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| **Policy/Procedure Title** | Allied Health Professionals |
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| **Chief of Medical Staff** | Deanna Belli, M.D. | **Date** | 8/4/2022 |
| **Chairman, Board of Trustees** | Joe Melson | **Date** | 8/4/2022 |

# Definitions of Allied Health Professionals:

Allied Health Professionals (AHP’s) are health care professionals, other than MD, DO, DDS or DPM, or hospital employees, in disciplines approved by the medical Executive Committee and the Board of Trustees to provide patient care services in the Hospital.

The clinical privilege delineations for each approved discipline of AHP will include designation as to whether the AHP requires direction and supervision by a member of the Active Medical Staff and, if so, to what extent. Unless otherwise provided in this policy, the Active Medical Staff member providing required direction and supervision of an AHP is responsible for the patient care services provided by the AHP. AHPs may work only within the scope of their license/registration/certification and the clinical privileges granted and must comply with any conditions on those privileges. (Attachment A-List of Current Recognized Allied Health Professionals at Hendrick Medical Center Brownwood).

# Conditions for Membership in the Allied Health Professional Staff:

AHPs who meet the following basic criteria will be considered for Clinical Privileges to practice within the Hospital:

* Meets the professional qualifications within his/her category as established by the appropriate Department of the Medical Staff, with the approval of the MEC and Trustees, including holding all appropriate licenses/registrations/certifications or other credentials required by state law.
* Is determined, on the basis of documented references, to adhere to the ethics of his/her respective profession and to work cooperatively with others.
* Is sponsored by a physician member of the Active Medical Staff unless otherwise indicated in this policy (‘Supervising Physician’).
* Is employed by or contracted with a physician member of the Active Medical Staff that has agreed in writing to provide any required direction and supervision unless otherwise indicated in this policy (‘Supervising Physician’).

AHPs are credentialed and privileged using the Medical Staff process, but are not eligible for Medical Staff membership or any procedural rights of review or other rights set forth in the Medical Staff Bylaws or otherwise except as specifically noted in this policy.

# Application

Application for clinical privileges as an AHP shall be in writing and shall be submitted on forms prescribed by the Trustees after consultation with the Executive Committee or other designated committee. These forms shall be obtained from the Medical Staff Office. The application shall require detailed information concerning the applicant’s professional qualifications, including:

* Three letters of reference, including at least one from a practicing physician other than their sponsoring physician who has current knowledge of the applicant’s competence and conduct and a peer. These references should be the same as the references listed on the application;
* Information as to whether the applicant’s AHP clinical privileges or authorization to practice have ever been denied, revoked, suspended, voluntarily or involuntarily reduced or not renewed at any other Hospital or health care facility;
* Information as to whether the applicant’s license, certificate or registration to practice any profession in any state, or state or federal narcotic license has ever been suspended, voluntarily or involuntarily modified, surrendered or terminated and if there are any currently pending challenges to said license. The submitted application shall include a copy of the applicant’s current license to practice in Texas and state and federal narcotics license, if applicable;
* Information as to whether the applicant has currently in force professional liability insurance coverage in the amount stipulated by the Trustees applicable to hospital practice, the name of the insurance company, and evidence of such coverage;
* Information concerning the applicant’s malpractice experience to include claims, lawsuits, and settlements;
* A consent to the release of information from third parties;
* A request for the specific clinical privileges desired by the applicant with accompanying documentation of the applicant’s relevant training and experience;
* Information on whether the applicant has the necessary physical and mental health status to perform he requested duties; and
* Such other information as the Trustees or Medical Executive Committee may require.

# Appointment Process

The application form, along with supporting documentation, shall be submitted to the Medical Staff Office where the application will be reviewed for completeness, querying of the National Practitioner Data Bank, and verification of information provided on the application. The Sponsoring Physician and each Supervising Physician must confirm in writing the applicant’s qualifications and his/her willingness to serve as the Sponsoring/Supervising Physician.

The application will then be submitted to the appropriate Department Chief who reviews the application and may make requests for additional supporting documents and/or require an interview. Upon the Department Chief’s completed review, he/she will forward the application to the Credentials Committee with recommendations in regard to specific clinical privileges, and general review of the application.

The Credentials Committee shall then review the application in light of the Department Chief’s recommendation and decide whether the application should be approved, deferred for further consideration or action, or rejected. The Credentials Committee shall also make a recommendation regarding the scope of practice, which an AHP practitioner shall be permitted to exercise in the hospital. The Credentials Committee sends its recommendation to the MEC no later than the 90th day after the date on which the completed application was received by the Credentials Committee.

