

Medical Staff Bylaws, Policies, Rules & Regulations
Complementary & Allied
Health Manual

November 4, 2008

For questions regarding these or any other policies, please contact Medical Staff Services at (260) 373 3333.

Approvals: 8/31/07 (OHPN Board)
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Complementary & Allied Health Practitioners

Goal

Ensure compliance with accreditation standards for care providers accompanying medical staff members, not only for legal, regulatory, and accreditation purposes, but because its the right standard of care for our patients.

Vision

To support the Medical Staff's provision of efficient, high quality, and safe care through the assistance of Complementary & Allied Health Practitioners

- Safe Environment
- Effective Patient Care Operations

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Note: Scopes of Practice and Privileges, as well as any related criteria, are filed separately.

I. AHP/CHP COMPARISON

Topic	CHP Examples NP PA CRNA	AHP Examples LPN, RN, ST
Documentation	Manual incorporated in Medical Staff documents	Same
Request for New Discipline received.	Board Deployed Ad Hoc See Request to Provide Services Policy	Board Deployed Ad Hoc See Request to Provide Services Policy
AHP or CHP?	General Affiliation Policy defines.	General Affiliations Policy defines.
Initial Application	MS-equivalent application processed by MSS/MS; \$250 (\$ = MS app fee)	HR-equivalent application processed by MSS: \$97 (\$ = drug screen, verification costs)
Approval Process	MS review and approval process	App. Forwarded to Senior Nursing Officer for approval.
Orientation	MS-equivalent orientation	Orientation Video
Re-affiliation Process	Biennial; completed during Med Staff cycle, use Med Staff processes. Includes a Peer eval.	Annual: Evals from Med Staff sponsor and pt. care mgt.
Authorization Type	Privileges	Scope of Practice
Continuing Education Requirements	Equivalent to medical staff specialty requirement.	Evidence of CME via statement from sponsor
Meetings	May attend meetings upon invitation. Hospital may call special mtgs.	May attend meetings upon invitation. Hospital may call special mtgs.
Communication	OHPN publications; MSS; special meetings.	OHPN publications; MSS; special meetings.
Quality Assurance	Quarterly Chart Review; Continuous Prac Eval	Sponsor and Internal Nursing Evals
Resolution of Issues	Hearing or appeal rights. Prior to H&A level, Med Staff sponsor invited to meet w/ CMO Director & COO (or designees) prior to finalization of action.	No hearing or appeal rights. Med Staff sponsor invited to meet w/ CMO & COO/VP (or designees) prior to finalization of action. Adverse recommendations to MEC for decision.
On Call	No specific individual call requirements. May augment Sponsor's efforts.	No specific individual call requirements. May augment Sponsor's efforts.

II. AFFILIATION - COMPLEMENTARY & ALLIED HEALTH PRACTITIONERS

OHPN supports the Medical Staff's provision of efficient, safe, and high quality care through the assistance of Complementary and Allied Health Practitioners and ensures compliance with legal and regulatory standards not only for accreditation purposes, but to uphold the standard of care for our patients.

Those standards include:

- ❖ Provision of competent staff.
- ❖ Defined qualifications and performance expectations, including age specificity for the standards identified.
- ❖ Ensure an orientation has occurred.
- ❖ Ensure assessment, maintenance, and improvement of competence occurs.
- ❖ Perform ongoing, periodic competence assessment, including age specificity for the standards identified.
- ❖ Encourage self-development and learning.

General Definitions

Those granted Complementary and Allied Health Practitioners authorization shall be individuals who are not otherwise eligible for membership on the Medical Staff, but who, by documented education, experience and/or training, applicable licensure or certification, and demonstrated competence are qualified to provide services needed or desired by a sponsoring member of the Medical Staff and approved by OHPN.

