

**MAINE MEDICAL CENTER
MEDICAL STAFF**

**ALLIED HEALTH
PRACTITIONER
MANUAL**

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PART 1: CLINICAL PRIVILEGES

1-1 GRANT OF LIMITED PRIVILEGES

The Medical Staff is accountable to the Board of Trustees for the quality of medical care provided to patients in the hospital and has determined that patient care should be provided by or in accordance with the medical orders of a practitioner who meets the criteria for clinical privileges granted in accordance with the Medical Staff Bylaws, Rules and Regulations, or credentialing and privileging Manuals. Allied Health Practitioners who are not physicians but are more specifically defined in this Manual and the Definitions may be granted privileges in accordance with a process approved by the Board of Trustees that requires Medical Staff oversight of individual qualifications and privileges and criteria for the grant of privileges. Clinical privileges may be described, or more specifically described, in the job descriptions developed for some Allied Health Practitioners employed by the hospital. Privileges may be granted, however, only with Medical Staff participation in the evaluation of education, training, experience, and demonstrated current competence of individuals requesting them and shall be subject to oversight by the Medical Staff on the quality of medical level care provided by such individuals. When uncertainty exists regarding the need for formal privileging, a determination shall be made by the Vice President for Medical Affairs. Allied Health Practitioners shall not be members of the Medical Staff, but may exercise judgment and provide services consistent with their privileges, provided that a physician member of the Medical Staff with admitting privileges shall have the ultimate responsibility for patient care.

1-2 CATEGORIES OF ALLIED HEALTH PRACTITIONERS

There shall be two categories of Allied Health Practitioners: Independent Allied Health Practitioners and Dependent Allied Health Practitioners, each of which shall have separate qualifications and responsibilities as set forth below:

1-2.1 Independent Allied Health Practitioners

Independent Allied Health Practitioners consist of the selected Allied Health Practitioners permitted by law and licensed to provide certain health care services without the specific supervision and direction of a physician. The only Independent Allied Health Practitioners eligible for clinical privileges shall be psychologists and podiatrists. Unless otherwise specified by the Vice President for Medical Affairs, podiatrists shall be assigned to the Division of Orthopedics within the Department of Surgery, psychologists to the Department of Psychiatry.

- A. Qualifications: Privileges may be granted to an Independent Allied Health Practitioner who:
1. Documents (a) that as a psychologist he or she has received a doctorate degree reflecting comprehensive training in psychology from an accredited institution recognized by the Maine State Board of Examiners of Psychologists; (b) that as a podiatrist he or she has received a degree of Doctor of Podiatric Medicine from an accredited institution recognized by the Council of Podiatric Medical Education of the American Podiatry Association and the State Board of Examiners of Podiatrists;

2. Documents that he or she is duly licensed to practice his or her profession by one of the State of Maine Licensing Boards designated above;
 3. Documents his or her experience, training, ability, physical and mental health status, and current competence to provide patient care consistent with the requested clinical privileges and in an efficient manner consistent with the generally recognized level of quality for his or her profession as well as any quality standards established from time to time by the hospital;
 4. Provides evidence of professional liability insurance coverage in an amount determined by the Board of Trustees;
 5. Resides and is professionally based close enough to the Medical Center to provide timely and efficient patient care;
 6. Maintains an office in Greater Portland; and
 7. Regularly is involved in patient care, education or research at the Medical Center.
- B. Prerogatives: Independent Allied Health Practitioners having such qualifications may be granted clinical privileges to provide services to patients that have been admitted to Maine Medical Center by physicians or dentists with admitting privileges, consistent with their education, training, demonstrated current competence, and scope of practice permitted by their licenses. Consistent with the prioritization of patient care and allocation of resources at Maine Medical Center as a tertiary care teaching hospital, Independent Allied Health Practitioners shall not be granted admitting privileges.
- C. Responsibilities: Independent Allied Health Practitioners shall at all times maintain the qualifications for obtaining privileges as an Independent Allied Health Practitioner, and provide patient care services consistent with granted clinical privileges. They shall work cooperatively with the admitting physician and other medical staff members, nurses and Medical Center personnel, and participate in any quality/utilization and peer review activities required or conducted from time to time by the Medical Center.

Independent Allied Health Practitioners shall agree to comply with all applicable State and Federal laws and to render care to patients that is consistent with applicable professional standards of quality and appropriateness.

Independent Allied Health Practitioners are prohibited from personal or professional conflicts of interest in fulfilling any of the functions of the Medical and Professional Staffs and in the provision of patient care.

