

Parkview LaGrange Hospital

Allied Health Practitioner

Manual

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	PREAMBLE	Page	4
	DEFINITIONS		4
ARTICLE	I.	ALLIED HEALTH PRACTITIONER AFFILIATION REQUIREMENTS	
	Section 1.	Eligibility	5
	Section 2.	Effect of Other Affiliations	5
	Section 3.	Restriction from Applying for Affiliation	5
	Section 4.	Sponsoring Medical Staff Member Requirement	6
	Section 5.	Application Requirement	6
ARTICLE	II.	RESPONSIBILITIES OF ALLIED HEALTH PRACTITIONERS	
	Section 1.	Responsibilities	6
	Section 2.	Continuing Medical Education	7
	Section 3.	Meeting Attendance	7
	Section 4.	On Call Requirements	7
	Section 5.	Leave of Absence	7
ARTICLE	III.	SPONSORING MEDICAL STAFF MEMBER	
	Section 1.	Eligibility to Sponsor an AHP	8
	Section 2.	Responsibilities of the Medical Staff Sponsor	8
	Section 3.	AHPs Affiliated with a Group Practice	8
	Section 4.	Oversight by Non-Sponsoring Medical Staff Member	8
	Section 5.	Suspension/Resignation of the Medical Staff Sponsor	9
	Section 6.	Change of Medical Staff Sponsor Procedure	9
ARTICLE	IV.	ALLIED HEALTH PRACTITIONER EVALUATION AND PERFORMANCE REVIEW	9
ARTICLE	V.	APPLICATION PROCEDURE FOR AFFILIATION AND RE-AFFILIATION AS AN ALLIED HEALTH PRACTITIONER	
	Section 1.	Initial Application/Re-affiliation Application Requests	10
	Section 2.	Application Materials	10
	Section 3.	Processing Applications	11
	Section 4.	Re-affiliations	11
	Section 5.	Delegation	11
	Section 6.	Change in Scope of Practice	12
	Section 7.	Maintaining Current Credentials	12
	Section 8.	Temporary Authorization	12
	Section 9.	Accessibility of Clinical Privilege Lists, Protocols, and Scopes of Practice	12

ARTICLE	VI.	DENIAL OR REVOCATION OF AFFILIATION, INVOLUNTARY REDUCTION OF SCOPE OF PRACTICE, RESOLUTION OF ISSUES	
		Section 1. Authority to Revoke or Reduce an Affiliation or Scope of Practice	12
		Section 2. Hearing and Appeals	13
		Section 3. Resolution of Issues	13
ARTICLE	VII.	AUTHORIZED DISCIPLINES	13
ARTICLE	VIII.	AUTHORIZED SCOPES OF PRACTICE	14
ARTICLE	IX.	AUTHORIZATION OF NEW DISCIPLINES TO PROVIDE SERVICES	14
		Section 1. Request for Authorization of a New Discipline	14
		Section 2. Processing the Request for Authorization of a New Discipline	14
ARTICLE	X.	AUTHORIZATION OF A NEW OR AMENDED SCOPE OF PRACTICE	15
ARTICLE	XI.	AMENDMENT OF THE ALLIED HEALTH PRACTITIONER MANUAL	15
APPENDIX	A.	AUTHORIZED DISCIPLINES	16
APPENDIX	B.	AUTHORIZED SCOPES OF PRACTICE/CLINICAL PRIVILEGE LISTS	16-17

ALLIED HEALTH PRACTITIONER MANUAL

Preamble

Parkview LaGrange Hospital recognizes the need to augment the Medical Staff with Allied Health Practitioners in order to more efficiently and effectively deliver those services requested by our patients. The following guidelines have been developed for affiliating qualified Allied Health Practitioners with the Hospital and Medical Staff.

Definitions

Allied Health Practitioners (AHP's): Allied Health Practitioners are individuals who are not otherwise eligible for Medical Staff Membership, but who by virtue of their experience, education, training, licensure (*when applicable*), and demonstrated competence are qualified to provide services to patients at Parkview LaGrange Hospital. They can be classified as Dependent, Mid-level, or Independent as defined below.

Dependent Allied Health Practitioners: Those serving as Dependent Allied Health Practitioners do not initiate and/or terminate treatment without either the direct supervision of a Medical Staff Member or the guidance of an established protocol approved by their Sponsor and the Medical Staff. They are employed by their Sponsor, have a defined Scope of Practice, and do not bill patients for their services under their own provider number. Examples of Dependent Allied Health Practitioners include surgical technicians who assist their Medical Staff Sponsor in the operating room, and registered nurses who assist their Sponsor in outpatient clinics.

