

ALLIED HEALTH

PROFESSIONALS

MANUAL



BAY REGION

Medical Staff Services

**MCLAREN BAY REGION
ALLIED HEALTH PROFESSIONALS**

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DEFINITIONS

1. An ALLIED HEALTH PROFESSIONAL (AHP) is an individual other than a licensed physician, dentist or podiatrist who exercises independent judgment within the areas of his/her professional competence with privileges as granted according to credentialing procedures of the Medical Staff. All Allied Health Professionals who are not members of the Affiliate category function under the supervision of the Staff member requesting his/her or her service.

PART I. ALLIED HEALTH PROFESSIONALS

1.1 ALLIED HEALTH PROFESSIONALS

1.1-1 DEFINED

The following, without limitation, are deemed allied health professionals (AHPs) under the description contained in Section 4.1-2 of the Bylaws:

Certified Nurse Midwife (CNM)
Certified Registered Nurse Anesthetist (CRNA)
Licensed Psychologist
Nurse Practitioner (NP)
Physicians Assistant (PA)

Supervision of Allied Health Professional means the overseeing of or participation in the work of another individual by a licensed independent health professional where at least all of the following conditions exist (MCL 333.16109):

- (1) The continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional with clinical privileges at McLaren Bay Region.
- (2) The availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.

When an AHP's supervising physician's staff status/privileges are resigned/suspended/terminated, the AHP must identify and inform Medical Staff Services of another supervising physician with clinical privileges at McLaren Bay Region. Until notification of another supervising physician is received, the AHP will be unable to see or treat patients in the hospital and may result in automatic termination of the practitioner's membership and privileges.

- (3) The provision by the licensed supervising health professional of predetermined procedures and drug protocol.
- (4) The AHP must have their own DEA Registration, Michigan Controlled Substance License, and/or Delegation of Prescriptive Authority Form for prescribing non-controlled and controlled substances in accordance with Michigan Law.
- (5) Changes in patient's clinical status will be handled, either directly or by telephone, by the physician and not the AHP.
- (6) The AHP may do or dictate an initial consult; however, the consult cannot be dictated until the patient has been seen by the supervising physician. The consult must include a statement that the patient was seen and examined by the supervising physician, discussed with the supervising physician and include an impression and recommendation from the supervising physician. The consult must be signed, dated and timed by both the AHP and the supervising physician.

An AHP may be a hospital employee, a physician's employee or an independent contractor who possesses expertise in a specialized area or a technical procedure and who is approved through the appropriate administrative and Medical Staff credentialing procedures.

1.1-2 QUALIFICATIONS OF ALLIED HEALTH PROFESSIONALS

Only an AHP holding a current license, certificate or such other credentials as may be required by applicable state law and who satisfy the basic qualifications required in 3.1-2, 3, 4, 5, 6, 7, and 8 and 3.2 (a), (b), (c), (d), and (e) of the bylaws are eligible to provide specified services in the hospital. The Professional Affairs Committee may, in consultation with the Administrator and the Medical Executive Committee, establish additional qualifications required of members of any particular category of AHPs; such as requiring an AHP to meet the qualifications set forth in 4.2-1(a) of the Bylaws.

1.1-3 PROVISIONAL STATUS OF ALLIED HEALTH PROFESSIONALS

All new appointments to the Allied Health Professional Staff and all grants of initial or increased clinical privileges are provisional for a maximum period of one year and subject to focused reviews in accordance with the relative Department criteria. In unusual circumstances, the Medical Executive Committee (MEC) may recommend to the Professional Affairs Committee that this requirement or the maximum time period be specifically waived.

The provisional period for Allied Health members shall not exceed a period of one year from the time the Allied Health-Provisional status becomes effective, unless the Professional Affairs Committee should recommend an extension upon prior recommendation of the Medical Executive Committee.

1.1-4 PROCEDURE FOR SPECIFICATION OF SERVICES

(a) Positions, Evaluation, and Descriptions:

Written guidelines for the performance of specified services by AHPs will be developed by the appropriate Medical Staff Department with approval of the Medical Executive Committee. For each category of AHPs, such guidelines must include, without limitation:

- (i) Specifications of the classes of patients that may be seen (e.g., only those of the employer-physician, only those referred by or from a particular clinical service, or any referred by a physician or other authorized practitioner); and
- (ii) A description of the services to be provided and procedures to be performed, including the equipment or special procedures or protocols that specific tasks may involve, and responsibility for charting services provided in the patient's medical record; and whether or not the AHP may accept verbal orders.
- (iii) Definition of the degree of assistance that may be provided to a practitioner in the treatment of patients on hospital premises and any limitations thereon, including the degree of practitioner supervision required for each service.

(b) Evaluation of Individual AHP's Application:

An application for specified services that require independent clinical judgment, or special procedures that normally do not fall within a general job description, or for individuals who are not employees of the hospital but wish to perform technical procedures or services within the hospital, is submitted and processed in one of the following manners:

- (i) An application and position description for physicians and AHPs follows a similar procedure outlined in Article 1.1-5 of the credentialing Procedures Manual.
- (ii) The Medical Executive Committee may delegate the authority to act for the Staff to the Professional Functions Committee, the chairman or chief of the concerned department or service, the Administrator, or to a committee whose responsibility is to formulate policy and procedure in the concerned area.