1-2.2 *Dependent Allied Health Practitioners*

Dependent Allied Health Practitioners shall consist of those individuals, such as licensed physician assistants, certified nurse practitioners, certified nurse midwives,

certified nurse anesthetists, and perhaps certified clinical nurse specialists, who provide a medical level of care or who conduct surgical procedures at the hospital. "Medical level of care" shall consist of medical activities traditionally performed only by physicians and delegated by a supervisor physician to a Dependent Allied Health Practitioner. "Medical level of care" shall include ordering diagnostic, therapeutic, and other medical services, prescribing drugs and medical devices, and rendering medical diagnosis and treatment. Privileges granted to an Allied Health Practitioner shall be consistent with their demonstrated education, training and current competence while under the direct supervision and control of a physician member of the Medical Staff. The delineation of such privileges, both initially and from time to time thereafter, shall be conditioned upon the employment by the Medical Center or an employment contract or supervisory agreement between the Dependent Allied Health Practitioner and an Attending Staff member. Staff members who employ or supervise Dependent Allied Health Practitioners will bear all patient care responsibility within the Medical Center.

- A. Qualifications: A Dependent Allied Health Practitioner may be granted privileges in accordance with the following requirements:
1. General requirements: All Allied Health Practitioners requesting privileges shall
 - a. Document that he or she has obtained the requisite education, training and licensure or certification deemed appropriate by the Board of Trustees for other health care practitioners who may be designated as Dependent Allied Health Practitioners;
 - b. Document that he or she is duly licensed or certified to practice his or her profession by one of the State of Maine licensing boards designated above;
 - c. Document his or her experience, training, ability, physical and mental health status, and current clinical competence to provide patient care consistent with the requested clinical privileges and in an efficient manner consistent with the generally recognized level of quality for his or her profession as well as any quality standards established from time to time by the hospital;
 2. Physician Assistant requirements: All Physician Assistants requesting privileges shall
 - a. Document graduation from an approved physician assistant training program recognized by the Maine Board of Licensure in Medicine or the Maine Board of Osteopathic Examination and Registration or has successfully passed the American Association of Physician Assistants' entry level examination and maintained current certification; or
 3. Advanced Practice Registered Nurse requirements: All APRN's requesting privileges shall

- a. Document the additional requisite education and training to receive certification as an advanced practice registered nurse from the Maine State Board of Nursing; and
 - b. Document that in accordance with the job description or delegated responsibilities from a physician and consistent with a plan of supervision that the APRN will be providing "medical level of care"; and
 - c. Document that the APRN education, training, experience, licensure, and demonstrated current competence have been reviewed and approval by the Maine Medical Center Department of Nursing and the requested clinical privileges have been recommended by such Department of Nursing.
4. Provides evidence of professional liability insurance coverage in an amount determined by the Board of Trustees; and
 5. Provides professional services under the direct supervision of a member of the Maine Medical Center Medical Staff with appropriate admitting and clinical privileges.
- B. Prerogatives: Dependent Allied Health Practitioners shall be entitled to exercise only those privileges specifically granted.
- C. Responsibilities: Dependent Allied Health Practitioners shall maintain at all times the qualifications for obtaining privileges as a Dependent Allied Health Practitioner, provide patient care services consistent with granted clinical privileges, work cooperatively with the employing or supervising physician and other medical staff members, nurses and Medical Center personnel, and participate in any quality/utilization and peer review activities required or conducted from time to time by the Medical Center.
- Dependent Allied Health Practitioners shall agree to comply with all applicable State and Federal laws and to render care to patients that is consistent with applicable professional standards of quality and appropriateness.
- Dependent Allied Health Practitioners are prohibited from personal or professional conflicts of interest in fulfilling any of the functions of the Medical and Professional Staffs and in the provision of patient care.
- D. Responsibilities of the Supervising Physician: Any physician supervising a Dependent Allied Health Practitioner employed or contracted for by him or her in the care of a specific patient must:
1. accept full legal and ethical responsibility for the Allied Health Practitioner's performance irrespective of the lack of fault or blame on the part of the physician;

2. be physically present or readily available to provide further guidance when the Allied Health Practitioner provides any service, except in life threatening emergencies;
3. refrain from requesting the Allied Health Practitioner provide services beyond the Allied Health Practitioner's authorized scope of practice at the Medical Center;
4. immediately notify the Medical Staff Office in the event any of the following occur:
 - a. the scope or nature of his or her professional arrangement with the Allied Health Practitioner changes;
 - b. his or her approval to supervise the Allied Health Practitioner is revoked, limited or otherwise altered by the applicable state licensing board;
 - c. notification is given of investigation of the Allied Health Practitioner or of his or her supervision of the Allied Health Practitioner by the applicable state licensing board; his or her professional liability insurance is changed insofar as coverage of acts of the Allied Health Practitioner is concerned.

