

Allied Health Professional Manual

COMMUNITY HOSPITALS AND WELLNESS CENTERS

A Medical Staff Document

TABLE OF CONTENTS

ARTICLE 1 GENERAL	1
SECTION 1.1. INTRODUCTION	1
SECTION 1.2. GENERAL QUALIFICATIONS OF AHPS	1
ARTICLE 2 AHP CREDENTIALING/PRIVILEGING PROCESS.....	3
SECTION 2.1. GENERAL STATEMENTS.....	3
ARTICLE 3 CORRECTIVE ACTION FOR AHPS	7
SECTION 3.1. SUSPENSION/TERMINATION OF PRIVILEGES/DUE PROCESS.....	7
SECTION 3.2. AUTOMATIC SUSPENSIONS	7
ARTICLE 4 PERFORMANCE IMPROVEMENT.....	9
SECTION 4.1. OBLIGATIONS OF AHP	9
ARTICLE 5 CONFIDENTIALITY, IMMUNITY AND RELEASES	10
SECTION 5.1. SPECIAL DEFINITIONS	10
SECTION 5.2. AUTHORIZATIONS AND CONDITIONS	10
SECTION 5.3. CONFIDENTIALITY OF INFORMATION	10
SECTION 5.4. IMMUNITY FROM LIABILITY.....	11
SECTION 5.5. ACTIVITIES AND INFORMATION COVERED	11
SECTION 5.6. RELEASES.....	12
SECTION 5.7. CUMULATIVE EFFECT.....	12
ARTICLE 6 AMENDMENTS	13
SECTION 6.1. RESPONSIBILITIES & AUTHORITY	13
ARTICLE 7 ADOPTION	14

ARTICLE 1 GENERAL

SECTION 1.1. INTRODUCTION

- 1.1.1. Definitions. The Allied Health Professional Manual adopts and incorporates by reference the definitions contained in the Medical Staff Bylaws.
- 1.1.2. Categories of Practice. Attached to this Manual as "Appendix A," is a list of the Allied Health Professional ("AHP") Categories currently authorized to function in the Hospital. The Medical Staff shall make recommendations to the Board with respect to delineating the scope of practice and/or Privileges that may be granted to all AHP categories. The President shall secure recommendations from the Medical Staff as to the categories of AHPs that should be eligible to apply for Privileges and as to the Privileges, Prerogatives, terms and conditions as applicable, that may be granted and apply to AHPs in each category. This Manual shall be reviewed not less than biannually, and at such other times as are necessary, to determine the following: (1) the categories of AHPs, based upon occupation or profession, that shall be eligible to be credentialed at the Hospital; and (2) for each eligible AHP category, the mode of practice in the Hospital setting (i.e., independent or dependent), and the scope of practice for each.
- 1.1.3. Rule of Nursing Leadership. The nursing staff leadership shall process, manage, organize, evaluate, and support professional licensed nurses, pursuant to currently established policies and procedures. The nursing leadership will not manage advance practice nurses (e.g., certified nurse midwives, certified registered nurse anesthetists, certified nurse practitioners) with respect to those Privileges that are granted through the Medical Staff.
- 1.1.4. Medical Staff Office Responsibilities. The Medical Staff Office will be responsible for the administrative duties related to credentialing all AHPs, such as distributing application forms and collecting completed applications; assigning the package to the Medical Staff Office personnel or administrative personnel to conduct primary verification of qualifications; and forwarding evaluations and applications to the necessary Medical Staff or Hospital authorities for review and processing.

SECTION 1.2. GENERAL QUALIFICATIONS OF AHPS

AHPs who apply for (or seek renewal of) Privileges under this AHP Manual must demonstrate to the appropriate Medical Staff and Hospital authorities the following qualifications:

- 1.2.1. Experience and Professional Performance. Current certification, licensure, experience, current competence and positive clinical results, documenting a continuing ability to provide quality patient care services at a level of age specific competency, safety, quality and efficiency that is acceptable under all applicable standards and guidelines.
- 1.2.2. Cooperation Requirements. An ability to work cooperatively with others in a Hospital environment. Such ability includes refraining from conduct that over time constitutes a pattern of disruption that adversely affects the quality or efficiency of patient care

services in the Hospital. This includes establishment of a positive record of professional reliability.