“Mid-level” Allied Health Practitioners: Those serving as Mid-Level Allied Health Practitioners are Physician Assistants and Advanced Practice Nurses who require a Medical Staff Member Sponsor but may independently initiate and/or terminate treatment. They work with the oversight of their Medical Staff Member Sponsor but not necessarily under their direct supervision. While they may have requirements for consultation in given clinical situations, these individuals may render care without a defined protocol. They are usually employed by their Sponsor, but in some instances may have a collaborative agreement with a Medical Staff Member and be a Hospital/Hospital system employee. Mid-level Allied Health Practitioners have Clinical Privileges as granted by the Hospital Board of Directors and may or may not bill patients under their own provider number depending on their employment status and business relationship with their Medical Staff Sponsor. Examples of Mid-Level Allied Health Practitioners include Nurse Midwives delivering babies, Nurse Anesthetists providing Anesthesia, and Physician Assistants working in the Emergency Department.

“Independent” Allied Health Practitioners: Those serving as Independent Allied Health Practitioners are individuals who can legally provide services as licensed independent practitioners and may initiate and/or terminate treatment in accordance with their Clinical Privileges without the oversight of a Sponsoring Medical Staff Member. Independent Allied Health Practitioners bill patients for their services under their own provider number. Examples of Independent Allied Health Practitioners include Clinical Psychologists and Optometrists.

Authorized Disciplines: Authorized Disciplines are categories of health care providers approved by the Board of Directors of the Hospital to provide services in the Hospital as Allied Health Practitioners (e.g. RN, LPN, NP, PA, CRNA, CNM).

Scope of Practice: Scope of Practice is a listing of services that may be performed by a Dependent Allied Health Practitioner. All Dependent Allied Health Practitioners shall have a defined Scope of Practice (rather than Clinical Privileges). The various Scopes of Practice available for Dependent Allied Health Practitioners to exercise at Parkview LaGrange are recommended by the Medical Staff and approved by the Hospital Board of Directors. Upon recommendation of the Medical Staff qualified applicants may be authorized to exercise a Scope of Practice by the Vice President of Patient Services.

Clinical Privilege List: A Clinical Privilege List is a list of services that may be performed by a Mid-level or Independent Allied Health Practitioner. All Mid-level and Independent Allied Health Practitioners shall have Clinical Privileges (rather than a Scope of Practice). The various Clinical Privilege Lists available for these Practitioners to exercise at Parkview LaGrange Hospital are recommended by the Medical Staff and approved by the Hospital Board of Directors. Upon recommendation of the Medical Staff, qualified applicants may be granted Clinical Privileges by the Hospital Board of Directors.

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

ARTICLE I. ALLIED HEALTH PRACTITIONER AFFILIATION REQUIREMENTS

Section 1. Eligibility Requirement for Allied Health Practitioners

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

Section 2. Effect of Other Affiliations

No person shall be entitled to provide medical or other services at Parkview LaGrange merely because he or she holds a certain degree, has a certain type of training, is licensed to practice in this or any other state, is a member of any professional organization, is certified by any clinical or professional board, or currently has or has had the right to provide services at this Hospital or any other health care facility.

Section 3. Restriction from Applying for Affiliation

Any individual who has been employed by a Parkview Health entity and left under a final warning or performance evaluation of “does not meet expectations”, or applied for employment or affiliation and did not pass the drug screen, is not eligible to apply for any position as an Allied Health Practitioner for a minimum of 12 months from the date of separation or the date of the failed drug screen. If the applicant applies for affiliation after that time period, he/she shall accept the burden of supplying any reasonable information required to relieve concerns regarding the previous history.

Any individual involuntarily terminated by a Parkview Health entity for any reason other than job elimination or attendance issues may not apply for AHP affiliation. Likewise, individuals suspended from the Medicare/Medicaid program are not eligible for affiliation as an Allied Health Practitioner.

Section 4. Sponsoring Medical Staff Member Requirement

All Dependent and Mid-Level Allied Health Practitioners shall have a Medical Staff Sponsor. The AHP shall be solely responsible for the establishment of an affiliation with a Medical Staff Member for this purpose. The Sponsoring Medical Staff Member shall be held accountable for the activities, performance, conduct, and compliance of their AHP.

Section 5. Application Requirement

Application processes are described in ARTICLE V of this document. Applicants must accept the burden of producing adequate information for a proper evaluation of current competence, character, and ethics. Any application that in the opinion of the Administrative Committee or Medical Executive Committee lacks adequate information to assure current competence, character, and ethics will be considered incomplete and will not be processed.

Section 6. Non AHP Clinical Providers

Individuals who are not employed by the Hospital but provide clinical services at the request of the Hospital, who do not require a collaborative or supervisory agreement with a Medical Staff Member, and who do not require Clinical Privileges to perform their service, may perform those services on a contractual basis rather than serving as an Allied Health Practitioner. As with all contracted clinical services, the Medical Staff Executive shall annually review the services provided by any contracted provider(s) and make a recommendation to the Board of Directors regarding the quality of services rendered.

ARTICLE II. RESPONSIBILITIES OF ALLIED HEALTH PRACTITIONERS

Section 1. Responsibilities of All AHP's

To apply for and maintain affiliation with Parkview LaGrange Hospital, all AHP's are required to abide by the following.