1-2.3 Medical Center Employees

Nothing in this manual shall be construed to interfere with the Medical Center's right to terminate Medical Center employees in accordance with Medical Center personnel policies.

PART 2: APPLICATION AND REAPPLICATION

2-1 APPLICATION FORM

Applicants for privileges as an Allied Health Practitioner shall submit a request for such privileges on an approved application form and with such additional documentation as may from time to time be required by the Medical Center. Such form shall require detailed information concerning the applicant's education, training, experience, health status, judgment and current competency. By applying for privileges, each applicant shall signify his or her willingness to appear for interview and authorize consultation with others who may have information bearing on his or her qualifications for the privileges requested. The applicant shall have the burden of providing all necessary information and satisfying all subsequent requests for information. The applicant's failure to sustain this burden shall result in the application being deemed incomplete. An incomplete application will not be further processed.

An application form shall be recommended by the Credentials Committee and approved by the Executive Committee of the Medical Staff. The form shall require detailed information which shall include, but not be limited to, information concerning:

- A. The applicant's qualifications including professional training, experience and continuing medical education information related to the clinical privileges requested by the applicant, board certification status, past and current licensure and DEA registration;

- B. References from peers familiar with the applicant's professional competence and ethical character. The named individuals must have acquired the requisite knowledge of the applicant's professional performance. At least one (1) must be from a colleague in the applicant's specialty.
- C. Requests for membership categories, departments, and clinical privileges;
- D. Past or pending professional or third party payor disciplinary action or sanction, licensure limitations or sanctions, or related matters;
- E. Clinical privileges or employment at any other hospital, clinic, health care institution or organization subject to voluntary or involuntary limitation, revocation, suspension or conditions of probation;
- F. Any non-renewal, relinquishment of or withdrawal of application for appointment at any other hospital, clinic, health care institution or organization;
- G. Professional practice coverage arrangements;
- H. Ability to perform the privileges requested; and attestation of acceptability of current health status to perform activities required to fulfill the requested privileges;
- I. Professional liability insurance coverage;
- J. Personal attestation of information regarding all prior and pending professional liability claims against the practitioner or any other person or entity arising out of or in connection with the applicant's individual professional services; and
- K. Documentation and results of tuberculosis testing, as appropriate, within one year prior to the date of the application or reapplication.
- L. Personal attestation regarding history of felony, current substance abuse, and/or sanctions by Federal or State payors.

2-2 VERIFICATION

The applicant shall deliver a fully executed application form to Medical Staff Office, which shall seek to collect or verify the applicant's requisite licensure, past licensure history in Maine and other states and countries, education, specific training, experience, and other submitted evidence of qualification. The information shall be verified from the primary source whenever feasible. The Vice President for Medical Affairs or designee shall also obtain all relevant information concerning the applicant on file with the data bank maintained by the Department of Health and Human Services, or any agency designated by it, pursuant to the Health Care Quality Improvement Act of 1986. The Vice President for Medical Affairs or designee shall promptly notify the applicant of any problems in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information. If, at any point in the process, the applicant is so requested to provide additional information or a specific release/authorization to allow Medical Center representatives to obtain information, the applicant must be notified in writing. The request must include the specific data/explanation or release/authorization required and the time frame for response. The applicant's failure, without good

cause, to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application.

2-3 APPLICATION COMPLETE

When collection and verification are accomplished, then the application shall be deemed complete by the Vice President for Medical Affairs who shall promptly transmit the application and all supporting materials to the Chief of each Department in which the applicant seeks privileges.

2-4 ACTION BY THE DEPARTMENT OF NURSING

In the case of Advanced Practice Registered Nurses, the Department of Nursing shall evaluate the completed application and may interview the applicant to consider the applicant's credentials and requests for clinical privileges. The Vice President for Nursing/CNO or his or her designee shall forward a report with recommendations on the request to the Credentials Committee.

2-5 ACTION BY CHIEF

The Chief of the Department shall evaluate the completed application, and may interview the applicant and shall make a report to the Credentials Committee concerning the request for clinical privileges.