- 1.2.3. Professional Ethics and Conduct. Adherence to all generally recognized standards of professional ethics and to all applicable professional standards and guidelines.
- 1.2.4. Professional Liability Insurance. Maintenance of Professional Liability Insurance as required by the Board.
- 1.2.5. Essential Functions. Ability to meet the qualification standards for, and perform the essential functions of, the Privileges requested or granted, with or without reasonable accommodation of the essential functions of the position or modification of the qualifications established and within the safety requirements established for exercise of the specified Privileges requested or granted. To not pose a direct threat (i.e., significant risk of substantial harm) to the health or safety of the individual or others that cannot be reduced by reasonable accommodation or modification.
- 1.2.6. Supervisors/Collaborative Agreement. Where applicable, have a current, valid, and proper supervision and/or standard care arrangement as required by Ohio law, and as further specified in Appendix A.
- 1.2.7. Effects of Other Affiliations. No AHP shall be automatically entitled to Privileges merely because:
 - 1.2.7.1. The AHP is authorized to practice in Ohio or any other state.
 - 1.2.7.2. The AHP is a member of any professional organization.
 - 1.2.7.3. The AHP is certified by any board or organization.
 - 1.2.7.4. The AHP currently has, or has had in the past, Privileges at another health care facility or in another practice setting.
 - 1.2.7.5. The AHP currently has, or has had in the past, Privileges at the Hospital.
 - 1.2.7.6. The AHP is, or is about to become, affiliated in practice with a Practitioner or a group of Practitioners who is/are Appointee(s) to the Hospital's Medical Staff.

ARTICLE 2
AHP CREDENTIALING/PRIVILEGING PROCESS

SECTION 2.1. GENERAL STATEMENTS

2.1.1. Conditions for Accepting a Clinical Position or Responsibility With/Without Privileges. As a condition of accepting clinical responsibility to practice in the Hospital, each AHP shall agree that he or she shall:

2.1.1.1. Exercise judgment in his or her areas of competence.

2.1.1.2. Participate directly in the management and care of patients under supervision or direction consistent with the Privileges or scope of practice granted.

2.1.1.3. Record reports and clinical notes on the patients' records and write and/or follow orders for treatment consistent with Hospital policy and procedure provided that such actions are within the scope of his or her training, license, certificate or other legal credentials.

2.1.1.4. Adhere to all applicable performance improvement standards, Hospital policies and procedures, this Manual, and Medical Staff policies and procedures (as applicable).

2.1.1.5. Not admit or discharge patients in the Hospital.

2.1.1.6. Not be eligible for appointment to the Medical Staff, to hold Medical Staff office, or to vote on Medical Staff affairs. AHPs may serve on committees of the Medical Staff as specifically authorized by the Bylaws and, if so appointed, are entitled to vote with respect to that committee's actions.

2.1.1.7. Not make any statement or take any action that might cause a patient to believe that the AHP is a Physician, Dentist, Podiatrist, or Psychologist.

2.1.1.8. Agrees to abide by the terms of the Hospital's Compliance Program and Notice of Privacy Practices prepared and distributed to patients as required by federal patient privacy regulations.

2.1.2. Duties of Appointees who Employ, Supervise, and/or Collaborate with an AHP. Those Medical Staff Appointees who employ, supervise, and/or collaborate with an AHP shall agree to abide by the additional following provisions:

2.1.2.1. The supervising/collaborating Practitioner shall submit a written statement for the applicable credentials to the Medical Staff Office as part of the AHP's application.

2.1.2.2. It is the further of the supervising/collaborating Practitioner to acquaint the AHP with the applicable policies of the Medical Staff and/or the Hospital, as well as

appropriate Appointees to the Medical Staff and Hospital personnel with whom said individual shall have contact at the Hospital.