Complementary and Allied Health Practitioners will be divided into two categories, based on the State of Indiana's defined scope of practice and the way each will function in the organization as determined by the Hospital, among other factors:

- 1) **Allied Health Practitioners (AHP)** - Practitioners who are dependent upon members of the Medical Staff to provide clinical services. They may not initiate, modify, and terminate treatment without a supervising Medical Staff member's direction or the guidance of an established protocol approved by Medical Staff Leadership. Overall AHPs are managed with processes that reflect those used by Human Resources for employees and agency staff.
- 2) **Complementary Health Practitioners (CHP)** - Practitioners who are not immediately dependent on a member of the Medical Staff to provide clinical services. They may be permitted to assess, initiate, modify, or terminate treatment according to their approved privileges under the oversight of a medical staff member and/or the guidance of an established protocol approved by Medical Staff Leadership. In addition Physician Assistants and Advanced Practice Nurses employed by the Hospital shall also be subject to the provisions for CHPs. Overall, CHPs are managed with Medical Staff processes.

Please refer to the specific policies detailing Complementary and Allied Health Practitioners found later in this manual and in discipline-specific privilege forms and scopes of practice for additional information.

Authorization of Disciplines

The Board will determine which disciplines may provide services as AHPs or CHPs, including scope of activities and qualifications, at OHPN as outlined in the Request to Provide Services Policy.

Authorized Disciplines at OHPN currently include:

CHP	AHP
Physician Assistant (PA)	Registered Nurse (RN)
Nurse Practitioner (NP)	Licensed Practical Nurse (LPN)
Certified Registered Nurse Anesthetist (CRNA)	Surgical Technician (ST or CST)

Effect of Other Affiliations

No person shall be entitled to provide medical or other services at OHPN 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. Complementary and Allied Health Practitioners are not members of the Medical Staff nor employed by OHPN when serving in the capacity described as AHP or CHP. Notwithstanding anything else contained in related policies to the contrary, the

Hospital is under no obligation to accept or favorably act upon a proposal or an application provided under the terms hereof.

General Requirements

To apply for and maintain affiliation, all Complementary and Allied Health Practitioners are required to:

- Continuously meet the qualifications and demonstrate expected competency for their Discipline, as defined by OHPN in conjunction with the Medical Staff.
- Abide by the Bylaws and all associated rules, regulations, and policies of the Hospital and Medical Staff.
- Provide patients with care at the level of quality and efficiency generally recognized as appropriate by professional standards.
- Abide by the Confidentiality agreement outlined in the Affiliation Application.
- Provide assistance in the event of an emergency as requested by unit personnel.
- Have employment or other type of affiliation between themselves and a member in good standing of the Medical Staff, in which the Medical Staff member assumes full responsibility for the acts and conduct of the practitioner.
- Maintain liability insurance in the amounts proscribed by the state of Indiana and/or acceptable to OHPN either through their sponsoring member's policy or their own.
- Inform OHPN 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 and involuntary change in sponsoring medical staff member relationship and initiation status and outcome of malpractice claims or professional disciplinary matters.
- Work with other individuals and organizations in a cooperative, professional and civil manner and refraining from any activity that is disruptive of Hospital or Medical Staff operations.
- Reflect the Hospital's customer service ideals, as reflected in the Mission, Vision, and Values.
- Cooperate with and participate in quality, utilization, risk management, performance assessment, accreditation readiness, and continuing education activities.
- Refuse to engage in improper inducements for patient referral or other unethical behavior.
- Pay application fees and other assessments as determined by the Hospital and/or Medical Staff.
- Perform only those services specifically authorized in individually-approved Scope of Practice or Privileges, as applicable.
- Comply with all accreditation, regulatory, and other legal requirements in partnership with the Medical Staff and Hospital.
- Display identification as provided by OHPN at all times that the practitioner is present in the Hospital engaged in their approved scope of practice or privileges, as applicable.
- Participate in an orientation provided by the Hospital appropriate to the affiliation.
- Complete any ongoing educational activities required by the Hospital or Medical Staff.

Sponsoring Medical Staff Member:

All medical staff members are eligible to sponsor an AHP and/or CHP. Medical Staff Members shall be held accountable for the activities, performance, conduct, and compliance of Complementary and Allied Health Practitioners under their sponsorship through the Medical Staff Bylaws and associated policies. A written statement, for signature from the sponsoring member, accompanies all applications confirming that he/she does contract with or employ the practitioner and ensures liability insurance is maintained, and will at all times be responsible for the practice of the practitioner. If unavailable for reasons other than suspension, he/she shall designate another member of the Medical Staff who will assume such responsibility temporarily.