2-6 ACTION BY CREDENTIALS COMMITTEE

Following receipt of the Department Chief's report and the Nursing Department's report (for Advanced Practice Registered Nurses) concerning application for appointment and delineation of privileges, the Credentials Committee shall review the application, the Department Chief's report, the Nursing Department's report (for Advanced Practice Registered Nurses), and all other pertinent information available regarding the applicant. The Committee shall seek to collect any other material or information deemed pertinent from review of the application and the Department Chief's report. The Credentials Committee may establish a subcommittee to review more specifically applications for clinical privileges by Independent or Dependent Allied Health Practitioners or separate subcommittees for different categories or types of Allied Health Practitioners. The Credentials Committee shall receive and review any report and recommendation from any constituted subcommittee for such applications prior to its deliberations on an application. The Committee shall then transmit to the Executive Committee its report and recommendations.

2-7 ACTION BY EXECUTIVE COMMITTEE

The Executive Committee shall consider the recommendation of the Credentials Committee and any additional information which may be submitted to it. The Executive Committee shall recommend to the Board of Trustees that any or all of the requested privileges be granted or denied. Any recommendation to deny some or all of the requested privileges shall be accompanied by an explanation that includes any additional material that may have been received from the applicant by the Chief, Vice President for Medical Affairs and Credentials Chairman under section 4.4-5.

2-8 FINAL ACTION BY THE BOARD

After review of the Executive Committee recommendation, the Board of Trustees shall act upon the request. The decision by the Board of Trustees to grant or deny any or all of the privileges requested shall constitute final action on the request. Any denial by the Board shall not give rise to any procedural rights or to a fair hearing and appeal such as provided for in the Medical Staff Bylaws for applicants to the Medical Staff.

2-9 TIME PERIODS FOR PROCESSING

All individuals and groups required to act on an application should do so in a timely manner and in good faith and, except for obtaining additional information or for other good cause, each application should be processed within the following time periods:

Individual/Group	Time
Medical Staff Office	60 days from date of receipt of application
Department Chief	30 days from date application deemed complete
Credentials Committee	Next regular meeting after receipt of Department Chief report, Department of Nursing Report if required and subcommittee report, if required
Executive Committee	Next regular meeting after receipt of Credentials Committee recommendation
Board of Trustees	Next regular meeting after receipt of Executive Committee recommendation

These time periods are to be deemed guidelines and are not directives such as to create any rights for a practitioner to have an application processed within these precise periods. 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 supporting information or may be directed by the President of the Staff on behalf of the Executive Committee or by the President of the Medical Center on behalf of the Board to so proceed.

2-10 TEMPORARY PRIVILEGES

2.10.1 Pending Appointment

An Allied Health Practitioner who is appropriately licensed by the State of Maine, has provided evidence of professional liability insurance and whose application for privileges as an Allied Health Practitioner received a favorable recommendation from the Credentials Committee, may be granted temporary privileges by the Vice President for Medical Affairs. These privileges will be extended only until the next Board of Trustees meeting.

2.10.2 Locum Tenens

An Allied Health Practitioner seeking privileges in order to become under contract or employed by Maine Medical Center as a locum tenens may be granted temporary privileges by the Vice President for Medical Affairs for a period not to exceed ninety (90) days provided that:

- A. An application has been deemed complete;
- B. The Chief of the department in which the clinical privileges are to be exercised confirms that the individual has the appropriate training, experience, and competence;
- C. The temporary privileges granted extend only until the next meeting of the Credentials Committee; the privileges may be extended with the approval of the Credentials Committee until the next meeting of the Board of Trustees.

2-11 TERM OF PRIVILEGES AND RE-APPLICATION

Privileges will be granted provisionally for six (6) months. During the provisional period, the Chief of the Department may make a recommendation that privileges be modified. After the provisional period, the Department Chief or designee shall make a recommendation, based upon a review of the individual's performance, that the requested privileges, in whole or in part, either be withdrawn or be granted for a period of two (2) years, subject to such review and supervision as may be specified. Privileges shall continue provisionally for a period of up to two (2) months while the Chief's recommendation is in process. A recommendation to grant or not to grant any requested privileges after the provisional period shall not be regarded as corrective action under Section 3-3 but shall receive the same review by committees and final Board action as the initial request. Every two (2) years thereafter, the Allied Health Practitioner may reapply for privileges, subject to submission with the application for privileges of a letter from the sponsoring attending certifying to the continued satisfactory employment or supervision of the applicant. Such application shall be reviewed by the Vice President for Medical Affairs or designee, the Chief, the Credentials Committee and the Executive Committee, whose recommendation shall be transmitted to the Board of Trustees for final action all in the same manner as provided herein for initial requests except that subsequent grants of privileges shall be for two (2) years without any provisional period.

