



ALLIED HEALTH PROFESSIONAL POLICY & CREDENTIALING MANUAL

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ALLIED HEALTH PROFESSIONAL POLICY MANUAL

OBJECTIVE:

To establish the method by which Allied Health Professionals may be granted clinical privileges and appointment to the Allied Health Professional Staff at Hendricks Regional Health (Hospital). Allied Health Professionals (AHPs) are individuals other than Physicians, who are qualified to render patient care services in accordance with specific privileges granted. AHPs are qualified by academic and clinical training and by prior and continuing experience in a discipline acknowledged by the Board of Trustees and approved to practice at the Hospital.

Allied Health Professional" or "AHP" means a licensed health care professional other than a licensed Physician who participates in Hospital inpatient or outpatient care consistent with their assigned privileges. Allied Health Professionals can be further subdivided into "Independent Allied Health Professionals" ("IAHP") and "Dependent Allied Health Professionals" ("DAHP").

Independent AHPs are licensed by the State of Indiana and permitted by Indiana State Practice Acts and the Hospital to provide patient services without direct supervision by a Physician; but who may or may not have a contractual agreement with a Physician. Those AHPs required to be credentialed by the Hospital are those who are directly involved in the diagnosis and treatment of disease.

Dependent AHPs are licensed, certified or registered by the State of Indiana to perform patient care services ordinarily performed by a Physician under the direction of the Physician and with mutually agreed upon guidelines. Participate directly in the medical management of patients under the supervision of a physician/Independent practitioner who has been accorded privileges to provide such care. The medical staff/independent allied health staff sponsor is responsible for monitoring the care provided by the DAHP and must submit on a yearly basis a quality assessment of the practitioner.

The following categories of AHPs are permitted to provide services in the Hospital:

a) **Independent AHP Categories:**

- Podiatrists
- Advanced Practice Registered Nurse
- Certified Registered Nurse Anesthetist
- Clinical Nurse Specialist
- Certified Nurse Midwife
- Physician Assistants
- Licensed Independent Clinical Psychologist
- Physical Therapists
- Occupational Therapists
- Registered Dietitian Nutritionist

b) **Dependent AHP Categories:**

Physician Employees; e.g. Rounding Nurses, Scrub Nurses & Surgical Technicians

PREROGATIVES OF ALLIED HEALTH PROFESSIONALS:

AHPs are given the prerogative to:

- 1) perform such services as defined by the Board and consistent with any limitations stated in the policies governing the AHPs practice in the Hospital and any other applicable Medical Staff or Hospital policies;
- 2) attend educational meetings of the Hospital or Medical Staff when appropriate to his/her discipline; and
- 3) exercise such other prerogatives as the Medical Executive Committee ("MEC") may afford to AHPs.
- 4) Admit or discharge patients consistently with their collaborative agreement.

LIMITATIONS OF ALLIED HEALTH PROFESSIONALS:

Allied Health Professionals are **not**:

- 1) eligible to become members of the Medical Staff;

- 2) required to pay dues to the Medical Staff;
- 3) governed by the due process as defined by the Fair Hearing Plan Section of the Medical Staff Bylaws or Corrective Action/Fair Hearing Plans.

OBLIGATIONS OF ALLIED HEALTH PROFESSIONALS:

Each AHP shall:

- 1) provide patients with care or other services at the level of quality and efficiency professionally recognized as the appropriate standard of care based on the scope of state licensure, certification or registration;
- 2) provide or arrange for appropriate and timely medical coverage and care for patients for whom he/she is responsible;
- 3) when necessary, and as appropriate, notify the principle attending Physician of the need to arrange for a suitable alternative for care and supervision of the patient;
- 4) attend educational meetings in his/her specialty area;
- 5) abide by the applicable sections of the Medical Staff Bylaws, Rules & Regulations, AHP Policies and applicable Hospital Policies and Procedures;
- 6) prepare and complete, as appropriate and authorized, those portions of the patient's medical record, and any other required records, documenting services provided;
- 7) provide current credentialing information as requested by the Medical Staff Service;
- 8) refrain from any conduct or acts that are or could reasonably be interpreted as being beyond, or an attempt to exceed, the scope of practice authorized within the Hospital; and
- 9) immediately notify the Chief of Staff, the Vice President for Medical Affairs ("VPMA") and the Medical Staff Office of:
 - a) any criminal charges brought against the AHP (other than minor traffic violations not involving a DUI charge);
 - b) any change made or formal action initiated that could result in a change in the status of his/her license/certificate to practice, or professional liability insurance coverage;
 - c) any change in employment or affiliation relationship to include termination, disciplinary action or reduction in practice privileges of the Physician identified as the individual who supervises the AHP;
 - d) any change in affiliation with or specified services at other institutional affiliations where he/she provides services;
 - e) any change in the status of current or initiation of new malpractice claims involving his/her professional performance; and
 - f) any change in health status that would affect his/her ability to perform safe and sound patient care

Failure to satisfy any of these obligations is grounds, as warranted by the circumstances, for termination or non-renewal of specified services or for such other disciplinary action as deemed appropriate under the provisions of these policies.

Mandatory Orientation will be required for all Allied Health Professionals. An AHP's authorized scope of practice within any department/section is subject to the rules and regulations of that service and to the authority of the service Chief. The quality and efficiency of the care provided by AHPs within any such service shall be monitored and reviewed as part of the regular Medical Staff and/or Hospital mechanisms. Indiana AHPs required to have a collaborative Physician agreement shall have a defined process for the role of that Physician.