Sponsors shall also be required to sign their applicant's Scope of Practice or Privilege request, as applicable, to acknowledge awareness of and accountability to the parameters established by the Hospital for the Discipline. Upon approval of affiliation, notification and a copy of the approved Scope of Practice or Privileges, as applicable, will be sent to both Sponsor and the AHP /CHP.

All CHPs and AHPs must have a single sponsor of record, although it is acknowledged that a group practice may share CHPs or AHPs to assist with special procedures, to provide vacation coverage for other CHPs or AHPs, etc. Ideally a medical staff member sponsors no more than three (3) of any combination of CHP and AHP.

The scope and extent of services performed by Complementary and Allied Health Practitioners shall be based on OHPN's uniform job descriptions (if applicable), and limited to specific, delegated functions as they relate to the Medical Staff member's privileges, and for which the practitioner is qualified by documented training, experience, applicable licensure and/or certification, and demonstrated competency.

It shall be the responsibility of the sponsoring Medical Staff member to provide immediate notice to OHPN on the date he/she becomes aware of any grounds for suspension or termination of affiliation. Failure to comply with this requirement, or failure to properly supervise the Complementary and Allied Health Practitioner as required, shall be grounds for disciplinary action against the Medical Staff member under the Medical Staff Bylaws.

Application

Application processes for Complementary and Allied Health Practitioners shall be outlined in specific policies for each category. CHP processes are the same as Medical Staff processes. AHP processes reflect the Hospital's employment processes. The primary applicant is the sponsoring Medical Staff member, and with the AHP/CHP applicant, is accountable for the provision of a completed application.

Applicants must accept the burden of producing adequate information for a proper evaluation of competence, character, ethics, and reasonable evidence of current ability to perform the scope of practice or privileges requested, and any other qualifications outlined in the associated application forms, policies, and scope of practice delineation.

Applicants shall release from any liability all representatives of the Hospital and Medical Staff for their acts performed in good faith and without malice in connection with evaluating the applicant and their credentials; and all individuals and organizations who provide information to the Hospital in good faith and without malice concerning the applicant's competence, ethics, character, and other qualifications, including otherwise privileged or confidential information. Applicants further acknowledge that all such information will be shared with their Medical Staff sponsor.

Restrictions from Applying

Any practitioner who has been employed by a Parkview Health or Orthopaedic Hospital 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 restricted from applying for at least 12 months from date of separation from that entity. The applicant shall accept the burden of supplying any reasonable information to relieve concerns regarding the previous history.

Any practitioner who has been employed by a Parkview Health or Orthopaedic Hospital entity and was involuntarily terminated, for any reason other than job elimination or attendance/ tardiness issues, or has been suspended from Medicare/aid participation may not apply and will not be considered for CHP or AHP affiliation.

Any practitioner who has been affiliated with Parkview Health or Orthopaedic Hospital in any way and whose affiliation was terminated for breach of confidentiality may not apply and will not be considered for CHP or AHP affiliation.

Any member of the Medical Staff may raise an issue regarding a current or applicant AHP or CHP at any time to any member of Medical Executive Committee (MEC), Chief Medical Officer, or Medical Staff Services. Any hospital employee may raise an issue at any time to their direct supervisor.

Performance Improvement/Quality Assurance Activities

Complementary and Allied Health Practitioner involvement may participate upon invitation in various organizational improvement activities through their participation in activities including clinical pathway development teams, preparation of teaching materials, and design teams. Performance review for CHPs and AHPs is outlined in their respective policies.

File Maintenance

Current copies of the following documents shall be kept on file in Medical Staff Services at all times:

- Verifications of current license
- Copy of professional certification, as applicable
- Current CSR and DEA, if applicable
- Evidence of Malpractice Insurance (usually contained in medical staff sponsor's file)
- AHA Healthcare Provider CPR certification, ARC Healthcare Provider CPR, AHA Basic Life Support Instructor Program, ARC Instructor for the Professional, or American Safety & Health Institute CPR Pro for the Professional Rescuer.
- Result of annual Mantoux (TB) test
- Any other requirements specified in Scope of Practice or Privileges

It is the responsibility of the AHP or CHP to provide all copies except stated verifications of the above information.