PART 3: ACTION RELATED TO QUESTIONS REGARDING CLINICAL COMPETENCE OR CONDUCT AND APPEAL

3-1 GENERALLY

Whenever questions arise regarding clinical competence or an Allied Health Practitioner engages in conduct that could be detrimental to the quality of patient care or disruptive

to Medical Center operations, the medical staff has an obligation to assess the situation and intervene as necessary.

3-2 INITIATION OF ACTION

The Chief of the Department to which the Allied Health Practitioner is assigned or the Vice President for Medical Affairs may initiate action against any Allied Health Practitioner who does not continue to meet all qualifications necessary for his or her initial grant of privileges, who is disruptive to Medical Center operations, whose behavior is contrary to Department rules and regulations, whose professional activities exceed the scope of privileges granted, or whose conduct may be detrimental to patient care.

3-3 TYPES OF ACTION

Action may include warnings, probation, or modification, reduction, suspension or revocation of privileges. The Chief or Vice President for Medical Affairs may impose a precautionary suspension of such privileges when he or she has reasonable cause to believe that the Allied Health Practitioner fails to meet the qualifications necessary for his or her initial grant of privileges. Such failure may relate to licensure, insurance or necessary supervision. Precautionary suspension may also be imposed when the behavior of the Allied Health Practitioner is such that failure to suspend any or all of such privileges may result in the imminent likelihood of danger to any individual in the Medical Center. Following appropriate inquiry, the Chief of the Department or the Vice President for Medical Affairs shall notify the Allied Health Practitioner of the nature of the conduct or activity that (1) has prompted the inquiry and any proposed action not yet imposed by the Chief or (2) has prompted the precautionary suspension of any or all privileges. Any precautionary suspension shall become effective immediately and continue until the conclusion of any action taken as the result of a hearing.

3-4 AUTOMATIC RELINQUISHMENT OR REVOCATION

Whenever any the actions specified in Part 3-4.1 occur, the Allied Health Practitioner must immediately notify the Vice President for Medical Affairs. Failure to do so, without good cause, is grounds for automatic and permanent revocation of clinical privileges.

The Vice President for Medical Affairs shall automatically limit the privileges or membership of an Allied Health Practitioner in the instances and manner described below. The Vice President for Medical Affairs shall notify the Allied Health Practitioner of the automatic relinquishment or revocation.

3-4.1 Reasons for Automatic Relinquishment or Revocation

A. LICENSURE:

1. Revocation: Whenever the license or other legal credential of an Allied Health Practitioner authorizing him or her to practice in this State is revoked,

or otherwise terminated, the individual's clinical privileges shall be automatically revoked as of the date such action becomes effective.

2. Suspension: Whenever the license or other legal credential of an Allied Health Practitioner authorizing him or her to practice in this State is suspended, the clinical privileges shall be deemed to be automatically relinquished effective on and at least for the terms of the suspension.

3. Restriction: Whenever such license or other legal credential of an Allied Health Practitioner is limited or restricted by the applicable licensing or certifying authority, the Allied Health Practitioner's clinical privileges previously granted at the Medical Center which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.

4. Probation: Whenever a Medical Staff member or Allied Health Practitioner is placed on probation by the applicable licensing or certifying authority, his or her membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation, as of the date such action becomes effective and throughout its term.

As soon as practical, but in any event, no longer than 30 days after the initiation of action listed above, the Executive Committee shall convene to review and consider the facts under which the above action was taken. The Executive Committee may then recommend such further corrective action as is appropriate to the facts disclosed. An Allied Health Practitioner whose privileges have been relinquished by operation of this section is not entitled to the procedural rights provided in this manual.

B. CONTROLLED SUBSTANCES:

1. Revocation, Limitation, and Suspension: Whenever a DEA certificate of an Allied Health Practitioner is revoked, limited, or suspended, the individual shall automatically and correspondingly be divested of the right to prescribe medications affected by the change in the status of his or her certificate.

2. Probation: Whenever a DEA certificate of an Allied Health Practitioner is subject to probation, the individual's right to prescribe such medications shall automatically become subject to the terms of the probation throughout its term.

As soon as practical, but in any event, no longer than 30 days after the initiation of action listed above, the Executive Committee shall convene to review and consider the facts under which the above action was taken. The Executive Committee may then recommend such further corrective action as is appropriate to the facts disclosed. An Allied Health Practitioner whose privileges have been relinquished by operation of this section is not entitled to the procedural rights provided in this manual.