When a collaborative Physician is unable or unavailable to be the principle medical decision maker, another licensed Physician must be designated to assume temporary supervisory responsibilities with respect to any AHP. For a period of three (3) months or less, the collaborative Physician may designate a temporary replacement. For periods longer than three (3) months, the AHP and collaborative Physician must notify the appropriate service Chief, Medical Staff Office, and Human Resources (if applicable). If no temporary collaborative Physician is available, the AHP will be suspended from performing specified services or clinical privileges until such time as a collaborative Physician is named. Reinstatement may be recommended upon official notice of the new collaborative Physician appointment. The AHP would then be responsible for providing the Medical Staff Office with the new collaborative agreement.

SCOPE OF PRACTICE:

Limitations may be placed on the AHPs authorized scope of practice in the Hospital for the efficient and effective operation of the Hospital, for the management of personnel, services, and equipment, or for quality and/or efficient patient care as deemed necessary by the Medical Executive Committee.

INDEPENDENT AHP:

The clinical privileges available to any type of Independent AHP shall be established in accordance with applicable state and federal laws, subject to review and approval as provided in these policies, and with input from the applicable Service Chief and/or CMO.

DEPENDENT AHP:

Written guidelines defining the specified services that may be provided by each category of Dependent AHP shall be established in accordance with applicable state and federal laws by the Medical Staff in conjunction with the AHP and the designated supervising Physician. These services are also subject to review and approval based on these policies and procedures and with input from the applicable Service Chief and/or CMO.

CREDENTIALING PROCESS – ALLIED HEALTH PROFESSIONALS

APPLICATION PROCEDURE:

An application for specified services or clinical privileges must be submitted by the AHP on the Hospital approved form. The application and Release of Liability must be complete with all questions answered and returned to the Medical Staff Office within 30 days of receipt. Applications not received within such time period will not be considered.

PROCESSING THE APPLICATION

AHP's Burden of Proof:

The AHP and his/her collaborative/employing/Physician, if applicable, have the burden of producing adequate information for a proper evaluation of the AHPs experience, training, current competence, ability to work cooperatively with others and health status, as well as of resolving any doubts about these or any of the qualifications required for the requested specified services, and of satisfying any reasonable requests for information or clarification made by appropriate Medical Staff or Hospital authorities.

VERIFICATION OF INFORMATION:

The completed application, accompanied by a complete list of the specified services or clinical privileges the AHP seeks to provide in the Hospital and, as applicable, the level of supervision required for each, must be submitted to the Medical Staff Office. Verification of references, licensure, registration, certification, education, training, affiliations, and other qualification evidence provided will be completed by the Medical Staff Office. The Medical Staff Office will notify the AHP and, when applicable, the supervising/employing Physician in writing of any gaps or other problems in obtaining the information required and the time frame for response. Failure to provide information within the required time frame is deemed a voluntary withdrawal of the application.

EVALUATION OF COMPLETED CREDENTIAL FILE:

A completed credentials file, which includes the application and all supporting documentation, will be reviewed by the Physician Relations Committee to evaluate evidence of the AHP's training, education, experience and demonstrated ability to perform the privileges requested. Upon recommendation of the Physician Relations Committee, the file will be forwarded to the Medical Executive Committee. If, at any time during the review process, there are questions regarding the application, the AHP will be asked to clarify or provide additional information before a recommendation is made to the Medical Executive Committee. If the AHP fails to respond by the specified date as outlined in the request for clarification or request for additional information, the application will be considered to be voluntarily withdrawn.

MEDICAL EXECUTIVE COMMITTEE EVALUATION:

The Medical Executive Committee reviews the recommendations from the Physician Relations Committee and any other relevant information available to it. The Medical Executive Committee shall take one of the following actions on the application with the effect as described:

Favorable Recommendation: A favorable Medical Executive Committee recommendation on the AHPs application will be forwarded to the Board of Trustees for final approval.

Deferral: If the Medical Executive Committee requires further information, it may defer its recommendation. The Medical Staff Office will notify the AHP and, when applicable, the supervising/employing Physician, of the deferral. If the AHP is to provide additional information, the notice must so state and must include a request for the specific data/explanation and the deadline for response. Failure to respond in a satisfactory manner and within the specified time frame will be construed as a voluntary withdrawal of the application.

Adverse Recommendation: AHPs shall not be entitled to the hearing and appeals procedures set forth in the Medical Staff Bylaws, Corrective Action/Fair Hearing Plan or any other Hospital or Medical Staff policy or document. In the event that an AHP, excluding Hospital employees, is not granted Clinical Privileges at the Hospital or whose Clinical Privileges are revoked, the AHP, and when applicable, his or her employing or supervising Physician, shall have the right to appear personally before the Medical Executive Committee to discuss the decision. Hospital employed AHPs are not entitled to the rights afforded under this policy.

If the AHP desires to appear before the Medical Executive Committee, he or she must make such request in writing and within ten (10) days of the decision to deny or revoke Clinical Privileges. Should the AHP request an appearance in a timely manner, the AHP will be informed of the general nature of the information supporting the decision to deny or revoke prior to the scheduled meeting. At the meeting, the AHP and, when applicable, his or her employing or supervising Physician, shall be invited to discuss the decision. Following the meeting, the AHP will be notified in writing within ten (10) days of the Medical Executive Committee's final decision, whether favorable or unfavorable.