- 2.1.2.3. The supervising/collaborating Practitioner shall adhere to all requirements of any supervising/standard care agreement and otherwise provide appropriate supervision consistent with this Manual, and state and federal law.
- 2.1.2.4. The clinical duties and responsibilities of the AHP within the Hospital shall terminate immediately if the Medical Staff appointment of the supervising/collaborating Practitioner is terminated for any reason, the supervising/collaborating Practitioner's Privileges are curtailed to the extent that the AHP's services are no longer necessary or permissible, or if the supervising/collaborating Practitioner no longer agrees to act as the supervising/collaborating Practitioner.
- 2.1.2.5. The employer of an AHP shall assume full responsibility for care delivered and be fully accountable for the conduct of the AHP within the Hospital.

2.1.3. Initial Processing of the Application.

- 2.1.3.1. Initial applications for credentialing (and privileging as applicable) as an AHP shall be obtained from the Medical Staff Office. A completed application must be submitted to the Medical Staff Office that will distribute the application to the Medical Staff Office for primary source verification, including the following:
 - a. Education and training.
 - b. Job experience.
 - c. Three (3) personal/professional references (at least one (1) of which shall be from a Practitioner who has had a recent opportunity to observe the Applicant's professional behavior and ethical character).
 - d. Membership in professional societies.
 - e. Licensure/Certification.
 - f. Proof of professional liability insurance.
 - g. Ability to perform/current clinical competence.
 - h. National Practitioner Data Bank (if applicable).
 - i. Other current or potential adverse professional actions, malpractice payments or actions, of which the Applicant is aware.

- j. Affirmation that Applicant has not been excluded or suspended from participation in any federal or state health care program; any federal procurement or nonprocurement program.

2.1.3.2. Supervising/Collaborating Practitioner. The application shall contain the name of the Appointee(s) who hold Privileges at the Hospital and who has/have agreed to supervise and/or collaborate with the Applicant.

2.1.3.3. Board Action. The Board will make the final determination as to which Privileges (if any) shall be granted. The AHP will be notified of the Board's action on Privilege requests.

2.1.4. Temporary Privileges.

Allied Health Professionals may qualify for temporary Privileges based upon the same criteria, and subject to the same requirements, as set forth in the Medical Staff Bylaws.

2.1.5. Duration of Privileges for Eligible AHPs

Privileges will be granted for a period of no longer than two (2) years after which the AHP must reapply.

2.1.6. Reapplication for Privileges of AHPs

2.1.6.1. Process. Approximately ninety (90) days prior to the expiration of an appointment period, the Medical Staff Office will provide a reapplication form to the AHP. Such application will contain information comparable to that requested in the initial application including requesting at least one (1) letter of reference from a Medical Staff Appointee who has supervised, collaborated with, or otherwise been involved in the training of the AHP during the previous two (2) year period. The reapplication form must be completed and submitted to the Medical Staff Office within thirty (30) days prior to the expiration of current Privileges. Failure to submit the application or to provide all of the requested information resulting in an incomplete application will result in the expiration of Privileges at the end of the current period.

2.1.6.2. Evaluation. The Medical Staff Office will distribute the reapplication to the Medical Staff Office to collect updated administrative information and to conduct primary source verification (as necessary) and to review and evaluate the following:

- a. Current clinical competence.
- b. Ethical behavior.
- c. Compliance with Hospital policies/procedures.

- d. Behavior in the Hospital.
- e. Cooperation with Medical Staff and Hospital personnel.
- f. Current license/certification status.
- g. Continuing education experience (as required by Hospital, state and federal statutes).
- h. Clinical competency assessment by supervising/collaborating Practitioner or by other supervisor, as applicable.
- i. National Practitioner Data Bank or similar query (if applicable)

Completed reapplications will thereafter be processed in the same manner as an initial application.

2.1.6.3. Board Action. The Board will make the final determination as to which Privileges (if any) shall be granted as appropriate. The AHP will be notified of the Board's action on Privilege requests.