C. CONVICTION OF A FELONY:

Upon a finding of guilt for any felony by any court of record, Federal or State, of an Allied Health Practitioner under these Bylaws, Rules and Regulations, such person shall immediately and automatically be deemed to have relinquished all privileges within the Medical Center until and unless such finding shall be reversed by a court of competent jurisdiction. Upon exhaustion of appeals after such finding of guilt, such person's clinical privileges shall automatically be revoked. Revocation pursuant to this Article of the Bylaws does not preclude the person from subsequently applying for clinical privileges. The Allied Health Practitioner shall not be eligible to reapply for a period of two (2) years. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Medical Staff or the Board may require in demonstration that the basis for the revocation no longer exists.

An Allied Health Practitioner whose privileges have been relinquished by operation of this section is not entitled to the procedural rights provided in this manual.

D. TERMINATION OF EMPLOYMENT AGREEMENT WITH SUPERVISING PHYSICIAN:

The Dependent Allied Health Practitioner shall immediately notify the Medical Staff Office upon the expiration or termination of his or her agreement with the employing or supervising physician. The Dependent Allied Health Practitioner's clinical privileges will be automatically administratively relinquished. The Dependent Allied Health Practitioner must provide evidence of a new supervisory agreement with an appropriate medical staff member within 30 days. If no new agreement is reached during the 30 day grace period, the Dependent Allied Health Practitioner's clinical privileges will be administratively revoked.

An Allied Health Practitioner whose privileges have been relinquished by operation of this section is not entitled to the procedural rights provided in this manual.

E. MALPRACTICE INSURANCE:

If an Allied Health Practitioner shall have his or her professional liability coverage lapse or terminate, or if he or she shall at any time fail to maintain such insurance through an approved insurance company, then all his or her privileges shall be deemed to have been automatically relinquished as of the date such lapse or termination of such insurance occurred. If such professional liability insurance coverage shall be restored within ten (10) days of such discovery, his or her privileges shall be restored. If such coverage is not restored within such time, his or her clinical privileges will be automatically revoked.

Allied Health Practitioners whose privileges have been relinquished by operation of this section is not entitled to the procedural rights provided in this manual.

3-5 NOTICE OF ACTION PROPOSED OR IMPOSED

The Chief or Vice President for Medical Affairs shall notify the Allied Health Practitioner and appropriate supervising physicians of the reasons for the action proposed or taken, and of the Allied Health Practitioner's right to request within ten (10) days of receipt of the notice a hearing on the proposed or imposed action. He

or she shall also receive with the notice a summary of his or her rights at the hearing and a statement that his or her failure to make the request for a hearing shall constitute a voluntary waiver of his or her right to hearing.

3-6 WAIVER OF HEARING:

An Allied Health Practitioner who fails to request a hearing within the time specified waives the right to a hearing. Such waiver shall constitute (1) acceptance of any corrective action proposed by the Chief or Vice President for Medical Affairs and (2) acceptance of the permanent suspension of any privileges previously the subject of summary suspension as specified in the notice.

3-7 HEARING

Upon receipt of a timely request for hearing from the Allied Health Practitioner, a hearing on such action proposed or imposed shall be conducted by the Credentials Committee. At least thirty (30) days prior to the hearing, the Vice President for Medical Affairs shall notify the Allied Health Practitioner and appropriate supervising physicians of the time, place and date of the hearing, unless such notice and time periods are waived by mutual agreement of the Allied Health Practitioner and the Vice President for Medical Affairs. Such notice shall also indicate the right of the Allied Health Practitioner to have counsel at the hearing and to have the hearing transcribed at his or her own expense. Such hearing shall be conducted in accordance with the procedures provided for a Medical Staff Fair Hearing set forth in Article 4 of the Fair Hearing Plan, but other requirements of the Fair Hearing Plan shall not apply.

3-8 REPORT OF HEARING

Within ten (10) working days after final adjournment of the hearing, the Credentials Committee shall make a written report of its findings and recommendations and forward it to the Allied Health Practitioner and to the Executive Committee.

3-9 EXECUTIVE COMMITTEE ACTION

The Executive Committee shall consider the report and may recommend that the recommendation in the report be affirmed, modified or reversed. The Executive Committee shall forward its recommendation, as well as the Credentials Committee report, to the Board of Trustees for final action.

3-10 FINAL ACTION BY THE BOARD

The Board of Trustees shall render the final decision in the matter which may be to affirm, modify or reverse the recommendation received and any prior action taken in the matter. Such decision shall constitute final action on the matter and any decision adverse to the Allied Health Practitioner shall not give rise to any additional procedural rights or rights to additional hearings and appeals beyond those provided for above.

PART 4: RULES AND REGULATIONS

4-1 SCOPE OF SERVICE

Allied Health Practitioners may provide health care services only for those services specifically authorized for him or her.