TIME PERIOD FOR PROCESSING:

The time required to complete the verification process by the Medical Staff Office is approximately 90 days after the receipt of the completed application. If the gathering of additional information is required, the credentialing process could exceed 90 days. The 90-day time period is only a guideline and does not create any rights for an AHP to have an application processed within this time period. If action does not occur at a particular step in the process and the delay is without good cause, the next higher authority may immediately proceed to consider the application and all the supporting information or this action may be directed by the Chief of Staff or by the President, on behalf of the Board.

TEMPORARY PRIVILEGES:

Temporary privileges to AHPs will only be considered in the case of an urgent patient care need that mandates an immediate authorization to practice. In addition, the credentialing application must be completed, with all documentation received and verified. If it is demonstrated that there is an urgent patient care need that would not otherwise be fulfilled, the Medical Staff Office will contact the Physician Relations Committee Chair and the Chief of Staff. If all concur in their recommendations, the President will send a letter to the AHP confirming that temporary privileges have been granted.

REAPPOINTMENT PROCEDURES FOR ALLIED HEALTH PROFESSIONALS

Reappointment will be conducted every two (2) years for AHPs, with an annual review occurring the opposite year. Hospital employed AHPs are subject to periodic performance review, separate from the reappointment process, on the same terms and conditions as other Hospital employees. If the Hospital employed AHP is terminated through the HR process, he/she will not be allowed to apply for reappointment through the process outlined in this policy. The AHP will be sent a reappointment form for completion. All information must be updated, including external continuing education activities, and the request for the specified services or clinical privileges for the upcoming term. The basis for any changes from the specified services or clinical privileges requested for the upcoming term must be documented. The Medical Staff Office will compile information regarding his/her satisfaction of the obligations pursuant to the request for specified services or clinical privileges. The following procedure will be followed:

The AHP will complete a reappointment application and return it with the following:

- a) current license or certificate;
- b) verification of current malpractice insurance;
- c) an evaluation completed by the sponsoring Physician describing the AHPs activities, competencies and interpersonal relations with patients and staff (Any concerns and/or opportunities for improvement should be noted. If employed by a contractual organization, a copy of the last employee evaluation conducted by the company should be included);
- d) CPR certification (or equivalent);
- e) Documentation of a required CEUs as outlined on Attachment A; and
- f) Activity/Practice logs for previous two (2) years

Services provided by AHPs are included in the Medical Staff FPPE and OPPE program enough to determine the quality and appropriateness of the services provided and the competencies of the AHPs for recertifying/re-privileging activities.

The reappointment application will be reviewed by the Medical Staff Office for completeness. All required primary source verifications will be obtained. The approval process will follow the same approval process as an initial application.

DISCIPLINARY ACTION PROCEDURES FOR ALLIED HEALTH PROFESSIONALS:

Grounds for initiating routine, summary or automatic suspension of an AHPs specified services or clinical privileges are the same as provided in the Medical Staff Bylaws for instituting such action against a Medical Staff member or a practitioner with clinical privileges as applicable. If the AHPs employment or affiliation is terminated for reasons of clinical incompetence, the AHPs specified services/clinical privileges shall be automatically terminated. A process of evaluation of the circumstances will take place to assess whether or not the AHP will be re-evaluated. The AHP and the supervising/ employing Physician, when applicable, must notify the Medical Staff Office of any change in the AHPs practice and provide documentation indicating details of the change. When disciplinary action is proposed or has been taken against an AHP, the VPMA promptly notifies the AHP and the supervising/ employing Physician, when applicable, by special notice. If further processing is required, the matter shall be referred to the Clinical Review Committee.

If the findings from the review are unfavorable, the AHP may request an appeal to be conducted by the MEC or a subcommittee thereof. Such appeal must be requested in writing within ten (10) days of the AHP's receipt of the Committee's decision. At the appeal, neither the AHP nor the Committee shall be represented by legal counsel. The MEC may ask questions, and the AHP shall be prepared to identify the specific issues in the Committee decision with which he/she takes issue. The AHP shall have the burden of demonstrating the Committee decision is unsupported by the facts.

OTHER AUTHORITY

The MEC may adopt, and/or direct the AHP Review or other appropriate committee to recommend, such other policies, processes, or procedures as necessary to implement the responsibilities delineated in this policy.

PODIATRIST

A podiatrist means an individual with a current podiatric medical license in Indiana who:

- 1) Has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the Indiana State Board of Podiatric Medicine;
- 2) A graduate of a school of podiatry approved by the Council on Podiatric Medical Education (COPE).
- 3) Applicants for initial appointment must be able to demonstrate the performance of at least 100 podiatric procedures, generally reflective of the scope of privileges requested, during the past 12 months or demonstrate successful completion of an accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months. ABFAS (Formerly ABPS) Certification or Qualification in Podiatric Surgery. Applicant should be board certified within 5 years of qualification.
- 4) Core privileges in podiatric surgery include the ability to evaluate, diagnose, treat, and provide consultation to patients of all ages to correct or treat various conditions, illnesses, and injuries of the foot by medical, surgical, and physical means. Such conditions include, but are not limited to trauma, infections, tumors, deformities, injuries, and degenerative diseases of the feet include primary and secondary muscular problems and the effects of central or peripheral nervous system lesions of the foot.

