



Parkview Hospital
Medical Staff Bylaws Supplement
Allied Health Practitioner Manual
Effective August 10, 2021

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AHP Manual

A. COMPARISON of Advanced to Dependent AHP

Topic	Advanced Practitioners Advanced Practice Nurses (NP, CNM, CNS), Physician Assistant (PA-C), Neuropsychologists/Psychologists (PhD, PsyD, EdD), Anesthesia Assistant (AA) Clinical Therapist/Counselor (LCSW, LMHC, LMFT, LCAC)	Dependent AHP (D-AHP) Nurse (RN/LPN), Behavioral Health Associate, Surgical Tech, Certified Surgical First Assist (CSFA), Dental Assistant, Audiologist
Request for New Discipline	Recommendation to Board See PVH Request to Provide Services Policy	Recommendation to Board See PVH Request to Provide Services Policy
Initial Application	AHP application credentialed through Medical Staff	D-AHP Authorization - not credentialed
Criminal Background Check	No	Yes
Review and Recommendation	Credentials Committee	Chief Nursing Executive
Approval Process	Medical Staff Executive Committee recommendation to Board of Directors for Approval	Chief Nursing Executive approval
Orientation	Medical Staff Orientation	On-line general orientation
Reappointment	Credentialed through Medical Staff according to established cycle to include OPPE.	Annual evaluations by Medical Staff Sponsor with approval by Chief Nursing Executive
Authorization Type	Privileges	Scope of Practice
Continuing Education Requirements	Equivalent to medical staff specialty requirement/according to State license	Evidenced by Sponsoring physician at annual Authorization
Medical Staff Meetings	May attend as non-voting guests when requested by Medical Staff. May not attend medical staff peer review discussion.	May attend as non-voting guests when requested by Medical Staff. May not attend medical staff peer review discussion.
Communication	Medical Staff Services via email Medical Staff publications	Medical Staff Services via email Medical Staff publications
Evaluation	Focused and Ongoing Professional Practice Evaluation	Attestation by Sponsor at annual Authorization
Resolution of Issues	Hearing and appeal rights. Prior to Hearing and appeal level, Medical Staff Sponsor invited to meet with Chief Medical Officer or designee prior to action. Proposed action affecting privileges recommended by MSEC to Board of Directors for decision.	No hearing or appeal rights
On Call	No specific on call requirement. Medical Staff Sponsor call responsibility may not be delegated to AHP. AHP may be dispatched for EMTALA but cannot provide call in lieu of Sponsor.	No specific on call requirement. Medical Staff Sponsor call responsibility may not be delegated to D-AHP. D-AHP may be dispatched for EMTALA but cannot provide call in lieu of Sponsor.
New or Current Consultations	May consult on behalf of Sponsor and follow the patient, but Medical Staff member must physically assess the patient within 24 hours of admission.	May consult on behalf of Sponsor and follow the patient, but Medical Staff member must physically assess the patient within 24 hours of admission.

Supervisor – Medical Staff member overseeing AHP (according to Indiana State Department of Health)

Collaborator – Medical Staff member signing Collaborative Agreement (according to Indiana Nurse Practice Act) In this Parkview Hospital AHP Manual, “Sponsor” is used to identify the Supervisor/Collaborator.

B. AUTHORIZATION OF DISCIPLINES

The Board of Directors will determine which disciplines may provide services as AHPs, including privileges, scope of activities and qualifications, at Parkview Hospital. Authorized Disciplines at Parkview Hospital currently include:

Advanced Practitioners

Advanced Practice Nurses (NP, CNS, CNM) Physician Assistants (PA-C), Neuropsychologist/Psychologist (PhD, EdD, PsyD), Anesthesia Assistant (AA), Clinical Therapist/Counselor (LCSW, LMHC, LMFT, LCAC)

Dependent Practitioners

Registered Nurse, Licensed Practical Nurse, Behavioral Health Associate, Social Worker, Mental Health Counselor, Marriage & Family Therapist, Surgical Technician, Certified Surgical First Assistant, Dental Assistant

C. AFFILIATION - ALLIED HEALTH PRACTITIONERS

Parkview Hospital supports the Medical Staff's provision of efficient, safe, and high quality care through the assistance of Allied Health Practitioners and to maintain the standard of care for the patients we serve as well as compliance with legal and regulatory standards.

