with the allied health professional. The hearing shall be convened within thirty (30) days after the request is received, at a time and place agreed upon by the participants.
- (f) At the hearing, a representative of the Medical Executive Committee shall first present the reasons for the unfavorable recommendation. The allied health professional shall then be provided an opportunity to present information regarding the recommendation, subject to a determination by the hearing officer that the information is relevant. The hearing officer shall have the discretion to determine the amount of time allotted to the presentation by the representative of the Medical Executive Committee and the allied health professional.
- (g) At a hearing, both sides shall have the following rights, subject to reasonable limits determined by the hearing officer:
 - (1) to call and examine witnesses, to the extent they are available and willing to testify;
 - (2) to introduce exhibits;
 - (3) to cross-examine any witness on any matter relevant to the issues;
 - (4) to be represented by counsel who may call, examine, and cross-examine witnesses and present the case; and
 - (5) to submit a written statement at the close of the hearing.
- (h) Any allied health professional requesting a hearing who does not testify in his or her own behalf may be called and questioned as if under cross-examination.
- (i) The hearing officer may question the witnesses, call additional witnesses or request additional documentary evidence.

- (j) The Medical Executive Committee's recommendation shall be affirmed unless the allied health professional can demonstrate that the Medical Executive Committee's recommendation was arbitrary, capricious or not supported by substantial evidence. The quality of care provided to patients and the smooth operation of the hospital shall be the paramount considerations.
- (k) The hearing officer shall maintain a record of the hearing by a stenographic reporter. The cost of the reporter shall be borne by the hospital, but copies of the transcript shall be provided to the allied health professional at his or her expense.
- (l) The hearing officer shall prepare a written report and recommendation within twenty (20) days after the conclusion of the proceeding and shall forward it, along with all supporting information, to the CEO. The CEO shall send a copy of the hearing officer's written report and recommendation, by certified mail, return receipt requested, to the allied health professional.
- (m) If the recommendation of the hearing officer is unfavorable, the allied health professional may appeal that recommendation in writing to the CEO within ten (10) days after notice of such recommendation. The request must include a statement of the reasons, including specific facts which justify an appeal. The grounds for appeal shall be limited to the following: (i) there was substantial failure to comply with this policy or other applicable policies of the hospital, or (ii) the adverse recommendation was arbitrary, capricious or not supported by substantial evidence. The request shall be delivered to the CEO either in person or by certified mail. If a written request for appeal is not submitted within the ten (10) day time frame specified, the recommendation and supporting information shall be forwarded by the CEO to the Board (or the Executive Committee of the Board) for final action.
- (n) If a timely request for appeal is submitted, the CEO shall forward the report and recommendation, the supporting information and the request for appeal to the Board Chairperson or a designee, who shall appoint a Board subcommittee of three (3) members to consider the record upon which the hearing officer's adverse recommendation was made, and to make a final decision. New or additional written information that is relevant and could not have been made available to the hearing officer during the initial review of the matter may be considered in the discretion of this subcommittee.
- (o) Upon completion of the review, the Board subcommittee receiving the matter may adopt the recommendation of the hearing officer as its decision or make a different decision. The Board subcommittee is authorized to make a final decision based upon the Board's ultimate legal responsibility to grant privileges and to authorize the performance of clinical activities at the hospital. Such decision shall be deemed to constitute final action by the Board.

- (p) Any allied health professional who is denied clinical privileges or permission to practice at the hospital must wait for a period of two (2) years before reapplying for allied health professional status.

ARTICLE VI

CONDITIONS OF PRACTICE APPLICABLE TO ALLIED HEALTH PROFESSIONALS

Section 1. Supervision/Collaboration by Employing or Supervising/Collaborating Physician:

- (a) Any activities permitted by the Board to be done at the hospital by an allied health professional requiring supervision/collaboration shall be done only under the supervision/collaboration of the physician employing or supervising/collaborating with that individual. Except as provided by law or hospital policy, “supervision” shall not require the actual physical presence of the employing or supervising physician.
- (b) Allied health professionals requiring supervision/collaboration may function in the hospital only so long as they remain employees of, or are supervised by or collaborating with, a physician currently appointed to the Medical Staff. All allied health professionals who are granted a scope of practice or clinical privileges at the hospital shall be assigned to the same department as their employing or supervising/collaborating physician. Should the Medical Staff appointment or clinical privileges of the staff physician employing an allied health professional requiring supervision/collaboration be revoked or terminated, that individual’s permission to practice in the hospital shall be deemed to be automatically relinquished, resulting in termination without the right to a hearing or meeting as provided in this policy or a grievance hearing as may be provided for hospital employees. If the Medical Staff appointment or clinical privileges of a physician supervising/collaborating with an allied health professional requiring supervision/collaboration is revoked or terminated, or if the individual’s employment is terminated by the employing physician, or if supervision/collaboration is refused by the supervising/collaborating physician, the Allied Health Professionals Review Panel may immediately recommend the termination of the allied health professional’s permission to practice in the hospital, or may recommend that the individual be permitted to arrange for employment or supervision/collaboration by another physician appointed to the Medical Staff.