Duties or acts specified for a dependent Allied Health Practitioner may not exceed the clinical privileges granted at this Medical Center to his or her supervising physician. A dependent Allied Health Practitioner may not provide professional services to a patient whose problem or condition is outside the scope of privileges granted of the supervising physician.

4-2 ORDERS BY ALLIED HEALTH PROFESSIONALS:

An Allied Health Professional may write orders only to the extent within the scope of privileges individually defined for him and consistent with hospital policy.

4-2.1 General Requirements

The Allied Health Practitioner must enter all orders for treatment or diagnostic tests. Orders must clear, legible, and complete. The responsible Allied Health Practitioner must authenticate all orders. Orders for diagnostic tests which necessitate the administration of test substances or medications will be considered to include the order for such administration.

4-2.2 Verbal Orders

The Medical Center will permit the use of verbal or telephone orders only in certain limited circumstances in accordance with the institutional policy on verbal orders.

- A. Circumstances: A privileged prescriber may use verbal or telephone orders only when the prescriber cannot reasonably access a MIS terminal. Conditions that would meet the above, but not necessarily be limited to, are the following: (1) codes and similar emergency situations; (2) situations where the prescriber is involved in a procedure or operation where interruption, except in emergent circumstances, would be improper; and (3) the prescriber is not physically present in the hospital.
- B. Authentication: The responsible Allied Health Practitioner must authenticate telephone or verbal orders within 24 hours.

4-2.3 Automatic Cancellation of Orders

Unless a specific order is written otherwise, all previous orders are automatically discontinued when the patient goes to surgery or is transferred to another service or another level of service.

4-2.4 Patient's Own Drugs and Self-Administration:

Patients may be allowed to use their own drugs, either administered by the nurse or self-administered, only when the following conditions are met:

- 1) the drugs have been identified, and;
- 2) there is a written order for each drug by an authorized prescribing Allied Health Practitioners.

4-3 THE MEDICAL RECORD

4-3.1 Required Content

A medical record shall be maintained for every individual who is evaluated and treated at the Medical Center. Each Allied Health Practitioner providing services to a

patient is responsible for preparing such portions of the medical record which are appropriate and necessary to the services provided.

4-3.2 History & Physical

For podiatric patients, a physician member of the Medical Center Medical Staff with admission privileges must be responsible for completing the history and physical exam for both inpatient and outpatient procedures. This report may be completed up to thirty (30) days prior to admission as per the Medical Staff General Rules and Regulations Section 5.2-2. The podiatrist is responsible for documenting those aspects of the history and physical that relate to podiatry.

4-3.3 Progress Notes

The attending Allied Health Practitioner is responsible for recording pertinent progress notes which must be timed and dated at the time of observation. The attending Allied Health Practitioner is responsible for progress notes which contain sufficient information to permit continuity of care and provide an accurate description in the medical record of the patient's progress. Each of the patient's clinical problems must be clearly identified in the progress notes, correlated with specific orders and with the results of tests and treatment.

The Attending Physician or his or her designee must write daily progress notes on acutely and critically ill patients and on those where there is difficulty in diagnosis or management of the clinical problem. The Allied Health Practitioner may make rounds on patients, but such rounds do not satisfy or change the supervising physician's responsibility to make rounds and record progress notes.

The Dependent Allied Health Practitioner must document all telephone and verbal consults with the affiliated physician.

4-3.4 Operative and Special Procedure Reports

Operative and Special Procedure Reports must contain, as applicable, a detailed account of the findings, the technical procedures used, the specimens recovered, the post-operative diagnosis, and the name of the primary performing Allied Health Practitioners and any assistants. The complete report must be written or dictated immediately following the procedure, and promptly authenticated by the primary performing Allied Health Practitioner. If the report is dictated, the Allied Health Practitioner must enter a comprehensive operative progress note in the medical record immediately after the procedure providing sufficient and pertinent information for use by any Allied Health Practitioner who is required to attend the patient.

4-3.5 Informed Consent

The Allied Health Practitioner or designee is responsible for obtaining the informed consent in accordance with Medical Center policy prior to performing any procedures or treatments involving anesthesia, surgical or other invasive procedures. The Allied Health Practitioner is responsible for obtaining a properly signed, hospital-approved informed consent form. This form shall be completed in a manner consistent with the general requirement above. An executed copy of such form shall be placed in the medical record before the patient is given pre-operative sedation, local or general anesthesia.