The legal and regulatory standards include:

- ❖ Provision of competent staff
- ❖ Defined qualifications and performance expectations, including age specificity for the standards identified
- ❖ Orientation
- ❖ Ensure assessment, maintenance, and improvement of competence
- ❖ Evaluation
- ❖ Encourage self-development and learning

D. DEFINITIONS

Allied Health Practitioners (AHP) are individuals who are not eligible for Medical Staff Membership, but who by virtue of their experience, education, training, applicable licensure, and demonstrated competence are qualified to provide services. For PVH, Allied Health Practitioners are divided into two categories: Advanced Practitioners and Dependent.

Advanced Allied Health Practitioners require a Medical Staff member Sponsor but may independently initiate and/or terminate treatment and work with the oversight of their Medical Staff member, or members of the Sponsor's group practice, not necessarily under their direct supervision. While they may have requirements for consultation in given clinical situations, these individuals may render care without a defined protocol. They are usually employed by their Sponsor but, in some instances, may have a collaborative agreement with a Medical Staff member and be a Hospital employee. Advanced Practitioners have Clinical Privileges as granted by the Hospital Board of Directors. In the case of an Allied Health Practitioner who will be hired as employee for Parkview Hospital, the credentialing process must be satisfactorily completed before the Parkview Human Resource department will process the aforementioned employment application.

An Advanced Practitioner credentialed as a Psychologist/Neuropsychologist must be sponsored by a member of the Medical Staff, not necessarily within the Advanced Practitioner's specialty of practice. In lieu of direct oversight, monitoring is conducted in accordance with the Medical Staff Quality Plan.

Dependent Allied Health Practitioners are not eligible for Medical Staff privileges but by virtue of their experience, education, training, licensure, and/or demonstrated competence are qualified to provide services to patients. Dependent Allied Health Practitioners do not initiate and/or terminate treatment without either the direct supervision of a Medical Staff member or the guidance of an established protocol approved by their Sponsor and the Medical Staff. Dependent Allied Health Practitioners may be employed by their Sponsor, have a defined Hospital specific Scope of Practice, and do not bill patients for their services under their own provider number. Examples of Dependent Allied Health Practitioners include surgical technicians who assist their Medical Staff member Sponsor in the operating room and registered nurses who assist their medical staff member Sponsor in the hospital setting. Dependent AHP's are not credentialed through the Medical Staff but are given "Authorization" to provide services to patients in accordance with their license and Scope of Practice, similar to the corresponding Hospital job description.

Authorized Disciplines are categories of health care providers approved by the Board of Directors of the Hospital to provide services in the Hospital as Allied Health Practitioners.

Clinical Privileges are services that may be performed by Advanced AHP's. All Advanced AHP's shall have Clinical Privileges rather than a Scope of Practice that may be granted upon recommendation of the Medical Staff and approved by the Hospital Board of Directors.

Scope of Practice is a listing of services that may be performed by a Dependent Allied Health Practitioner. All Dependent Allied Health Practitioners shall have a defined Scope of Practice rather than Clinical Privileges. Qualified applicants may provide services under a Scope of Practice upon authorization by the Chief Nursing Executive.

Medical Staff Sponsor is an Active or Courtesy Member of the Parkview Medical Staff who agrees to provide oversight for an Allied Health Practitioner. This individual agrees to be held accountable for the activities, performance, conduct and compliance of the AHP, as applicable.

Supervising Physician is the physician that is responsible for the care provided by the APP in a specific encounter of care. They will also be the physician attesting or co-signing the APP note.