Approved applications will be forwarded to the MEC and to the Trustees for final approval. The Trustees shall take final action on the application not later than the 60th day after the date on which the Credentials Committee’s recommendation is received. Final approvals and denials shall be communicated to the Chief of Staff, the appropriate Department Chair, the Sponsoring/Supervising Physician, if any, and by mail to the applicant. If an application is denied or the requested clinical privileges are denied or limited, the written notice to the applicant shall include the reason for the denial or limitation. An AHP granted privileges shall be individually assigned to the clinical Department appropriate to the AHPs professional training.

The granting of clinical privileges and status as an AHP are at the discretion of the Trustees, may be terminated at will by the Trustees as provided in this policy, and shall not be covered by the provisions of Article 5 of the Medical Staff Bylaws and the Fair Hearing Plan.

# Temporary Privileges

Temporary privileges may be granted to an AHP applicant who has submitted an application for privileges, which has been, determined to be complete as defined in the Credentials Policy, Article 2, Section 2.3.2.7 and to meet all the criteria for the relevant category by the Department Chief, Credentials Committee, Chief of Staff, and CAOCAO designee. Such privileges may be granted only with the concurrence of the Chief of Staff and CAOCAO.

Temporary privileges for AHP staff shall be for a period of time not to exceed 90 days, and may not be renewed or extended for any additional period of time.

Temporary privileges for locum tenens AHP will be processed according to the Credentials Policy, Temporary Privileges, Section 4.4.

# Reappointment

Every two years and at least 120 days prior to expiration of the term of the grant of clinical privileges, the AHP will complete a reappointment application and return it with the following:

* Current license, certificate, or registration,
* Verification of current malpractice insurance in amounts required by the Trustees,
* Regarding AHPs requiring physician supervision, if employed by a contractual organization, a copy of the last employee evaluation conducted by the company,
* Otherwise, except for psychologists and others designated in this policy, an AHP Reappointment Evaluation Report Form completed by the sponsoring or supervising physician which describes the AHPs activities, competencies (any concerns should be noted), any opportunities for improvement and interpersonal relations with patients and Hospital staff,
* AHPs that do not require any physician direction or supervision will be reviewed in accordance with predetermined indicators as established by the department, and
* The reappointment application will be reviewed by the Medical Staff Coordinator for completeness, and forwarded to the appropriate Department Chief for review.
* The Department Chief will then review the application and will forward a recommendation to the Credentials Committee.
* The Credentials Committee will then review the application and will forward a recommendation to the Credentials Committee.
* The Credentials Committee will review the Department Chief’s recommendation and recommend action to the Medical Executive Committee.
* The Medical Executive Committee will act on the recommendation and will forward its recommendation to the Trustees for final approval. The Trustees shall notify the AHP of the final decision. If the AHPs clinical privileges are denied or limited, the notice shall also include a statement of the reasons and information about procedural right of review as provided in this policy.

# Disciplinary Action

* Grounds: Any AHP who functions outside their license/registration/certification or clinical privileges, violates other tenets of acceptable health care practice, violates this policy or fails to maintain the qualification required for status as an AHP may be subject to disciplinary action as provided below.
* Complaints and Investigation: Complaints lodged against an AHP shall be in writing and shall be reviewed and investigated by the Department Chief (or, in consultation with the CAOCAO, a standing or ad hoc committee) if he/she feels the complaint is warranted. If feasible, the AHP and sponsoring/supervising physician shall be notified of the complaint prior to the investigation and be required to cooperate fully with the investigation. The sponsoring/supervising physician shall be required to answer the complaint should the investigation warrant it.
* Medical Executive Committee’s Determination: Following investigation of the complaint by the Department Chief of committee, the MEC shall review the investigation and recommendation for corrective action.
	+ If the MEC decides that the AHPs privileges should be modified or terminated, it shall send written notice to the AHP of proposed action and the reason(s) for the proposed action. The AHP shall be entitled, upon his/her written request, to appeal the determination. An AHPs request for an appeal must be submitted to the MEC within fifteen (15) days after the AHPs receipt of notice of the proposed action. Such appeal shall consist of a meeting with the MEC at which time the AP shall be entitled to submit a written statement and discuss, explain, or refute the allegations which serve the basis for the proposed action. The AHP shall be

notified in writing of the time, date, and place for the appeal which shall not be less than ten (10) days form the date of the notice. This meeting shall not constitute a hearing and no formal evidentiary rules or procedural rules shall apply unless otherwise required by State law. The AHP shall only be entitled to one such appeal and shall have no right to a further appeal following this meeting. Following the appeal, the MEC shall render its recommendation, with a statement of the reasons for the recommendation, and forward its written recommendation to the Trustees for final approval. If the AHP fails to timely request an appeal, the AHP waives his/her right to request and appeal and such waiver shall constitute the AHPs acceptance of the proposed action.