The consent form required by the Medical Center shall be signed by the patient or, for incompetent patients, by his or her spouse, parent, guardian, nearest relative, or other person authorized to give consent. The form must be dated and completed when signed. The form may be witnessed by the Allied Health Practitioner or by his or her designee providing the information and obtaining the informed consent. If he or she relies on a designee for any part of the process, the Allied Health Practitioner shall assume responsibility for determining the sufficiency of information supplied by his or her designee and the capacity of the patient or his or her representative to execute the form. When necessary, the Allied Health Practitioner may obtain telephone consent from an authorized representative as listed above if properly witnessed by a third party, and such consent is documented on a standard consent form.

Facsimile (FAX) copies may be obtained of fully executed forms, then photocopied and the photocopy appended to the medical record in order to satisfy the requirements of this rule.

4-3.6 Tissue Examination and Reports

All tissues, foreign bodies, artifacts and prostheses removed during a procedure, except those specifically excluded by policy of the Operating Room Committee, shall be properly labeled, packaged in preservative as designated, identified in the Operating Room or Special Procedures Suite at the time of removal as to patient and source, and sent to the Pathologist. The Pathologist shall document receipt, and make such examination as is necessary to arrive at a pathological diagnosis. Each specimen must be accompanied by pertinent clinical information and, to the degree known, the pre-operative and post-operative diagnoses. An authenticated report of the pathologist's examination shall be made a part of the medical record.

4-3.7 Instructions to Patient

The clinical resume or final progress note must indicate any specific instructions given to the patient and/or significant others relating to physical activity, medication, diet, and follow-up care, or alternatively, the chart must contain documentation of instructions given to the patient and/or significant others in the form of a standard instruction sheet. If no instructions were required, a record entry must be made to that effect.

4-3.8 Access to Records

An Allied Health Practitioner shall not access any patient information through health information systems and/or patient databases unless required to access such information in connection with his or her obligation to provide medical care to a patient or for bona fide research or educational purposes consistent with preserving the confidentiality of patient information. No Allied Health Practitioner shall give or allow another to use his or her password or other user identification whether or not such individual is an authorized user. Each Allied Health Practitioner understands that his or her password or other user identification shall constitute his or her legal signature and shall be accountable for all actions taken as a result of the use of such password or other user identification. In the event that the Allied Health Practitioner reasonably suspects or becomes aware of any unauthorized use or disclosure of his or her password or other user identification, he or she shall immediately change such password or other user identification, and immediately report such unauthorized use or disclosure to the Associate Vice President,

Information Systems. Each Allied Health Practitioner shall log-off the health information systems and/or patient databases or pass-word protect his or her computer screens regardless of where the screens are located to ensure that a computer session cannot be used by any other individual when left unattended. No Allied Health Practitioner shall print, copy or download patient information from the health information systems and/or patient databases to any hard drive, diskette, tape or other storage device for purposes other than to provide medical care to a patient or for bona fide research or educational purposes, and each Allied Health Practitioner shall become solely responsible for protecting the security, confidentiality and integrity of any information so printed, copied or downloaded.

4-3.9 Standards for Medical Records Completion

The appropriate Allied Health Practitioner must complete or sign the medical records within fourteen (14) days of availability. A record is considered complete when the clinical resume or discharge note, history and physical, consultative report, operative note, catheterization report, other procedure report, final diagnoses, and/or attestation sheet are assembled and authenticated. Records remaining incomplete fourteen (14) days after being made available to the appropriate Allied Health Practitioner shall be considered delinquent.

4-4 RELATIONSHIP TO OTHERS

The Allied Health Practitioner has no authority to direct any Medical Center personnel in the provision of services to patients, except to the extent specifically authorized to write orders. Any request made by a dependent Allied Health Practitioner supposedly on the verbal direction of the responsible physician may be questioned by Medical Center personnel when the substance of the request appears to be inconsistent with routine policies or the patient's condition.

Medical Center personnel have no authority to direct a Allied Health Practitioner who is not a hospital employee in the provision of services to patients. All patient care issues should be directed to the supervising physician.

PART 5: AMENDMENT

5-1 AMENDMENT

This Allied Health Practitioners Manual may be amended, or repealed, in whole or in part, by a resolution of the Executive Committee recommended to, and adopted by, the Board.

Revised MEC 9-20-00
Revised Full Medical Staff 11-16-00
Approved BOT 12-14-00
Revised MEC 12-3-04
Approved BOT 2-2-05
Revised MEC 2-4-05
Approved BOT 3-9-05
Revised MEC 11-18-05
Approved BOT 1-11-06
Revised MEC 11-15-06
Approved BOT 12-6-06