ARTICLE I. ALLIED HEALTH PRACTITIONER AFFILIATION REQUIREMENTS

Section 1. Eligibility Requirement for Allied Health Practitioners

To be eligible for affiliation as an Allied Health Practitioner, the applicant must have the credentials of an Authorized Discipline (Article VII) and must have Clinical Privileges for which they are eligible based on criteria established by the Medical Staff and approved by the Hospital Board of Directors or a Scope of Practice based on approval by the Chief Nurse Executive.

Section 2. Effect of Other Affiliations

No person shall be entitled to provide medical or other services at PVH merely because he or she holds a certain degree, has a certain type of training, is licensed to practice in this or in any other State, is a member of any professional organization, is certified by any clinical or professional board, or because such person had or presently has the right to provide services at this hospital or at another health care facility, or holds a contract with the Hospital. Allied Health Practitioners are not members of the Medical Staff. Notwithstanding anything else contained in related policies to the contrary, the Hospital is under no obligation to accept or favorably act upon an application provided under the terms hereof without demonstrated evidence of quality and professional conduct.

Section 3. Restriction from Applying for Affiliation

- A. Any individual who has been employed by a Parkview Health entity and left under a final warning or performance evaluation of "does not meet expectations," or applied for employment or affiliation and did not pass the drug screen, is not eligible to apply for any position as an Allied Health Practitioner for a minimum of 12 months from the date of separation or the date of the failed drug screen. If the applicant applies for affiliation after that time period, he/she shall accept the burden of supplying any reasonable information required to relieve concerns regarding the previous history.
- B. Any individual involuntarily terminated by a Parkview Health entity for any reason other than job elimination or attendance issues may not apply for AHP affiliation.
- C. Any individual who was involuntarily terminated for a breach of confidentiality.
- D. Any individual suspended or terminated, at any time, from the Medicare/Medicaid program are not eligible for affiliation as an Allied Health Practitioner.

Any member of the Medical Staff may raise an AHP issue at any time to any member of the Medical Staff leadership Medical Director, or Medical Staff Services.

Any hospital employee may raise an AHP issue at any time to their administrator, direct supervisor, to the Hospital President or COO, or to the PH Quality Officer or PH Compliance Officer or their designee.

Section 4. Sponsoring Medical Staff Member Requirement

All Advanced and Dependent Allied Health Practitioners shall have a Medical Staff member Sponsor. The AHP shall be solely responsible for the establishment of an affiliation with a Medical Staff member Sponsor for this purpose. The Sponsoring Medical Staff member shall be held accountable for the activities, performance, conduct, and compliance of the AHP, as applicable.

Section 5. Application Requirement

Applicants must accept the burden of producing adequate information for a proper evaluation of current competence, character, and ethics. Any application that in the opinion of the Credentialing Committee, Medical Staff Executive Committee, Human Resources or the Chief Nurse Executive, lacks adequate information to assure current competence, character, and ethics will be considered incomplete and will not be processed. In the case of an Allied Health Practitioner who will be hired as an employee for Parkview Health, the credentialing process must be satisfactorily completed before the Parkview Human Resource department will process the aforementioned employment application.

Section 6. Reappointment

Advanced Allied Health Practitioners shall be required to submit a complete application for reappointment to be credentialed through the Medical Staff process at least every two years, to include an evaluation and attestation from the Sponsoring physician. Quality performance will be reviewed.

Section 7. Annual Authorization – Dependent AHP

Dependent Allied Health Practitioners shall be required to submit a completed Authorization form annually that includes an evaluation and attestation by the Sponsoring physician.

Section 8. Change in Clinical Privilege or Scope of Practice

- A. Requests for changes in Privileges or Scope of Practice will be accepted for consideration only if the activity has been defined within the approved Clinical Privileges or Scope of Practice for the discipline.
 - 1. If the activity or procedure has not been previously defined, the Sponsor is responsible to propose criteria for consideration following the same principles used to propose medical staff privileging criteria.
 - 2. If the request is to increase or change privileges/specialty, a new Privileges form must be completed and documentation provided that demonstrates current competency and qualifications. Review and recommendation by appropriate Medical Staff leadership, the Credentials Committee, MSEC and approval by the Board is required for AHP Privileges with the following exception:
 - 3. Requests for changes in Sponsor within the same group or specialty requires completion of a new Medical Staff Sponsor Attestation and Privileges form or Scope of Practice.
- B. Dependent AHP Hospital Scope reductions will be made administratively and require no further review except by the Hospital Chief Nursing Executive. Dependent AHP requests are reviewed and approved by the Chief Nursing Executive.