ADVANCED PRACTICE REGISTERED NURSE (APRN)

An Advanced Practice Registered Nurse means a registered nurse holding a current license in Indiana who:

- 5) Has obtained additional knowledge and skill through a formal, organized program of study and clinical experience, or its equivalent, as determined by the Indiana State Board of Nursing;
- 6) Functions in an expanded role of nursing at a specialized level through the application of advanced knowledge and skills to provide healthcare to individuals, families, or groups in a variety of settings including, but not limited to:
 - a) Homes
 - b) Institutions
 - c) Offices
 - d) Industries
 - e) Schools
 - f) Community agencies
 - g) Private practice
 - h) Hospital outpatient clinics
 - i) Health maintenance organizations
- 7) Makes independent decision about the nursing needs of patients.

The three categories of Advanced Practice Registered Nurses are:

- 1) Nurse Practitioner
- 2) Certified Nurse Midwife
- 3) Clinical Nurse Specialist

PRESCRIPTIVE AUTHORITY:

An Advanced Practice Registered Nurse may be authorized to prescribe legend drugs, including controlled substances, if the APRN:

- 1) Submits an application on a form prescribed by the Indiana State Board of Nursing.
- 2) Submits proof of collaboration with a licensed Physician, in the form of a written Collaborative Agreement, which sets forth the manner in which the Advanced Practice Registered Nurse and Physician will cooperate, coordinate and consult with each other in the provision of health care to patients. Practice agreements shall be in writing and shall also set forth provisions for the type of collaboration between the Advanced Practice Registered Nurse and the Physician and the reasonable and timely review by the Physician of the prescribing practices of the Advanced Practice Registered Nurse. The practice agreement sets forth how the Physician and the Advanced Practice Registered Nurse will work together; share practice trends and responsibilities; maintain geographic proximity; provide coverage during absence, incapacity, infirmity or emergency by the licensed practitioner; and will include a description of what limitation, if any, the Physician has placed on the Advanced Practice Registered Nurse's prescriptive authority.

The Advanced Practice Registered Nurse must submit documentation of his/her prescribing practices to the Physician within seven (7) days of discharge. Documentation of prescribing practices shall include, but not be limited to, at least a five percent (5%) random sampling of the charts and medications prescribed for patients.

Advanced Practice Registered Nurses who have been granted prescriptive authority will immediately notify the board in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborating Physician. Written practice agreements shall terminate automatically if the Advanced Practice Registered Nurse or Physician no longer have an active, unrestricted license.

Advanced Practice Registered Nurses wishing to prescribe controlled substances must obtain an Indiana controlled substances registration (CSR) and a federal Drug Enforcement Administration (DEA) registration.

NURSEPRACTITIONER- CERTIFIED NURSE MIDWIFE - CLINICAL NURSE SPECIALIST

An Advanced Practice Registered Nurse (APRN) means a Registered Nurse who provides advanced levels of nursing care in a specialty role, and who has completed any of the following:

- 1) A graduate program offered by a college or university accredited by the Commission on Recognition of Post-secondary Accreditation (CORPA) which prepares the registered nurse to practice as a Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife.
- 2) A certificate program offered by a college or university accredited by CORPA which prepares the registered nurse to practice as a Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife. Nurse Practitioners, Clinical Nurse Specialists or Certified Nurse Midwife who complete a certificate program must be certified within one (1) year of hire and maintain certification as a Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife by a national organization which requires a national certifying examination.
- 3) Submits proof of national certification or the certification's equivalence, including a portfolio equivalence, appropriate to the advanced practice registered nurse's role.

Prior to July 1, 1993:

- 4) A formal organized program of study and clinical experience which prepares the registered nurse to practice as a Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife.
- 5) The required program of study at a time when there was no credentialing or certification process available in the specialty area of the program of study.

A formal organized program of study and clinical experience or the equivalent is determined by the Indiana State Board of Nursing to mean:

A program offered by a college or university accredited by the Commission on Recognition of Post-secondary Accreditation (CORPA) which includes instruction in the biological, behavioral, medical, and nursing sciences relevant to practice as Nurse Practitioner, Clinical Nurse Specialist or Certified Nurse Midwife in a specified category; instruction in the legal, ethical and professional responsibilities of advanced practice nursing; and supervised clinical practice of those skills used by the Advanced Practice Nurse in a specialty role; **or**

Experience obtained in collaboration with a Physician, prior to the promulgation of this article, which was required by a national organization as a prerequisite for a national certifying examination used to certify a registered nurse in a specialty area.

The advanced practice roles of a Nurse Practitioner, Certified Nurse Midwife, Clinical Nurse Specialist with prescriptive authority, performs as an independent and interdependent member of the health care team. Standards of practice for the Nurse Practitioner, Certified Nurse Midwife, Clinical Nurse Specialist with prescriptive authority include:

- 1) Assessing patients by using advanced knowledge and skills to:
 - a) identify abnormal conditions;
 - b) diagnose health problems;
 - c) develop and implement nursing treatment plans;
 - d) evaluate patient outcomes; and
 - e) collaborate with or refer to a Physician in managing the plan of care.
- 2) Using advanced knowledge and skills in teaching and guiding patients and other health team Members.
- 3) Using appropriate critical thinking skills to make independent decisions, commensurate with the autonomy, authority, and responsibility of the APRN role.
- 4) Functioning within the legal boundaries of their advanced practice area and having and utilizing knowledge of the statutes and rules governing their advanced practice area, including the following:
 - a) State and federal drug laws and regulations.
 - b) State and federal confidentiality laws and regulations
 - c) State and federal medical records access laws.
- 5) Consulting and collaborating with other members of the health team as appropriate to provide reasonable patient care, both acute and ongoing.