2.1.7. General Provisions.

2.1.7.1. At any time during the application or reapplication process, the Medical Staff Office or appropriate reviewing body may obtain direct input from the Medical Staff or the Applicant either in the form of a written letter of recommendation or in the form of participation in interviews.

2.1.7.2. It is the responsibility of the Applicant to provide complete and timely information requested to properly evaluate and process the application.

2.1.7.3. All AHPs shall be subject to an initial provisional period of not less than one (1) year with focused review and/or observation requirements pursuant to policy as established by the Chief of Staff.

2.1.8. Effect of Contract. If a given AHP has entered into a contract with the Hospital, then the terms and conditions of the contract shall control. In the event that the AHP's contract is silent as to a particular issue, then the provisions of this Manual shall govern.

ARTICLE 3 CORRECTIVE ACTION FOR AHPS

SECTION 3.1. SUSPENSION/TERMINATION OF PRIVILEGES/DUE PROCESS

- 3.1.1. Authority. Either the CEO or the Chief of Staff has the right to limit Privileges, up to and including suspension or termination, at any time when, in the judgment of the CEO or Chief of Staff, such action is in the best interest of patient care.
- 3.1.2. Process. In the event the CEO or Chief of Staff seeks to recommend a suspension or termination of Privileges, the Allied Health Professional shall be advised, by Special Notice, of the recommendation and the basis for such recommendation. The Allied Health Professional shall have five (5) days in which to submit a written response to the individual recommending the action as to why such suspension or termination should not take place. The CEO or Chief of Staff, as applicable, shall then make a proposed decision. Notification to the Board of the action taken including advising the Board of the written response, if any, of the Allied Health Professional and the contents of such response shall be held in abeyance until the AHP exercises and/or waives the appeal process set forth in the following section.
- 3.1.3. Appeal Process. When an AHP requests an appeal of the CEO's or Chief of Staff's proposed decision, the appeal shall consist of a single meeting attended by the CEO, the Medical Director, and the Chief of Staff. During this meeting, the basis of the decision adverse to the AHP that gave rise to the appeal will be reviewed with the AHP, and the AHP will have the opportunity to present any additional information the AHP deems relevant to the review and appeal of the decision. Following this meeting, the CEO, Medical Director, and Chief of Staff will make a final recommendation to the Board. The Board will then determine if the adverse decision will stand, be modified, or reversed. The AHP will receive written notice, by Special Notice, of the final decision.
- 3.1.4. Summary Suspension. In the event the CEO or Chief of Staff summarily suspends or immediately terminates an Allied Health Professional's Privileges, such action shall become effective immediately but shall be followed by written notice of such action, given to the Allied Health Professional by Special Notice. The Allied Health Professional shall have five (5) days in which to submit a written response to the individual taking such action as to why such suspension should be lifted or termination rescinded. The Chief Executive Officer or Chief of Staff, as applicable, shall then make a final decision and shall notify the Board of the action taken including advising the Board of the written response, if any, of the Allied Health Professional and the contents of such response.
- 3.1.5. Employer Notification. When an Allied Health Professional's Privileges are curtailed or terminated, the employer (if applicable) shall be notified as to the reasons for such action.

SECTION 3.2. AUTOMATIC SUSPENSION/TERMINATION

An AHP's Privileges shall be automatically suspended/terminated for any of the reasons, as applicable, as set forth in the Medical Staff Bylaws. An automatic suspension/termination

pursuant to this Section or as otherwise permitted in this Manual does not give rise to any due process rights or rights of appeal.