Section 9. Maintaining Current Credentials

Copies of the all documents provided by the applicant at initial application and at reappointment, along with primary source verification documents, shall be maintained in the electronic Medical Staff Services files and credentialing database.

It is the responsibility of the Allied Health Practitioner to provide the above information. Should the AHP fail to provide this information on a timely basis, they shall automatically be deemed ineligible to exercise their Clinical Privileges or Scope of Practice. In this event, both the AHP and Sponsoring Medical Staff Member shall be notified of the suspension. The Allied Health Practitioner shall immediately be re-instated upon receipt of the information required, unless sufficient time has passed so as to require further verification of credentials. If Clinical Privileges or Scope of Practice has been suspended for 30 consecutive days, this shall be considered a voluntary relinquishment of Privileges or Scope of Practice and Authorization as an Allied Health Practitioner.

Section 10. Non-AHP Clinical Providers

Individuals who are not employed by the Hospital but provide clinical services at the request of the Hospital, who do not require a collaborative or supervisory agreement with a Medical Staff Member, and who do not require Clinical Privileges to perform their service, may perform those services on a contractual basis rather than serving as an Allied Health Practitioner.

ARTICLE II. RESPONSIBILITIES OF ALLIED HEALTH PRACTITIONERS

Section 1. AHP's are required to meet the following requirements in applying and maintaining affiliation:

- A. Continuously meet qualifications for their discipline and demonstrate the expected competency for the clinical privileges granted or scope of practice.
- B. Perform only those services specifically authorized in their clinical privileges or scope of practice.
- C. Abide by the Bylaws and all associated Rules, Regulations, policies and procedures of the Hospital and Medical Staff.
- D. Provide patients with care at the level of quality and efficiency generally recognized as appropriate in accordance with professional standards.
- E. Abide by the Confidentiality Agreement outlined in applicable applications.
- F. Provide assistance in the event of an emergency as requested by hospital personnel.
- G. Maintain employment or other type of affiliation with a member in good standing of the Medical Staff, in which the Medical Staff Sponsor provides oversight for the acts and conduct of the practitioner.
- H. Maintain liability insurance in the amounts prescribed by the State of Indiana and/or acceptable to Parkview Hospital either through the Sponsoring Medical Staff member policy or individual policy.
- I. Inform Parkview Hospital immediately of any changes made or formal action initiated that could result in a change to any State or federal licensure, liability coverage, involuntary change of status or activities at other health care institutions, voluntary or involuntary change in Sponsoring medical staff member relationship and initiation and outcome of malpractice claims or professional disciplinary matters.
- J. Work with the Medical Staff, Hospital employees, Administration, volunteers, Board of Directors, and other Hospital representatives in a cooperative and civil manner, refraining from any activity that might be disruptive to the Hospital or Medical Staff operations.
- K. Reflect the Parkview Hospital customer service, safety and quality standards as well as the Parkview Health Standards of Behavior.
- L. Cooperate with and participate in quality, utilization, risk management, and accreditation processes.

- M. Refuse to engage in improper inducements for patient referral or any other illegal and/or unethical behavior.
- N. Comply with all accreditation, regulatory, and legal requirements by which the Medical Staff and Hospital must abide.
- O. Display identification as provided by Parkview Hospital at all times when engaged in professional activities in the Hospital.
- P. Introduce oneself to patients using appropriate credentials including the name of the supervising physician for that specific encounter. The term 'doctor' in clinical use with patients should be reserved for those with the following degrees: MD, DO, DDS, DPM
- Q. Participate in orientation provided by the Hospital.
- R. Read applicable PVH publications intended for general communication, directed to the Medical Staff or to the area in which the Allied Health Practitioner practices.
- S. Pay application fees and other assessments as determined by Parkview Hospital and the Medical Staff.
- T. Complete any ongoing educational activities as required per policy.