Should the information not be provided in a timely manner, authorization to exercise Scope of Practice or Privileges shall automatically cease until the required information is provided.

Resolution of Issues

When issues of any kind are identified, AHPs and CHPs may be subject to a range of resolution activities. These activities may 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: The Chair of the MEC or his/her designee AND the Hospital President or his/her designee. Resolution processes specific to CHP loss of privileges are described more specifically in the CHP policy.

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 involved Medical Staff Leader 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 by the resolution, the matter may be taken to the MEC for review. The determination of the MEC shall be final. All of these activities are deemed peer review activities, and are performed under the full protection of IC 34-30-15.

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 appropriately supervise his/her AHP or CHP, as described in the Bylaws (II.3.k), following procedures described in Medical Staff Bylaws and associated Policies, if such concern exists.

***Note:** In the event the individual at issue is a hospital-employed NP, CRNA, or PA (simultaneously monitored by the Medical Staff), the issue will be addressed by Hospital management in accordance with Personnel Policies. The decision of the Hospital shall be final.

Change of Sponsor Procedure

In the event that the practitioner's sponsoring Medical Staff member is suspended or terminates appointment with the Medical Staff either voluntarily or involuntarily, the practitioner'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 Sponsor desire to pass responsibility for their AHP/CHP to another, the following procedure will occur:

- If the AHP/CHPs practice association will remain the same, the scope of practice is remaining the same or being reduced, and MSS has no reason to believe that the Sponsor may be internally prohibited from supervising a

AHP/CHP, the AHP/CHP and Sponsor will be required to complete a new Medical Staff Sponsor Attestation and a new Scope of Practice. The change will be made administratively and requires no further review.

- If any of the above conditions are not met, a new Sponsor Attestation and Scope of Practice must be completed and reviewed for recommendation by appropriate medical staff leadership. The usual approval process will be required. The original sponsor remains accountable for the AHP/CHP until the process is complete.

Change of Scope or Privilege Procedure

Requests will be accepted for consideration only if the activity has been defined within the approved Scope of Practice or Privileges for the discipline. 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.

Should a Sponsor desire to change his or her AHPs Scope of Practice or CHPs Privileges, the following procedure will occur:

- If the Privileges or Scope of Practice are being reduced, the AHP or CHP and Sponsor will be required to complete a new Medical Staff Sponsor Attestation and a new Privileges form or Scope of Practice. AHP Scope reductions will be made administratively and require no further review. CHP Privilege changes must follow the same recommendation process described for increases or changes with the following exception:

Under the following circumstances, the requestor may be relieved of the privilege(s), subject to the recommendation of the MEC and ratification of the Board:

- The requestor is an existing medical staff member or CHP in good standing; and,
- There is no reason to believe that the requestor is resigning a privilege to avoid an investigation; and,
- The Chair of MEC (or designee) and the Hospital President (or designee) concur that the requestor has made a reasonable request.

- If the request is to increase or change (for example, a change of Specialty) a new Scope or Privilege form must be completed and documentation provided that demonstrates the current competency and qualifications to expand the Scope of Practice or Privileges. Review and recommendation by appropriate the MEC and Board approval is required for CHP Privileges with the following exception:

Under the following circumstances, the requestor may exercise the privilege(s), subject to the MEC's recommendation and Board ratification:

- The requestor is an existing CHP in good standing; and,
- Specific privilege criteria exists, having been approved by Medical Staff and Board at some point previously; and,
- The requestor clearly meets the minimum eligibility standards outlined in the privilege criteria; and,
- All required verification steps have been completed by Medical Staff Services; and,
- The Chair of MEC (or designee) and the Hospital President (or designee) concur that the requestor has demonstrated his/her current competence to exercise the privileges(s) requested.

AHP requests are reviewed and approved by the Senior Nursing Officer.