ARTICLE 4 PERFORMANCE IMPROVEMENT

SECTION 4.1. OBLIGATIONS OF AHP

- 4.1.1. Process. AHPS shall fully cooperate and participate in Hospital-wide patient care improvement initiatives. Privileged AHP patient care documents shall be reviewed along with similar specialty Practitioner documents for adherence to administrative and clinical care standards and guidelines. Screening of care quality performance may be random, focused, sentinel or combination based. Results of findings of clinical peer review will be managed and reported in a similar manner as Medical Staff Appointees:
- 4.1.1.1. Clinical performance review in collaboration with case managers.
 - 4.1.1.2. Performance Improvement/Quality Management review against Hospital screening criteria.
 - 4.1.1.3. Report of results and potential review of unresolved issues by the Medical Executive Committee.
 - 4.1.1.4. Report of results to the Board.
- 4.1.2. Screening Criteria. Screening criteria and tools shall be developed and utilized in accordance with the Hospital's Performance Improvement Program. Inpatient care and outpatient records will be evaluated along with, or independent of, Practitioner record reviews, utilizing broad or specific criteria on diagnosis, specialty, complication, patient presentation, or other identifiers as determined by the Medical Staff and/or Hospital's Performance Improvement/Risk Management Program in compliance with efforts to continuously improve patient care delivery.
- 4.1.3. Participation. AHPs shall participate in peer-to-peer reviews and may be reviewed by other Practitioners and AHPs of equal or greater responsibility and expertise.
- 4.1.4. Trending. Results of clinical peer review will be tracked and trended for inclusion into the renewal of Privilege determination and overall evaluation process.

ARTICLE 5
CONFIDENTIALITY, IMMUNITY AND RELEASES

SECTION 5.1. SPECIAL DEFINITIONS

For purposes of the Article, the following definitions shall apply:

- a. **INFORMATION** means record of proceedings, minutes, interviews, records, reports, forms, memoranda, statements, investigations, examinations, hearing, meetings, recommendations, findings, evaluations, opinions, conclusions, actions, data and other disclosures or communications whether in written or oral form relating to any of the subject matter specified in this Article.
- b. **REPRESENTATIVE** means the Board of Directors of the Hospital and any director or committee thereof; the CEO or the CEO's designee; registered nurses and other employees of the Hospital; the Medical Staff organization and any Appointee, officer, Department, or committee thereof; any individual authorized by any of the foregoing to perform specific information gathering, analysis, use or disseminating functions.
- c. **THIRD PARTIES** means any individual or organization providing information to any Representative.

SECTION 5.2. AUTHORIZATIONS AND CONDITIONS

By submitting an application for or exercising Privileges or providing specified patient care services at the Hospital, an AHP:

- a. Authorizes Representatives to solicit, provide and act upon information bearing on his or her professional ability and other qualifications.
- b. Agrees to be bound by the provisions of the Article and to waive all legal claims against any Representative who acts in accordance with the provisions of the Article.
- c. Acknowledges that the provisions of this Article are express conditions to his or her application for or exercise of Clinical Privileges or provisions or specified patient care services at the Hospital.

SECTION 5.3. CONFIDENTIALITY OF INFORMATION

Information with respect to any AHP submitted, collected or prepared by any Representative of this or any other health care facility or organization or medical staff for the purpose of evaluating, monitoring or improving the quality, appropriateness and efficiency of patient care, reducing morbidity and mortality, contributing to teaching or clinical research, or determining that health care services are professionally indicated or were performed in compliance with the applicable standards of care or establishing and enforcing guidelines to help keep health care

costs within reasonable bounds shall, to the fullest extent permitted by law, be confidential. Said information shall not be disseminated to anyone other than a Representative or other health care facility or organization of health professionals engaged in an official, authorized activity for which the information is needed, nor be used in any way except as provided herein or except as otherwise required by law. Such confidentiality shall also extend to information of like kind that may be provided to third parties. This information shall not become part of any particular patient's record. It is expressly acknowledged by each AGO that violation of the confidentiality provided herein is grounds for immediate and permanent revocation of Privileges or specified services.