Functions of hospital-employed professional personnel that are included in their training and licensure and are accepted as a responsibility of that profession, normally do not require individual credentialing as an allied health professional.

- (c) Assignment to Department or Service: An AHP is individually assigned to the department or service appropriate to his/her professional training and shall be subject to periodic reviews by that department or service, as determined for his/her category.

NOTE: Each category of AHPs, as listed, and any additions to 1.1 of this manual, requires a written position description that includes items in 1.1-3(a), (i), (ii), and (iii). This written description will accompany the AHP's application through the credentialing process whether the AHP is a hospital employee, contractual employee, independent contractor, or physician's employee.

1.1-5 PREROGATIVES OF ALLIED HEALTH PROFESSIONALS

The prerogatives of an AHP with hospital privileges are to:

- (a) provide specifically designated patient care services under the supervision or direction of a practitioner member of the Medical Staff and consistent with the limitations stated in Section 1.3 and Part II of the AHP manual.
- (b) write orders and progress notes only to the extent specified in the Medical Staff rules and regulations or the position description required under Section 1.1-4 (a) above but not beyond the scope of the AHP's license, certificate or other legal credential.
- (c) serve on Staff, department and hospital committees where the AHP's special training and knowledge are desirable and with vote when so specified by Medical Staff rules.
- (d) exercise such other prerogatives as the MEC, with the approval of the PAC, may accord AHPs in general or a specific category of AHPs.

1.1-6 OBLIGATIONS OF ALLIED HEALTH PROFESSIONALS

Each AHP, though not a member of the Medical Staff, shall:

- (a) meet the basic responsibilities required by Medical Staff members referred to in Section 3.2 of the Bylaws.
- (b) retain appropriate responsibility within his/her area of professional competence for the care and supervision of each patient in the hospital for whom s/he is providing services, or arrange a suitable alternative for such care and supervision.
- (c) participate as appropriate in the Quality Management/Peer Review program activities, in supervising new appointees of his/her same profession during the provisional period, and in discharging such other Staff functions as may be required from time to time.
- (d) attend clinical meetings of the department or section related to his/her discipline with meeting attendance requirement identical to that of the supervising physician, and meetings of the committees of which s/he is a member. Excludes practitioners with Ambulatory Care privileges

1.2 LIMITATION OF PREROGATIVES

The prerogatives set forth for the Allied Health Professionals (AHPs) are general in nature and may be subject to limitation by special conditions attached to an AHP's association with the Staff, by other sections of these Bylaws and the related manuals, and by other policies of the hospital. The prerogatives of AHPs are limited to those for which they have demonstrated the requisite level of medical education, training experience and ability.

1.2-1 CONTRACTED ALLIED HEALTH PROFESSIONAL

An Allied Health Professional who is employed by, a partner of, or contracted with another entity which has an exclusive contract or other engagement with the Hospital to provide services at the Hospital shall apply for, obtain, and maintain Staff privileges on the same basis as other members of the Allied Health Professional Staff. Termination of the exclusive contract relationship with the Hospital for any reason or termination of the relationship between the Allied Health Professional and the contracting entity shall terminate the privileges and Allied Health Staff membership of the Allied Health Professional without the right to a Fair Hearing, unless permitted in the exclusive contract between the Hospital and the contracting entity.

1.3 TERM OF ALLIED HEALTH STATUS

Clinical activity for a two-year period is obtained from the Quality Management Department. If this data reflects an allied health practitioner has had fewer than 10 direct clinical encounters within the hospital excluding lab or x-ray, the practitioner would be required to provide evidence of competence for specific privileges requested from a facility in which he/she regularly sees patients. Evidence of competence could include volume and outcome information from active site, etc.

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Allied Health Professionals who have no direct clinical encounters or have low activity at MBR and are not clinically active at another hospital would require an automatic transfer to Affiliate Staff with no hospital privileges. This transfer is not a demotion or reportable action. Any actions under the provisions of this section by the Medical Staff Office shall not entitle the Allied Health Staff member to any hearing or appellate review rights under the provisions of Article Twelve of the Medical Staff Bylaws. Special notice shall not be required under the terms of this Section.

1.4 ELIGIBILITY FOR FAIR HEARING

All independently-functioning allied health professionals are entitled to Medical Staff Fair hearing process as defined elsewhere in these bylaws.

PART II. ALLIED HEALTH PROFESSIONALS

2.1 SPECIAL CONDITIONS FOR ALLIED HEALTH PROFESSIONALS SERVICES

Requests to perform specified patient care services from AHPs are processed in the manner specified in Section 1.1. An AHP may, subject to any licensure requirements or other limitations, exercise independent judgment within the areas of his/her professional competence and participate directly in the medical management of patients under the supervision of the physician requesting his/her services. Surgical procedures performed by Allied Health Professionals shall be under the supervision of the requesting physician. A physician member of the Medical Staff must perform a basic medical appraisal for each AHP patient, be responsible for care of any medical problem that may be present at admission or that may arise during hospitalization, and determine the risk and effect of any proposed surgical or special procedure on the total health status of the patient.