Medical Record Documentation Requirements

Medical Record Documentation requirements are fully described in the Medical Record Completion Rules and Regulations and referenced in each Scope of Practice or Privilege Form. Addendum B of the Medical Record Completion Rules and Regulations is a one-page compilation of all requirements. Addendum B will accompany all AHP and CHP applications.

On Call Requirements

While a Medical Staff Sponsor may contractually have an on call requirement for his/her AHP/CHP, the Hospital has no specific on call requirements for these categories of practitioner. Although AHPs and CHPs may indeed augment the service provided by their Sponsors, 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 AHP or CHP may be dispatched; however, at their discretion the Emergency physician may require a physician to respond.

Other Policies and Procedures

Policies and procedures for the further implementation of this policy may be created upon recommendation of the Medical Executive Committee, as the issue relates to their responsibilities.

III. COMPLEMENTARY HEALTH PRACTITIONERS

The Affiliation Policy on Complementary and Allied Health Practitioners describes the categorization of practitioners, general requirements, responsibilities of sponsoring Medical Staff members, and other information. The intent of this policy is to further delineate issues unique to the role of Complementary Health Practitioner.

1. Application

Applications for affiliations shall be requested through Medical Staff Services with the recommendation that this is requested at least 3 months prior to the intended effective date of affiliation. Applications will be provided only for those who meet the threshold qualifications defined in the appropriate Privilege document.

The application must be completed in its entirety, as defined by the application itself and all requested attachments, or be subject to the same terms and conditions outlined in the Medical Staff Incomplete Application policy.

The application shall be returned to Medical Staff Services for verification processing. When received, it must be accompanied by a processing fee equal to the fee assessed to an applicant to the Medical Staff due to the extent and nature of verifications performed.

2. Processing

Verifications will be obtained as outlined in the Credentials Verification for Complementary Health Practitioners policy, which reflects the same processes as those for Medical Staff. When the application is deemed complete, it will be forwarded to the appropriate leadership of the Medical Staff and the MEC for review and recommendation before proceeding to the Board for approval. Any authority within the review/approval process may demand an interview with the applicant, the sponsoring Medical Staff member, or both.

3. Orientation

All CHPs shall be required to participate in an orientation provided by the Hospital. The orientation will be the same as that provided to Medical Staff.

4. Evaluation of Performance / Reaffiliation

CHPs are granted affiliation and privileges for no more than a 24-month period. On a periodic basis during their affiliation period, quality assurance and performance improvement review will occur. The CHP will be requested to provide a list of patients to whom they provided care within the affiliation period, unless a more efficient mechanism is available for identification of CHP participation in care. Emphasis will be placed on medical record documentation and performance of any authorized procedures or services. Any performance improvement opportunities identified will be addressed on an ongoing basis.

On a biennial basis, each CHP will undergo a re-affiliation assessment that reflects the same processes as those for Medical Staff. A processing fee will be assessed equivalent to Medical Staff dues for a two-year period. If an application for re-affiliation has not been completed and approved in the timeframes defined by the medical staff, the CHPs affiliation and associated privileges will expire.

In all cases, statements from the CHPs sponsor and from a peer regarding the CHPs performance will be required.

When the re-affiliation application is deemed complete, it will be forwarded to the Chief Medical Officer and Chair of MEC for review prior to presentation to the MEC for recommendation. The MEC recommendation will proceed to the Board for approval. Any authority within the review/approval process may demand an interview with the applicant, the sponsoring Medical Staff member, or both.

5. Resolution of Issues / Hearing & Appeal

General resolution practices are described in the AHP/CHP Affiliation Policy. In the event there is recommendation to terminate or not renew all or any portion of clinical privileges and/or affiliation, or to deny requested affiliation or addition of privileges, or the imposition of suspension for other than administrative reasons, CHPs are entitled to a Hearing provided by the MEC and an Appeal provided by the Board. These processes are fully described in the Medical Staff Bylaws.

*Note: In the event the individual at issue is a hospital-employed NP, CRNA, or PA (simultaneously monitored by the Medical Staff), the issue will be addressed by Hospital management in accordance with Personnel Policies. The decision of the Hospital shall be final.

6. Leave of Absence

Complementary Health Practitioners may be considered for a Leave of Absence following the provisions of the Medical Staff's Leave of Absence Policy.