Section 2. Questions Regarding Authority:

- (a) Should any Medical Staff appointee or hospital employee who is licensed or certified by the state have any question regarding the clinical competence or authority of an allied health professional either to act or to issue instructions

outside the physical presence of the employing or supervising/collaborating physician, that Medical Staff appointee or hospital employee shall have the right to require that the individual's employer or supervisor validate, either at the time or later, the instructions of the individual. Any act or instruction of the allied health professional 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 individual's activities as permitted by the Board.

- (b) Any question regarding the professional conduct of an allied health professional shall be reported to the appropriate clinical department, the Chairperson of the Allied Health Professionals Review Panel and/or the CEO. At all times the employing or supervising/collaborating physician shall remain responsible for the allied health professional requiring supervision/collaboration while at the hospital.

Section 3. Responsibilities of Employing or Supervising/Collaborating Physicians:

- (a) The number of allied health professionals acting as employees of or under the supervision/collaboration 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 regulations and policies of the hospital.
- (b) It shall be the responsibility of the physician employing or supervising/collaborating with the allied health professional requiring supervision/collaboration to provide, or to arrange for, professional liability insurance coverage for such professionals in amounts required by the Board that covers any activities of the individual at the hospital, and to furnish evidence of that coverage to the hospital. The allied health professional requiring supervision/collaboration shall act at the hospital only while such coverage is in effect.

ARTICLE VII

AMENDMENTS

- (a) This Policy on Allied Health Professionals 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 the written recommendations of the Allied Health Professionals Review Panel concerning the proposed amendments shall have first been received and reviewed by the Medical Executive Committee. In addition, notice of all proposed amendments shall be posted on the Medical Staff bulletin board at least fourteen (14) days prior to the Medical Executive Committee meeting. Any Medical Staff member shall have the right to submit written comments to the Medical Executive Committee regarding the proposed amendments prior to such meeting. No amendment to this policy shall be effective unless and until it has been approved by the Board.

- (b) The Medical Executive Committee shall have the power to adopt such amendments to this policy as are, in the committee's judgment, technical or legal modifications or clarifications, reorganization or renumbering or amendments made necessary because of punctuation, spelling or other errors of grammar or expression. Such amendments shall be effective immediately and shall be permanent if not disapproved by the Medical Staff or the Board within sixty (60) days of adoption by the Medical Executive Committee. The action to amend may be taken by a motion acted upon in the same manner as any other motion before the Medical Executive Committee. Immediately upon adoption, such amendments shall be sent to the CEO and posted on the Medical Staff bulletin board for at least fourteen (14) days.

- (c) This policy may also be amended by the Board on its own motion provided that any such amendment is first submitted to the Allied Health Professionals Review Panel and the Medical Executive Committee for review and comment at least thirty (30) days prior to any final action by the Board. Instances where such action by the Board shall be warranted shall be limited to the following:
 - (1) action to comply with changes in federal and state laws that affect the hospital and the hospital corporation, including any of its entities;
 - (2) action to comply with requirements imposed by the hospital's general and professional liability or Director's and Officer's insurance carrier; and
 - (3) action to comply with state licensure requirements, Joint Commission Accreditation Standards, other applicable accreditation or certifying agencies, the Medicare Conditions of Participation for Hospitals and/or requirements applicable to the Medicaid Program.

APPENDIX A

Those allied health professionals currently practicing at Sacred Heart Hospital are as follows:

- Psychologists
- Certified Nurse Midwife
- Certified Physician Assistant
- Certified Registered Nurse Anesthetist (CRNA)
- Nurse Practitioner
- Surgical First Assist
- Dental Assistant
- Licensed Practical Nurse
- Ophthalmic Assistant
- Registered Nurse
- Surgical Technician