Section 2. Continuing Education

Continuing education is recommended for all health care providers to ensure current competence. Advanced AHP's are responsible for ongoing education equivalent to the requirements of their Sponsoring physician's specialty, or as indicated in specific AHP privileging criteria. For Dependent AHPs, the Sponsoring physician must attest annually that the AHP continually participates in ongoing education sufficient to maintain competence in their specialty. AHP's are welcome to attend continuing education programs sponsored by Parkview Health.

Section 3. Meeting Attendance

AHPs may attend Medical Staff meetings as non-voting guests upon invitation but may not remain present for peer review or other executive session, unless specifically-requested by the appropriate Medical Staff member for purposes of rendering information useful to the discussion or because they are the subject of the review.

Dependent AHP's shall not attend Medical Staff meetings unless invited by the Medical Staff Officers. Dependent AHP's may be invited to attend Hospital meetings upon invitation of the meeting leader. Dependent AHP's may attend those special events to which they are invited.

Meetings specifically for affiliated AHPs and/or Dependent AHPs may be called by PVH. These meetings may be designated as mandatory, as approved by the Medical Staff Officers.

Section 4. Performance and Continuous Improvement Participation

Allied Health Practitioners may participate upon invitation in various organizational improvement activities including clinical pathway development teams, preparation of teaching materials, LEAN and design teams.

Section 5. On Call Requirements

While a Medical Staff Sponsor or employer may contractually have an on call requirement for the AHP, the Hospital has no specific on call requirement for any individuals affiliated as Allied Health Practitioners. Although AHPs may indeed augment the service provided by their Medical Staff Sponsor when the Sponsor is on call, it is the responsibility of the Medical Staff member Sponsor to provide call coverage. This responsibility may not be delegated. For EMTALA purposes, an Advanced AHP may be dispatched; however, the Emergency physician may require a physician to respond. A Dependent AHP cannot serve to provide call in lieu of the Medical Staff Sponsor.

Section 6. Medical Record Documentation Requirements

Medical Record Documentation requirements are fully described in the Medical Staff Medical Record Completion Rules and Regulations policy.

Section 7. Consultations

Allied Health Practitioners, whose group/specialty have been asked to consult on patients, may follow the patients, but the consulting physician must physically assess the patient within 24 hours of the written consultation order. According to the Medical Staff Bylaws, this action cannot be delegated to the individual AHP, unless Alternative Consult privileges have been requested and approved for the specialty and AHP has received credentials for Alternative Consult. **Refer to Parkview Medical Staff Rules and Regulations, Rules Affecting All Medical Staff, Section B3.**

Section 8. Leave of Absence

Advanced Allied Health Practitioners shall be considered for a Leave of Absence following the provisions of the Medical Staff's Leave of Absence Policy.

Section 9. Withdrawal of Privileges or Scope of Service.

If the AHP chooses to discontinue the association as an Advanced or Dependent AHP, at a minimum, the AHP must contact Medical Staff Services immediately so that the appropriate action will be put in motion to remove the AHP from the active AHP list.

ARTICLE III: SPONSORING MEDICAL STAFF MEMBER

Section 1. Eligibility to Sponsor an Allied Health Practitioner

Any member in the Active or Courtesy Medical Staff in good standing may serve as a Sponsor for an Allied Health Practitioner.