- 6) Recognizing the limits of individual knowledge and experience, consult with and/or refer patients to other health care providers as appropriate.
- 7) Retaining professional accountability for any delegated intervention and delegate interventions only as authorized by IC 25-23-1.
- 8) Maintain current knowledge and skills in the APRN role
- 9) Conduct an assessment of patients and families that may include health history, family history, physical examination and evaluation of health risk factors.
- 10) Assess normal and abnormal findings obtained from the history & physical examination and laboratory results.
- 11) Evaluate patients and families regarding development, coping ability, and emotional and social well-being.
- 12) Plan, implements and evaluate care.
- 13) Develop individualized teaching plans with each patient based on health needs.
- 14) Counsel individuals, families and groups about health and illness and promote attention to wellness.
- 15) Participating in periodic or joint evaluations of service rendered including, but not limited to, the following:
 - a) Chart reviews
 - b) Patient evaluations
 - c) Outcome statistics
- 16) Conduct and apply research findings appropriate to the area of practice.
- 17) Participate, when appropriate, in the joint review of the plan of care.

PSYCHOLOGIST

A Psychologist is a healthcare practitioner who provides clinical psychology and counseling psychology services.

QUALIFICATIONS:

- 1) Psychologists are eligible for appointment provided that they:
- 2) Meet and satisfy all relevant criteria and qualifications outlined in the AHP Policy Manual;
- 3) Have a license granted by the Indiana Psychology Board to practice psychology;
- 4) Possess a doctoral degree in psychology from a program accredited by the American Psychological Association (APA);
- 5) Acquire Health Service Provider in Psychology (HSPP) certification within two (2) years of initial appointment.

SCOPE OF PRACTICE:

When specifically requested by a Physician member of the Hospital Medical Staff, a Psychologist shall be permitted to independently perform the activities set forth in this section, provided that they are within the clinical privileges that he/she has been granted by the Hospital. A Psychologist's specific grant of clinical privileges shall be determined in accordance with the Hospital's Policy on AHPs and may include some, or all, of the following:

- 1) Construction, administration and interpretation of tests of intellectual and cognitive abilities, aptitudes, skills, interests, attitudes, personality characteristics, perception, emotion, motivation and opinion
- 2) Diagnosis and treatment of mental and behavioral disorders
- 3) Diagnosis and treatment of chemical dependency
- 4) Assessment and treatment strategies for pathological gambling
- 5) Educational and vocational planning and guidance
- 6) Arrangement of effective work and learning situations
- 7) Resolution of interpersonal and social conflicts
- 8) Techniques used in interviewing, counseling, psychotherapy and behavior modification of individuals or groups
- 9) Supervision of psychological services
- 10) The planning and conduct of research on human behavior

A Psychologist shall not:

- 1) admit patients to the Hospital;
- 2) provide services for patients without a request from a Physician member of the Medical Staff;
- 3) perform any activity that is not within the specific clinical privileges that have been granted by the Hospital;
- 4) engage in services beyond the scope of practice.

General patient care responsibilities:

All patients who receive psychological care and treatment in the Hospital shall be under the overall care of a Physician member of the Medical Staff, who shall be responsible for the medical care of the patient throughout any period of hospitalization. The Psychologist shall be responsible for the care that he/she provides to patients pursuant to this policy and shall make such documentation in the patient's medical record as is appropriate and necessary for the care and safety of the patient, including the psychological history and testing of the patient. Such medical record documentation shall be consistent with the Medical Staff policies and procedures.

A Psychologist shall not:

- 5) admit patients to the Hospital;
- 6) provide services for patients without a request from a Physician member of the Medical Staff;
- 7) perform any activity that is not within the specific clinical privileges that have been granted by the Hospital;
- 8) engage in services beyond the scope of practice.

PHYSICIAN ASSISTANTS

A Physician Assistant means an individual who has:

- 1) Graduated from a physician assistant or surgeon assistant program accredited by an accrediting agency (Accreditation Review Commission on Education for the Physician Assistant; Commission on Accreditation of Allied Health Education Programs [CAAHEP]; Committee on Allied Health Education and Accreditation of the American Medical Association [CAHEA]).
- 2) Obtain certification within one (1) year of hire and maintain the certification by the National Commission on Certification of Physician Assistants (NCCPA).
- 3) Been certified by the Indiana Physician Assistant Committee

Physician Assistants (PAs) are eligible for appointment as AHPs at the Hospital provided that they:

- 1) Meet and satisfy all relevant criteria and qualifications outlined in the AHP Policy;
- 2) Are currently licensed as a Physician Assistant by the Indiana Professional Licensing Agency;
- 3) Are employed by or have an agreement with one or more collaborative Physician(s) who will oversee their practice in the Hospital. The Collaborative Physician(s) shall be a member of the Medical Staff; and
- 4) Provide the Hospital with a written agreement signed by the Collaborative Physician(s).