7. Continuing Education

CHPs will be required to demonstrate continuing education to maintain and enhance professional competence. Requirements will be delineated in the privileges associated with each approved discipline and will be equivalent to the CME requirements of their Sponsor's specialty.

CHPs are welcome to attend continuing education programs sponsored by OHPN. Should there be any fees or assessments per participant, they shall be the responsibility of the CHP.

8. Meetings

CHPs may attend meetings as non-voting guests when invited. At no time may a CHP remain present for peer review or other executive session, unless specifically requested by the chair for purposes of rendering information useful to the discussion or because they are the subject of the review.

Meetings specifically for affiliated CHPs may be called by OHPN. These meetings may be designated as mandatory, as approved by the Chair of MEC.

9. Communication

CHPs are encouraged to read all OHPN publications intended for general communication, directed to the Medical Staff or to the area in which the CHP practices.

IV. CREDENTIALS VERIFICATION FOR COMPLEMENTARY HEALTH PRACTITIONERS (Includes Initial and Re-affiliation)

A. INITIAL APPLICATION PROCESS:

1. Requests for Initial Application

The application and all appropriate enclosures will be sent within two full working days to qualified applicants, provided a policy exists describing the practitioner's discipline and privileges OR unless advised to hold by the CMO, Chair of MEC or their designee. If the discipline requested is not currently authorized by OHPN, the requestor will be referred to the Request to Provide Services policy.

2. Processing Initial Applications

Upon receipt of a completed application, including all required documentation and attachments as defined by the application and addenda, PVH MSS will process the application as described in the Medical Staff's policy on Initial Application Verification and Processing, with the following variations:

Education/Training - Relevant to the Discipline and Privileges requested.

Practice (work-related) History

If the applicant is/was employed by Parkview Health or OHPN, or held any other kind of affiliation, such information will be reviewed. If the applicant is not considered eligible for renewal of association, as outlined in the Restrictions from Applying section of the General Affiliation policy, the applicant will be deemed ineligible for further consideration.

Professional Certification, including AHA Healthcare Provider CPR, ARC Healthcare Provider CPR., AHA Basic Life Support Instructor Program, ARC Instructor for the Professional, or American Safety & Health Institute CPR Pro for the Professional Rescuer.

Malpractice Insurance, if CHP is/was included in sponsoring physician's policy, his/her history may not be verifiable.

Peer References

Three references (one non-sponsoring physician & 2 peers (ie, PA for PA, etc.) who are familiar with applicant's practice) will be obtained for each practitioner. If there is no existing peer who is familiar with the applicant's practice, additional physicians or other disciplines with similar responsibilities may be substituted.

3. "ASAP" Applications (ASAP = Affiliate Short Application Policy)

In a manner similar to the Medical Staff process, verifications may be expedited for CHP applicants who have been affiliated with Parkview in the past. Please refer to the ASAP Policy for details. In addition, a new, current Medical Staff Sponsor Attestation and Privileges signed by both the Sponsor and the CHP applicant will be obtained.

B. Reaffiliation Verification for Complementary Health Practitioners

PVH MSS will process the application as described in the Medical Staff's policy on Reappointment Application Verification and Processing, with the following variations:

- **Activity** - As CHPs are required to provide case logs on an ongoing basis, if other mechanisms of identification of case activity are not available. Their level of activity will be measured by the quality and quantity of their response and the findings of the associated chart review.
- **Quality** - Evidence of good standing, following our own quality assurance activities, will be sought from the health care organization indicated by the applicant as the location where the greatest amount of activity related to the scope of privileges requested is performed
- **CME** - Continuing medical education equal to that required of their sponsor will be requested from the applicant.

- **Peer Reference** – One Peer Reference and One Sponsor Reference will be required.

V. **ALLIED HEALTH PRACTITIONERS**

The General Affiliation Policy on Complementary and Allied Health Practitioners describes the categorization of practitioners, general requirements, responsibilities of sponsoring Medical Staff members, disciplinary procedures, and other restrictions. The intent of this policy is to further delineate issues unique to the role of Allied Health Practitioner.