Section 2. Responsibility of the Medical Staff Sponsor

- A. A medical staff member may Sponsor no more than five (5) Advanced AHPs total.
- B. The scope and extent of services performed by AHPs shall be consistent with the privileges held by the Medical Staff Sponsor, i.e., a psychiatrist shall not Sponsor a surgical technician. Exception may be granted to an Advanced AHP credentialed as a Psychologist/Neuropsychologist, due to the nature of the specialty and privileges granted.
- C. Medical Staff members who wish to serve as a Sponsor for an Allied Health Practitioner are required to abide by the following:
 1. To be held accountable for the activities, performance, conduct, and compliance of their Sponsored Allied Health Practitioner.
 2. To sign the application attestation of the AHP to confirm that the Sponsoring Medical Staff member does contract with or employ the AHP, and to acknowledge that both the Sponsoring Medical Staff member and the AHP understand the parameters established by the Hospital and its Medical Staff for the Discipline.
 3. To provide the required oversight for the AHP.
 4. To provide a written statement that the Medical Staff Sponsor currently has and will maintain liability insurance covering the Sponsored AHP, or have confirmed that their AHP continues to maintain their individual liability insurance in such amount as to be considered a covered health care provider under the Indiana Patient Compensation Fund.
 5. To designate another member of the Medical Staff who will assume responsibility for the AHP whenever the Sponsoring Medical Staff member is unavailable, if unavailable for reasons other than suspension.
 6. To provide immediate notice to Parkview Hospital on the date the Medical Staff member becomes aware of any grounds for suspension or termination of the Medical Staff Sponsor with any healthcare facility, managed care entity, state licensing board, or the Medicare or Medicaid Program. Failure to comply with this requirement or failure to properly oversee the AHP, as required, shall be grounds for disciplinary action against the Medical Staff member, under the Medical Staff Bylaws.
 7. To provide immediate notice to Parkview Hospital if the Medical Staff member becomes aware of any grounds for suspension or termination of the AHP's affiliation with Parkview Hospital.
 8. An Advanced AHP credentialed as a Psychologist/Neuropsychologist may practice independent of their Medical Staff sponsor to the extent as indicated in their privileges granted. In lieu of direct oversight, Ongoing Professional Practice Evaluation is conducted in accordance with the Medical Staff review process as outlined in the Parkview Hospital Medical Staff Quality Plan.

Section 3. Allied Health Practitioners Affiliated with a Group Practice

All Advanced and Dependent AHPs requiring a Medical Staff Sponsor shall have a single Sponsor of record. It is acknowledged, however, that a group practice may share AHPs. In this instance, the Sponsoring Medical Staff Member remains accountable for their AHP, and the Medical Staff Member directly providing oversight for the AHP agrees to be accountable for the AHP's activities, performance, conduct, and compliance while under their direction.

Section 4. Allied Health Practitioner Oversight by Non-Sponsoring Medical Staff Member

Whenever the Sponsoring Medical Staff member for an AHP is unavailable, the Sponsor must designate another member of the Medical Staff who agrees to assume responsibility for the AHP in their absence or the AHP must not exercise their clinical privileges or scope of practice. In this instance, the Sponsoring Medical Staff Member remains accountable for the AHP; and, the Medical Staff Member directly providing oversight for the AHP agrees to be accountable for the AHP's activities, performance, conduct, and compliance while under their direction.

Section 5. Suspension/Resignation of the Medical Staff Sponsor

If at any time all clinical privileges of a Medical Staff Sponsor are suspended or relinquished, the clinical privileges or scope or practice of their AHP shall be automatically relinquished until the Sponsoring Medical Staff Member's privileges are reinstated. Any change in clinical privileges of a Sponsoring Medical Staff member shall be cause for re-evaluation of their AHP's clinical privileges or scope of practice. If the Sponsoring Medical Staff member terminates appointment with the Medical Staff, the Allied Health Practitioner's affiliation shall automatically be terminated. The oversight Medical Staff Sponsor must be an active member of the PVH Medical Staff.

Section 6. Change of Medical Staff Sponsor Procedure

In the event that the AHP's Sponsoring Medical Staff member terminates appointment with the Medical Staff either voluntarily or involuntarily, the AHP's affiliation shall also immediately terminate. Likewise, the scope of practice or privileges, as applicable, of the practitioner will be affected by changes in their Medical Staff Sponsor's privileges or group affiliation. Exception will be granted, provided there are no other issues, in the event of a Sponsor's voluntary resignation when the Change of Sponsor procedure is completed in advance of the effective date.