* + If the MEC decides that no action needs to be taken, the recommendation shall be forwarded to the Trustees for final approval.
* Final Decision by Board: The Trustees’ final decision shall be communicated in writing to the AHP and sponsoring/supervising physician by mail and shall contain the reason for any disciplinary action.
* Immediate Action:
	+ The Chief of Staff, the Department Chief, the Chairperson of the MEC or Credentials Commit6tee, the CAOCAO or the Chair of the BOT shall each have the authority to suspend or limit all or any portion of the clinical privileges of an AHP or other individual whenever failure to take such action may result in an imminent danger to the health and/or safety of any individual or to the orderly operations of the Hospital. Such action shall be deemed an interim precautionary step in the professional review activity related to the ultimate professional review action that may be taken with respect to the AHP, but is to a complete professional review action in and of itself. It shall not imply any final finding of responsibility for the situation that caused the suspension.
	+ The action shall become effective immediately upon imposition and shall immediately be reported in writing to the CAOCAO, or designee, and the Chief of Staff, and shall remain in effect unless or until modified by the CAOCAO or the Trustees.
	+ The action shall continue until such time as the MEC, Chief of Staff and CAOCAO have reviewed the AHPs performance and made a decision whether the action should be modified, continued, or terminated and such recommendation has been acted upon by the Trustees.
* Automatic Action: The clinical privileges of an AHP shall be automatically terminated if the sponsoring/supervising physician is terminated from the Medical Staff, if the sponsoring/supervising physician withdraws his/her agreement to provide required direction and supervision to the AHP and is not immediately replaced by another Active Medical Staff member, or if the AHP loses required employment or contract with the sponsoring/supervising physician. The AHPs clinical privileges shall also terminate automatically if the AHP no longer holds the required licensure/certification/registration or professional liability insurance or is excluded from the Medicare/Medicaid/other federal health care program. Such termination shall be effective immediately upon the sending of written notice to the AHP and sponsoring/supervising physician. Automatic action (or action taken as to all AHPs in the same discipline) shall not entitle the AHP to any procedural rights or review pursuant to this policy, the Medical Staff Bylaws, or otherwise.

# Conditions of Appointment

An AHP shall practice in compliance with all hospital policies and procedures, including without limitation those of the AHPs assigned Department, and the Medical Staff Bylaws, Rules and Regulations.

AHPs shall not be entitled to the rights, privileges and responsibilities of applicants to or members of the Medical Staff and may only engage in acts within their

license/registration/certification and the clinical privileges specifically approved for them by the Trustees. AHPs may be entitled to exercise such other Medical Staff prerogatives as shall, by resolution or written policy duly adopted by the MEC and Trustees, be accorded to AHPs as a group or to any specific category of AHPs, such as the right to vote on specified matters or to hold defined offices provided that medical education, training, and experience beyond that which an AHP can demonstrate is not a prerequisite.

Each AHP must satisfy the requirements set forth in Article XI for attendance at meetings of the Medical Staff and committees of which the AHP is a member.

Each AHP shall serve on Medical Staff and hospital committees as reasonably requested and cooperate fully in implementation of the performance improvement plan and other medical peer review activities.

Each AHP shall attend hospital education programs as reasonably requested and as required by the Bylaws or Medical Staff Rules and Regulations.

# Supervision of CRNA

An anesthesiologist, or the operating practitioner if the anesthesiologist is not immediately available, shall be responsible to order that anesthesia be administered by a CRNA and to provide any medical authority or supervision of the CRNA, but only to the extent required by law. The anesthesiologist or operating practitioner is not required to order or supervise the drugs, dosages, or administration techniques selected by the CRNA or to co-sign orders or other hospital record entries by the CRNA. The anesthesiologist or operating practitioner is not responsible for the acts for the CRNA solely by virtue of having issued the order permitting the CRNA to administer anesthesia.

# Performance Improvement Plan

Patient care services provided by AHPs shall be monitored as a part of the hospital’s performance improvement plan. Results of the monitoring shall be available to the reviewing parties at the time of consideration for reappointment.

# Attachment A: List of Current Recognized Allied Health Professionals at Hendrick Medical Center Brownwood

* CRNA
* LVN
* Nurse Practitioner
* Physician Assistant
* Psychologist
* RN
* Certified or Licensed Surgical Assistant
* Scrub Technician

o Scrub Technician with successful completion of a specialized training program in Surgical Assisting (prior to 08/01/2011)

* Scribe