1. **Application**

Applications for affiliations shall be requested through Medical Staff Services with the recommendation that this is requested at least 2 months prior to the intended effective date of affiliation.

The application must be completed in its entirety, as defined by the application itself and all requested attachments, or it shall be returned in its entirety to the applicant with a letter of explanation. Required attachments include, but are not limited to, copies of licenses/certifications, liability insurance, current AHA Healthcare Provider CPR certification or ARC Healthcare Provider CPR and proof of Mantoux test within past year. Attestation of completion of mandatory education modules must also be enclosed. The application must be complete or concerns resolved within 30 days.

The application must be accompanied by a fee determined by the cost to OHPN for processing the application for affiliation (usually cost of drug screen and verifications).

The application shall be returned to PVH Medical Staff Services who will initiate verification processing.

Any authority within the approval process may demand an interview with the applicant, the sponsoring Medical Staff member, or both.

2. **Processing**

Verifications will be obtained as outlined below:

- ❖ Work references, relevant to the AHP's proposed scope of practice, will be verified in the same manner as for those employed by Parkview Health and OHPN.
- ❖ Licensure/Certification (if applicable) will be verified in the same manner as for those employed by Parkview Health and OHPN.
- ❖ Other miscellaneous credentials will be verified in the same manner as for those employed by Parkview Health and OHPN.

While the application is being processed, the AHP will be requested to submit to a urine drug screen. If the drug screen is positive, the AHP and their sponsor shall be notified by confidential, certified mail, return receipt requested, and the application denied. Drug screen results must be received within 30 days of receipt of application or application will be assumed to be automatically withdrawn.

If the applicant worked for Parkview Health or OHPN within the past six months, and is classified as re-hireable, steps may be taken to expedite processing of the application in accordance with Human Resources policies regarding past employees.

Applications are subject to the approval of the Senior Nursing Officer. This review and recommendation may be delegated at the Senior Nursing Officer's discretion.

Following conditional approval of the application, the applicant must obtain an entity-specific identification badge to be worn at all times. Upon receipt of identification, the AHP is considered fully authorized.

3. **Orientation**

AHP orientation is accomplished during the application process by reviewing orientation materials available via Parkview Health's Internet. The materials cover mandatory elements including but not limited to: Universal Precautions, Fire Safety, Corporate Compliance, and Customer Service standards. If the AHP applicant has been

employed by PH or OHPN or has been an AHP affiliated with a PH or OHPN entity in the last 6 months, the orientation is not required.

4. Evaluation of Performance / Reaffiliation

The performance of all AHP's will be evaluated on an annual basis. Evaluation forms will be completed by the sponsoring Medical Staff member and the Senior Nursing Officer, who may consult or delegate to other nursing management with greater familiarity with the AHP.

When the re-affiliation application is deemed complete, it will be forwarded to the Senior Nursing Officer for review and recommendation. This review and recommendation may be delegated at the Senior Nursing Officer's discretion.

5. Continuing Education

AHP's will be required to demonstrate continuing education to maintain and enhance professional competence. More specific requirements will be delineated in the Scope of Practice associated with each approved discipline.

In conjunction with the Reaffiliation Process, all AHP's will be required to complete the mandatory programs required of all Parkview and OHPN employees in PH's Net Learning. PH will endeavor to make this PC-accessed program as conveniently-available as possible. If the AHP's practice offers the same education, a statement to that effect will be accepted in lieu of completing PH / OHPN-provided materials.

AHP's are welcome to attend continuing education programs sponsored by PH and OHPN

6. Meetings

AHP's shall not attend the Medical Staff meetings, unless invited by the Chair of MEC or his/her designee. AHP's may be invited to attend Hospital meetings upon invitation of the meeting leader. AHP's may attend those special events to which they are invited.

Meetings specifically for affiliated AHP's may be called by OHPN. These meetings may be designated as mandatory as approved by the MEC.

7. Communication

AHP's are encouraged to read all OHPN publications.

VI. AMENDMENTS TO AHP/CHP MANUAL

This manual may be amended at any time by recommendation of the Medical Executive Committee, with final approval by the Hospital Board of Managers.