COLLABORATION OF PHYSICIAN ASSISTANTS:

Collaboration by the Physician must be continuous but does not require the physical presence of the collaborative physician at the time and the place that the services are rendered.

When the collaborating physician or the physician designee is not physically present the collaborating physician or the physician designee must be immediately available through telecommunication or other electronic means and able to see the person within a medically appropriate time frame for consultation if request by the patient or the physician assistant

The collaborating physician or physician designee shall review, and sign encounters no later than ten days after the PA has seen the patient.

RESPONSIBILITIES OF PA'S SUPERVISING PHYSICIAN:

- 1) Observes, directs and evaluates the work, records and practices of each PA;
- 2) Acknowledges that he/she is legally responsible for all acts of the PAs whom he/she supervises;
- 3) Is continuously available to provide consultation to the PA when requested and to intervene when necessary;
- 4) Assumes total responsibility for the care of any patient when requested by the PA or required by this Policy or in the interest of patient care;
- 5) Affirms that the range of medical services set forth in the PAs job description are consistent with the skills and training of the supervising Physician and the PA; and
- 6) Agrees to authenticate and countersign all orders and other entries recorded by the PA on the medical records of patients as outlined by regulatory law and payer requirements.

Collaborating physicians must review 10% of patients' records for the first year in which a PA is able to prescribe drugs. For each subsequent year after the first year, collaborating physicians must continue to review that percentage of charts that the collaborating physician determines to be reasonable based upon the practice setting, the experience of the PA and the need to maintain quality of medical care.

SCOPE OF PRACTICE:

Any individual who wishes to practice at the Hospital as a PA may request permission to perform the activities set forth in their Scope of Practice under the supervision of a supervising Physician(s). A PA's specific Scope of Practice is a part of the credentials file.

A Physician Assistant shall not:

- 1) Perform any activity that is outside the specific scope of practice that has been granted by the Hospital
- 2) Perform any services which are not included in his/her job description
- 3) Independently practice medicine
- 4) Independently bill patients for services provided
- 5) Independently delegate a task assigned to him/her by the supervising Physician(s) to another individual
- 6) Perform acupuncture in any form
- 7) Perform any services unless wearing a name tag identifying the individual as a PA

A physician may enter into a collaborative agreement with more than four (4) physician assistants but may not collaborate with more than four (4) physician assistants at the same time. (email Amber)

PRESCRIPTIVE AUTHORITY:

A PA may perform, under the supervision of the collaborative Physician, the duties and responsibilities that are delegated by the collaborating Physician and that are within the Physician's scope of practice, including prescribing and dispensing drugs and medical devices.

- A. A physician assistant may not prescribe, dispense, or administer ophthalmic devices, including glasses, contact lenses, and low vision devices.
- B. A physician assistant may use or dispense only drugs prescribed or approved by the collaborating physician.
- C. A physician assistant may request, receive, and sign for professional samples and may distribute professional samples to patients if the samples are within the scope of the physician assistant's prescribing privileges delegated by the collaborating physician.
- D. The PA must obtain an Indiana Controlled Substance Registration (CSR) and a federal Drug Enforcement Administration (DEA) registration.
- E. A physician assistant may not prescribe, administer, or monitor general anesthesia, regional anesthesia, or deep sedation as defined by the board.
- F. A physician assistant may not prescribe drugs unless the physician assistant has:
 - 1) graduated from an accredited physician assistant program;
 - 2) received the required pharmacology training from the accredited program; and
 - 3) the collaborating physician perform the review.

PAs who have been granted prescriptive authority will immediately notify the Medical Staff Office in writing of any changes in, or termination of, written practice agreements, including any changes in the prescriptive authority of the collaborative Physician. Written practice agreements shall terminate automatically if the PA or collaborative Physician no longer has an active, unrestricted license.

CERTIFIED REGISTERED NURSE ANESTHETIST

A CRNA means an individual who is:

- 1) is a graduate of a nurse anesthesia educational program accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor;
- 2) is properly certified by successfully completing the certification examination administered by the Council on Certification of Nurse Anesthetists or its predecessor; and
- 3) is properly certified and in compliance with criteria for biennial recertification, as defined by the Council on Recertification of Nurse Anesthetists.

CRNA's are eligible for appointment as AHPs at the Hospital if they:

- 1) Meet and satisfy all relevant criteria and qualifications outlined in the AHP Policy;
- 2) Are currently licensed as a Registered Nurse by the Indiana Professional Licensing Agency;
- 3) Are employed by or have an agreement with one or more collaborative Physician(s) who will oversee their practice in the Hospital. The Collaborative Physician(s) shall be a member of the Medical Staff; and
- 4) Provide the Hospital with a written agreement signed by the Collaborative Physician(s).

RESPONSIBILITIES OF THE SUPERVISING PHYSICIAN:

- 1) Observes, directs and evaluates the work, records and practices of each CRNA;
- 2) Acknowledges that he/she is legally responsible for all acts of the CRNAs whom he/she supervises;
- 3) Is continuously available to provide consultation to the CRNA when requested and to intervene when necessary;
- 4) Assumes total responsibility for the care of any patient when requested by the CRNA or required by this Policy or in the interest of patient care;
- 5) Affirms that the range of medical services set forth in the CRNAs job description are consistent with the skills and training of the supervising Physician and the CRNA; and
- 6) Agrees to authenticate and countersign all orders and other entries recorded by the CRNA on the medical records of patients as outlined by regulatory law and payer requirements.