2.2 AFFILIATE ALLIED HEALTH STAFF – Membership only

An Affiliate Allied Health Staff member must:

- (a) be a member of McLaren Medical Management, Inc. (MMMI), or
- (b) practice in the MMMI Network, or
- (c) have no direct clinical encounters within the hospital

2.2-1 LIMITATIONS AND PREROGATIVES OF AFFILIATE ALLIED HEALTH STATUS

- (a) May not hold clinical privileges to treat inpatients at McLaren Bay Region
- (b) May visit and follow his/her referred hospitalized patients
- (c) May access the electronic medical record but may not document in the medical record

2.2-2 RESPONSIBILITIES OF AFFILIATE ALLIED HEALTH STATUS

- (a) An Affiliate Allied Health member is not responsible for dues or assessments

2.3 LOCUM TENENS ALLIED HEALTH PRIVILEGES

2.3-1 Condition

In cases other than emergencies, any practitioner who needs the assistance of an Allied Health practitioner under special circumstances for a limited period of time must make a request for locum tenens Allied Health privileges. The Medical Staff Office shall notify the appropriate Department Chairman when sending an Application for Locum Tenens Allied Health privileges.

2.3-2 THE LOCUM TENENS ALLIED HEALTH APPLICATION PROCESS

An application for Locum Tenens Allied Health privileges is processed in accordance with the Medical Staff Bylaws, Article 5.9

2.4 LIMITATION OF PREROGATIVES

No AHP may, except as approved in the individual job description approved by the MEC or department chairman, change or write orders or make a patient diagnosis.

Affiliate AHP Staff members are not eligible for hospital privileges.

2.5 DISASTER PRIVILEGES FOR ALLIED HEALTH

2.5.-1 Conditions

In cases of a disaster situation, volunteer Allied Health Practitioners (AHPs) who do not possess Allied Health Staff privileges at this institution may be accepted to provide care and treatment to patients seeking treatment at this facility in the event of an emergency occurrence (disaster) and the hospital is unable to handle the immediate patient needs with existing credentialed staff.

While Disaster privileges are granted on a case-by-case basis, volunteers considered eligible to act as licensed practitioners in the organization must at a minimum present a valid government-issued photo identification issued by a state or federal agency (e.g. driver's license or passport) and at least one of the following to the physician director of the emergency event, the chief executive officer or the chief of staff or his/her designee:

- Current license to practice
- Primary source verification of the license as soon as the disaster is under control or within 72 hours from the volunteer's presentation to the hospital, whichever comes first
- Current picture I.D. from a healthcare organization that clearly identifies professional designation
- Verification of the volunteer practitioner's identity by a current hospital or medical/allied health staff member who possesses personal knowledge regarding volunteer's ability to act as a licensed practitioner during a disaster
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team ("DMAT"), or MRC, ESAR-VHP, or other recognized state or federal organizations or groups
- Identification that the individual has been granted authority by a federal, state or municipal entity to render patient care, treatment and services in disaster circumstances

Upon presentation of appropriate identification, the privilege to provide patient care during the emergency event may be granted by the chief executive officer or chief of staff or his/her designee.

2.5-2 Oversight

All cases in which the volunteer practitioner participates in will fall out for peer review.

2.5-3 Limitation of Prerogatives

All emergency privileges granted in a disaster event shall immediately terminate at the time the emergency is declared over.

PART III. AMENDMENT AND ADOPTION

3.1 AMENDMENT

The Allied Health Professionals Manual may be amended or replaced in whole or in part only by the same mechanisms as the Medical Staff Bylaws. This procedure is spelled out in Article XVI of the Bylaws, and in general terms means that recommendations for change will be processed through the MEC, Medical Staff as a body, PAC, Joint Conference Committee, and governing body.

3.2 ADOPTION

3.2-1 This Allied Health Professionals Manual was adopted and recommended to the Professional Affairs Committee by the Medical Executive Committee in accordance with, and subject to, the Medical Staff Bylaws:

ADOPTED by the MEDICAL STAFF on

December 13, 1995
Date

3.2-2 BOARD

This Allied Health Professionals Manual was approved and adopted by resolution of the Professional Affairs Committee after considering the Medical Executive Committee's recommendations and in accordance with, and subject to, the hospital corporate bylaws.

ADOPTED by the PROFESSIONAL AFFAIRS COMMITTEE on

February 5, 1996
Date

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	08/25/03	04/27/15	S. M. Vandenbelt, M.D.
	10/27/03	06/15/15	Chief of Staff
	05/02/05	11/16/15	
	08/28/06	04/24/17	G. Bosco, Chairman
	12/18/06		Professional Affairs Committee
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