Should a Medical Staff Sponsor desire to pass responsibility for their AHP to another, the following procedure will occur:

A. Sponsor Change Only

If the AHP's practice association will remain the same, the scope of practice is remaining the same or being reduced, and Medical Staff Services has identified no reason that the Medical Staff Sponsor may be internally prohibited from supervising an AHP, the AHP and Medical Staff Sponsor will be required to complete a new Medical Staff Sponsor Attestation and, whichever is applicable, a Clinical Privileges or a new Scope of Practice. The change will be made administratively and requires no further review.

B. Sponsor Change with Additions

If any of the above conditions are not met, a new Sponsor Attestation and either Clinical Privileges or Scope of Practice must be completed and reviewed for recommendation by appropriate Medical Staff leadership or Chief Nursing Executive. The usual approval process will be required.

The original Medical Staff Sponsor remains accountable for the AHP until the process is complete, unless the AHP privileges or Scope of Practice have been relinquished by the Medical Staff Sponsor's termination of Medical Staff privileges at the hospital.

ARTICLE IV: ALLIED HEALTH PRACTITIONER EVALUATION AND PERFORMANCE REVIEW

Section 1. Evaluation of Performance

Advanced Allied Health Practitioners

- A. On a periodic basis, but at least every eight months during their affiliation period, the Quality Department will randomly pull patient medical records for each Advanced AHP to review the care provided within the affiliation period for professional practice evaluation. Emphasis will be placed on medical record documentation and performance of any authorized procedures or services. Any quality, patient safety, and/or performance improvement opportunities identified will be addressed on an ongoing basis and shall be subject to Peer Review protection.

On a biennial basis, each Advanced AHP will undergo Reappointment that reflects the same processes as those for Medical Staff. A processing fee will be assessed and due at Reappointment.

When the Reappointment application is deemed complete, it will be forwarded to the appropriate leadership of the Medical Staff for review and recommendation followed by the Credentials Committee, Medical Staff Executive Committee and approval by the Board within the time frames defined by the Medical Staff.

- B. Additional Privileges for Patient Visit by Advanced AHP's in Place of Physician Daily Visit and specialty specific Alternative Consult privileges may be granted upon request and determination of appropriateness. **Refer to Parkview Medical Staff Rules and Regulations, Rules Affecting All Medical Staff, Section E.**

Approval of medical care guidelines may be required, as those listed below:

Guidelines for Medical Practice in the Critical Care Setting (Adult)

Mid-Level Visit in Place of Physician – Advanced Practice Nurse (NP) or Physician Assistant

Licensed and certified NP's and PA's see patients assigned to the Intensivist (Critical Care Service) as part of a collaborative and supervised practice. Advanced Practice (AP) Practitioners practice within the scope of their training and licensure at all times. All practitioners have completed the SCCM Fundamentals Support Course. If the AP Practitioner feels that a patient is too complex or unstable for the AP practitioner to care for, then the patient's care is transferred to a critical care staff physician.

A collaborative or supervising physician is immediately available at all times 24/7 to the AP practitioner. In addition, each AP practitioner has a specific sponsoring physician assigned to that practitioner for purposes of credentialing.

AP Practitioners typically see stable ICU patients, patients awaiting transfer out of the Intensive Care Units, and patients on surgical services with stable medical problems. Whenever possible the total number of patients assigned to the AP is limited to about 10 patients. Unstable patients are assigned to the physician members of the critical care team.

All orders and notes by AP's are cosigned by critical care physicians. In addition, patients rounded on by the AP are reviewed or seen by a critical care physician daily.

Dependent AHPs

- A. On an Annual basis, Dependent AHPs shall be required to submit a completed Authorization form which includes an evaluation and attestation of the Sponsoring physician.

ARTICLE V: APPLICATION PROCEDURE FOR ALLIED HEALTH PRACTITIONERS

Section 1. Refer to Parkview Medical Staff Services Procedures for Processing AHP Applications and Authorizations

Section 2. Accessibility of Clinical Privileges

A copy of the Clinical Privileges of an Advanced AHP shall be available to the clinical area in which the services are performed.