SCOPE OF PRACTICE:

Any individual who wishes to practice at the Hospital as a CRNA may request permission to perform the activities set forth in their Scope of Practice under the supervision of a supervising Physician(s). A CRNAs specific Scope of Practice is a part of the credentials file.

A Certified Registered Nurse Anesthetist shall not:

- 1) Perform any activity that is outside the specific scope of practice that has been granted by the Hospital
- 2) Perform any services which are not included in his/her job description
- 3) Independently practice medicine
- 4) Independently bill patients for services provided
- 5) Independently delegate a task assigned to him/her by the supervising Physician(s) to another individual
- 6) Perform any services unless wearing a name tag identifying the individual as a CRNA

PHYSICIAN EMPLOYEE (PE)

Physician Employees (PEs) shall include, but are not limited to, rounding nurses, scrub nurses and surgical technicians who are employed by a Medical Staff member and who perform all of their duties or a portion thereof while in the Hospital. The employing Physician is responsible for all acts of the PE as they relate to patient care.

REQUESTS FOR PRIVILEGES:

All Medical Staff members must submit to the Medical Staff Office the names of their authorized PEs who will work with them in the Hospital. An AHP application must be submitted to the Medical Staff Office and shall include the following documentation:

- 1) The specific duties and responsibilities requested for the PE by the employing Physician;
- 2) The endorsement of the employing Physician, including acknowledgement that the employing Physician assumes full responsibility for all acts of the PE as they relate to patient care; and
- 3) Licensure by a state agency or certification by a professional organization.

Should the PE be terminated by the employing Physician, it is the responsibility of him/her to notify the Medical Staff Office of such termination within forty eight (48) hours and the privileges of the PE will be canceled immediately upon receipt of such notification. If the reasons for termination of the employment of the PE should be of such nature which, in the opinion of the employing Physician, adversely reflects on the suitability of the PE for future extension of privileges, the Physician should so notify the Medical Staff Office in writing and this notification should be placed in the permanent file of the PE so that it will be available to the appropriate committee for further evaluation.

LIMITATIONS OF PHYSICIAN EMPLOYED PERSONNEL:

PEs shall perform at all times under the supervision of the employing Physician. The employing Physician must be either physically present or available, as defined by the Indiana State Medical Licensing Board rules and regulations unless a life-threatening emergency exists.

Physician Employed Personnel shall not:

- 1) Make a final or definitive diagnosis of a disease or ailment or the absence thereof, independent of the supervising Physician;
- 2) Prescribe, order, dispense medication, or sign prescriptions on behalf of the Physician or have prescription blanks available that have been pre-signed or stamped by the Physician, or order the refilling of a prescription, except as authorized by provisions of applicable state laws;
- 3) Replace the supervising or employing Physician in making visits in the Hospital, Emergency Department or Hospital Outpatient Clinic; and
- 4) Independently initiate or change any order on a patient's chart in the Hospital

SUPERVISING PHYSICIAN RESPONSIBILITIES – DEPENDENT AHP:

Any Physician supervising a dependent AHP in the care of a specific patient must:

- 1) Be a member of the Medical Staff of the Hospital and accept full legal and ethical responsibility for the AHPs performance, including proper conduct of the AHP in accordance with all Bylaws, rules & regulations of the Hospital and Medical Staff, and for the correction and resolution of any problems that may arise;
- 2) Be immediately available in person or by telephone to provide further guidance when the AHP performs a specific task or function;
- 3) Maintain ultimate responsibility for directing the course of the patient's medical treatment;
- 4) Assure that the AHP provides specified services or clinical privileges in accordance with accepted medical standards;
- 5) Provide active and continuous overview of the AHPs activities in the Hospital to ensure that directions and advice are being implemented;
- 6) Must comply with all laws and regulations and all policies specific to the particular category of AHP;
- 7) Must immediately notify the Medical Staff Office in the event any of the following occur:
 - a) The scope or nature of the professional arrangement with the AHP changes;
 - b) The approval to supervise the AHP is revoked, limited, or otherwise altered by action of the applicable state licensing authority;

- c) Notification is given of investigation of the AHP or of the Physician's supervision of the AHP by the applicable state licensing authority; or
- d) The supervising Physician's professional liability insurance coverage is changed insofar as coverage of the acts of the AHP is concerned or the AHPs professional liability insurance coverage is changed.

PHYSICAL THERAPISTS (PT) / OCCUPATIONAL THERAPIST (OT)

A Physical/Occupational Therapist means an individual who has:

- 1) Bachelor of Science degree.
- 2) Graduation from a Physical/Occupational Therapy School or Program approved and accredited by American Therapy Association, Department of Education, Standards for Accreditation of Education Programs for Physical Therapists or Occupational Therapists, as most recently published.
- 3) Continuing education courses pertinent to clinical practice and professional responsibilities, or as requested by Department Director.
- 4) Certification in CPR

SCOPE OF PRACTICE:

These practitioners are responsible for the evaluation and treatment of musculoskeletal, vascular, and neurological diagnoses, with treatment specific to the patient. Education and preventative care to patients, patients' families, Hospital associates and the community. Liaison between patients and family, physicians, nursing, and Social Services, etc. Serves the needs of patients, families, physicians through the effective and efficient delivery, education, and coordination of physical therapy services.