SECTION 5.4. IMMUNITY FROM LIABILITY

- 5.4.1. For Action Taken. No Representative of the Hospital or Medical Staff shall be liable to an AHP for damages or other relief for any decision, opinion, action, statement or recommendation made within the scope of his or her duties as a Representative, if such Representative acts in good faith and without malice after reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the decision, opinion, action, statement, or recommendation is warranted by such facts.
- 5.4.2. For Providing Such Information. No Representative of the Hospital or Medical Staff and no Third Party shall be liable to an AHP for damages or other relief by reason of providing information, including otherwise privileged or confidential information, to a Representative of this Hospital or Medical Staff or to any other health care facility or organization of health professionals concerning an AHP who did or does exercise Privileges or provide specified services at this Hospital, provided that such Representative or Third Party does not act upon false information knowing such information to be false, and provided further that such information is related to the performance of the duties and functions of the recipient and is reported in a factual manner.

SECTION 5.5. ACTIVITIES AND INFORMATION COVERED

- 5.5.1. Activities. The confidentiality and immunity provided by this Article applies to all acts, communications, proceedings, interviews, reports, records, minutes, forms, memoranda, statements, recommendations, findings, evaluations, opinions, conclusions or disclosures performed or made in connection with this or any other health care facility's or organization's activities concerning, but not limited to:
- 5.5.1.1. Applications Privileges or specific services.
 - 5.5.1.2. Periodic reappraisals for Privileges or specific services.
 - 5.5.1.3. Corrective actions, recommended or taken.
 - 5.5.1.4. Hearings and appellate reviews.
 - 5.5.1.5. Performance improvement/quality assessment activities.

5.5.1.6. Utilization review activities.

5.5.1.7. Claims reviews.

5.5.1.8. Profiles and profile analysis.

5.5.1.9. Risk management activities.

5.5.1.10. Other Hospital, committee, Department, or Medical Staff activities related to monitoring and maintaining quality and efficient patient care and appropriate professional conduct.

5.5.2. Information. The information referred to in this Article may relate to an AHP's professional licensure or certification, education, training, clinical competency, judgment, utilization practices, character, ability to fully and competently carry out the Privileges requested, professional ethics, or any other matter that might directly or indirectly affect the quality, efficiency, or appropriateness of patient care provided in the Hospital.

SECTION 5.6. RELEASES

Each AHP shall, upon request of the Hospital, execute general and specific releases in accordance with the tenor and import of this Article, subject to such requirements as may be applicable under the State of Ohio and federal law. Execution of such releases is not a prerequisite to the effectiveness of this Article. Failure to execute such releases in connection with a corrective action shall be grounds for automatic suspension of Privileges.

Failure to execute such releases in connection with conclusion of the provisional period shall be deemed a voluntary resignation of Privileges as appropriate to the context. Failure to execute such releases in connection with a corrective action shall result in the facts or circumstances that are the subject matter of the particular releases being construed in the most negative manner possible in relation to the AHP involved.

SECTION 5.7. CUMULATIVE EFFECT

Provisions in this Manual and in application forms relating to authorization, confidentiality of information, and immunities from liability are in addition to other protections provided by State of Ohio and federal law and not in limitation thereof.

**ARTICLE 6
AMENDMENTS**

SECTION 6.1. RESPONSIBILITIES & AUTHORITY

This Allied Health Professionals Manual may be amended consistent with Article 13 of the Medical Staff Bylaws.

ARTICLE 7 ADOPTION

This Allied Health Professionals Manual is adopted and made effective upon approval of the Board, superseding and replacing any and all other Bylaws or policies pertaining to the subject matter thereof.

Adopted by the Medical Staff:

Signed Original on File in the Medical Staff Office
December 8, 2008

Approved by the Board:

Signed Original on File in the Medical Staff Office
December 18, 2008

AHP APPENDIX

A. Listing of AHPs

1. Advanced Practice Nurse
2. Certified Registered Nurse Anesthetist
3. Family/Psychological Counselors
4. Physician Assistant
5. Registered Nurse
6. Private/surgical Scrub
7. Audiologist
8. Certified Nurse Midwife

B. AHP Delineation of Privileges

1. Advanced Practice Nurse
2. Certified Registered Nurse Anesthetist
3. Family/Psychological Counselors
4. Physician Assistant
5. Registered Nurse
6. Private/surgical Scrub
7. Audiologist
8. Certified Nurse Midwife