ARTICLE VI: DENIAL OR REVOCATION OF AFFILIATION, INVOLUNTARY REDUCTION OF SCOPE OF PRACTICE/CLINICAL PRIVILEGES, RESOLUTION OF ISSUES

Section 1. Authority to Revoke or Reduce an Affiliation or Scope of Practice

Should an Allied Health Practitioner at any time not fulfill their obligations for continued affiliation as delineated in this document, the authority to deny/revoke their affiliation or deny or revoke any or all of their Scope of Practice or Clinical Privileges shall rest with the same office or body empowered to approve their affiliation or Scope of Practice or Clinical Privileges initially. In the case of a Dependent Allied Health Practitioner, that authority rests with the Chief Nursing Executive. In the case of an Allied Health Practitioner, that authority shall rest with the Hospital Board of Directors.

Section 2. Resolution of Issues

When issues of any kind are identified, AHPs may be subject to a range of resolution activities. These activities can range from collegial interactions, i.e., word to the wise, to formal disciplinary review. Authorization to provide services may be suspended at the discretion of any two of the following: Any Medical Staff Officer or their designee and the Hospital President/COO, or designee.

Medical Staff Sponsors shall be advised of any collegial interactions and are expected to participate. In the event of an issue requiring resolution beyond collegial interaction, the Sponsoring Medical Staff member shall be invited to a meeting to discuss resolution of the issue. This meeting shall include the Sponsor, an appropriate Medical Staff Leader or designee, and the Vice President or designee for the area from which the concern originated, if applicable. The Medical Staff may, at their discretion, utilize other established Medical Staff peer review committees and processes or create ad hoc arrangements to review and address concerns.

If the Medical Staff Sponsor is unsatisfied with the resolution, the matter may be taken to the MSEC for reconsideration. With respect to AHPs, the determination of the MSEC shall be sent to the Board of Directors for action. Such process is under the full protection of Indiana law.

Medical Staff Leadership involved in addressing any issue shall also review the issue to determine whether the Sponsoring Medical Staff Member has failed in their responsibility to provide oversight.

In the event the individual at issue is a hospital-employed Advanced AHP simultaneously monitored by the Medical Staff, the issue will be addressed by Hospital management in accordance with Human Resources Policies. The decision of the Hospital shall be final.

ARTICLE VII: AUTHORIZATION OF NEW DISCIPLINES TO PROVIDE SERVICES

The Medical Staff policy provides for provision of authorization of new disciplines

ARTICLE VIII: AUTHORIZATION OF NEW OR AMENDED CLINICAL PRIVILEGES OR SCOPE OF PRACTICE

All proposals for new or amended Clinical Privileges or Scope of Practice for Allied Health Practitioners shall be directed to Medical Staff Services. Requests must be in writing and may come from any Member of the Medical Staff, a member of the Parkview Board of Directors, the President/COO of the Hospital, or any current Allied Health Practitioner. The request must include a description of the desired clinical Privileges or new Scope of Practice or the amendment proposed for a current clinical Privileges or Scope of Practice. After gathering input from sources, a draft of a proposed clinical Privileges or Scope of Practice or amended clinical Privileges or Scope of Practice shall be prepared by Medical Staff Services. The draft of the new document shall proceed through Medical Staff Committees as deemed appropriate, and a recommendation shall be forwarded to the MSEC. In the same fashion as authorization of a new Discipline, the MSEC shall make a recommendation to the Hospital Board of Directors and the Hospital Board of Directors shall approve or disapprove the proposed clinical Privileges or Scope of Practice.

ARTICLE IX: AMENDMENT OF THE ALLIED HEALTH PRACTITIONER MANUAL

This manual may be amended at any time by recommendation of the Parkview Credentials Committee and the Medical Staff Executive Committee, with final approval by the Parkview Board of Directors.

Parkview Hospital includes Parkview Regional Medical Center, Parkview Hospital Randallia, and Parkview Behavioral Health

Compiled in 2010 from previously existing policies

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Policies Procedures Bylaws/Manuals/AHP Manual Revisions