Essential Responsibilities:

1. Use common sense and special clinical skills to care for the sick or -disabled appropriate to the patient's age and diagnosis. Provides high quality patient treatment. This includes evaluation, treatment planning and implementation, patient/family education and instruction, provision of safety procedures, and communication with those indicated by the patient, (i.e. patient, family, physician, other Hospital associates, etc.). Carries through all duties deemed necessary to maintain high level of quality of care and efficiency as defined by Department Manager. Ages of patients treated range from pediatric to geriatric.
2. Operates equipment related to patient care, (i.e., ultrasound, electrical stimulation units, mechanical traction, isokinetic equipment, exercise equipment, whirlpool equipment, hospital beds, etc.).
3. Directs patients in care and use of assistive devices, braces, orthotics, prosthetic, exercise equipment, and orthopedic devices.
4. Directs and aids patients in mobility and strengthening exercises, muscle reeducation, gait and activities of daily living training, and functional training.
5. Adapts conventional physiotherapeutic techniques to meet the need of patients unable to comprehend verbal commands or voluntarily carry out a regimen of therapeutic exercise.
6. Documents patient care following requirements defined by licensure and accreditation bodies, and Departmental policy and procedure.
7. Participates in continuous quality improvement process as it relates to patient care, including but not exclusive to evaluation and peer review of patient care quality. Displays excellent relations with all patients, customer and co-associate correspondence and displays excellent telephone etiquette.
8. Communicates effectively with intra- and interdepartmental associates as it relates to patient care and customer relations. Supports Hospital's mission and value statement, strategic plan and vision and Department service statement and Department philosophy.
9. Directs and supervises activities of aides, students, and volunteers.
10. Assists with Departmental functions deemed necessary by Director of Rehabilitation Services.
11. Participates in providing educational material to Departmental staff on a rotating basis. Responsible for continuing self-education in areas of interest and those pertinent to the diagnosis treated in the clinics.

REGISTERED DIETITIAN NUTRITIONIST (RDN)

A Registered Dietitian Nutritionist is defined as a registered dietitian holding a current license in the State of Indiana who:

1. Is the food and nutrition expert that has completed a bachelor's degree in nutrition, completed an accredited supervised practice program, and passed a national exam.
2. Maintains dietetic registration with the Commission on Dietetic Registration and dietitian licensure with the Indiana Professional Licensing Agency.
3. Obtains a minimum of 30 hours continuing education every two years to satisfy the requirements established by the Indiana Professional Licensing Agency necessary to attain and maintain a current valid, Indiana license to practice as a Registered Dietitian Nutritionist.
4. Must be familiar with and uphold the Academy of Nutrition and Dietetic Code of Ethics.

Scope of Practice

Each RDN has an individual scope of practice that is determined by education, training, credentialing, and demonstrated and documented competence to practice. An individual's scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. Individuals and organizations must ethically take responsibility for determining competence of each individual to provide a specific service.

Essential Responsibilities:

1. Consult, educate, and advocate on behalf of the individuals, groups, and special populations regarding food, culinary, nutrition and health issues, food security and insecurity, and nutrition programs and resources.
2. Manage nutrition care, collaborate with other health and nutrition professionals, and refer to appropriate nutrition resources and programs or other health professionals according to the needs of the individual patient or client.
3. Provide performance-based food and nutrition services to physically active individuals.
4. Apply the Nutrition Care Process in providing nutrition care of individuals: 1) conduct nutrition assessments; 2) diagnose nutrition problems; 3) develop nutrition related priorities, goals, and objectives; and 4) establish, implement, and provide ongoing management and revision of interventions based on the patient/client's response to nutrition care.
5. Recommend and interpret test results as related to nutrition status: blood pressure, anthropometric measurements (e.g., height and weight, waist circumference, calculation of body mass index with classification for malnutrition and obesity), and indirect calorimetry measurement, laboratory tests.
6. Perform assessment of a patient's nutritional status working closely with interdisciplinary team members for care coordination (e.g., ability to swallow, in the case of patients with dysphagia, with the speech language pathologist; consulting on food-drug interactions in an anticoagulation clinic with a pharmacist; and planning medication titrations for a parenteral nutrition patient with a nurse and pharmacist).
7. Complete a nutrition-focused physical assessment through an evaluation of body systems, muscle and subcutaneous fat wasting, oral health, suck/swallow/breathe ability, skin condition, appetite, and affect.
8. Provide Medical Nutrition Therapy in direct care of medical diseases and conditions across the continuum of care.
9. Provide nutrition counseling; nutrition behavioral therapy; lactation counseling; health coaching and nutrition; physical activity, exercise counseling, and health education as components of prevention, therapeutic, and restorative health care.

APPENDIX A

<u>Specialty</u>	<u>Required CEUs</u>
Podiatrist	30 CEUs
Advanced Practice Registered Nurse (NP,CNS,CNM)	50 CEUs
Licensed Independent Clinical Psychologist	40 CEUs
Physician Assistant	50 CEUs
Certified Registered Nurse Anesthetist	30 CEUs
Physician Employee (MA, RN, CST)	10 CEUs
Physical Therapist	22 CEUs
Occupational Therapist	18 CEUs
Registered Dietitian Nutritionist	30 CEUs
CNIM	25 CEUs