1. To continuously meet the qualifications for their Discipline and demonstrate the expected competency for the Scope of Practice or Clinical Privileges granted.
2. To perform only those services specifically authorized in their Scope of Practice or Clinical Privilege List.
3. To maintain liability insurance in the amounts prescribed by the State of Indiana and/or acceptable to Parkview LaGrange Hospital either through their Sponsoring Medical Staff Member's policy or their own.
4. To work with the Medical Staff, Hospital employees, Hospital Administration, Hospital volunteers, Hospital Board of Directors, and other Hospital affiliates in a co-operative and civil manner refraining from any activity that might be disruptive to Hospital operations.

5. To cooperate with and participate in quality, utilization, risk management, and accreditation readiness activities.
6. To refuse to engage in improper inducements for patient referral or any other unethical behavior.
7. To comply with all accreditation, regulatory, and legal requirements by which the Medical Staff and Hospital must abide.
8. To abide by the Confidentiality Agreement as outlined in the Affiliation Application.
9. To display identification as provided by a Parkview Hospital entity at all times when engaged in professional activities in the Hospital.
10. To participate in an orientation provided by the Hospital appropriate to their affiliation.
11. To abide by the Policies, Procedures, Rules, and Regulations of the Hospital and Medical Staff.
12. To keep current copies of licensure, professional certification, liability insurance verification, tuberculosis testing, CPR certification, CSR (when applicable), and DEA (when applicable) on file with Medical Staff Services.
13. To complete any ongoing educational activities as required per Medical Staff Services policy (e.g. Net-learning).
14. Demonstrate competency in the use of the Hospital's Electronic Medical Record (must meet requirement in order to exercise Clinical Privileges) and document using that record as appropriate (includes the use of Computerized Physician Order Entry).
15. To inform Parkview LaGrange Medical Staff Services immediately of any of the following events:
 - a. Any formal action initiated that could result in a change of licensure or liability coverage.
 - b. Any involuntary change of status at other health care institutions.
 - c. Any voluntary or involuntary change in relationship with their Sponsoring Medical Staff member (when applicable).
 - d. Any initiated malpractice claims or professional disciplinary actions.

Section 2. Continuing Medical Education

While continuing education is recommended for all health care providers to ensure current competence, there is no specific requirement for continuing education for Dependent Allied Health Practitioners. Mid-level and Independent Allied Health Practitioners must complete 50 (fifty) hours of CME every re-appointment period (2 years).

Section 3. Meeting Attendance

Medical Staff Meeting attendance is not required for Allied Health Practitioners. AHP's may attend Medical Staff Committee meetings at the discretion of the Committee Chairman but have no vote. The exception to the above involves the QRM committee where AHP's may not be present or participate unless specifically requested to do so by majority vote of the Committee Members.

Section 4. On Call Requirements

While a Medical Staff Sponsor or employer may contractually have an on call requirement for their AHP, the Hospital has no specific on call requirement for any individuals affiliated as Allied Health Practitioners. Although AHP's may indeed augment the service provided by their Medical Staff Sponsor when the Sponsor is on call, it is the responsibility of the Medical Staff Member to provide call coverage and this responsibility may not be delegated to an Allied Health Practitioner.

Section 5. Leave of Absence

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

ARTICLE III: SPONSORING MEDICAL STAFF MEMBER

Section 1. Eligibility to Sponsor an Allied Health Practitioner

Any member on the Active or Affiliate Medical Staff in good standing may serve as a Sponsor for an Allied Health Practitioner. The Privileges held by the Medical Staff Sponsor must be compatible with the Scope of Practice/Clinical Privileges requested by their AHP (e.g. a Psychiatrist may not sponsor a Surgical Technician).

Section 2. Responsibilities of the Medical Staff Sponsor

Medical Staff Members who wish to serve as a Sponsor for an Allied Health Practitioner are required to abide by the following:

1. To be held accountable for the activities, performance, conduct, and compliance of their Sponsored Allied Health Practitioner
2. To provide the required oversight and any clinical/administrative assistance necessary for their AHP.
3. To sign their applicant's Scope of Practice (or in some cases Clinical Privilege List), thereby acknowledging that both they and their AHP understand the parameters established by the Hospital for their Discipline.
4. To provide a written statement that they currently have and will maintain liability insurance covering their Sponsored AHP (when applicable).
5. To designate another member of the Medical Staff who will assume responsibility for their AHP whenever they are unavailable.
6. To provide immediate notice to Parkview LaGrange if they will no longer be providing Sponsorship for their Allied Health Practitioner.
7. To provide immediate notice to Parkview LaGrange if they become aware of any grounds for suspension or termination of their Allied Health Practitioner's affiliation with the Hospital.

Failure to comply with the above shall be considered grounds for possible disciplinary action against the Medical Staff Member as described in the Medical Staff By-Laws.

Section 3. Allied Health Practitioners Affiliated with a Group Practice

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

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

Whenever the Sponsoring Medical Staff member for an Allied Health Practitioner is unavailable, they must designate another member of the Medical Staff who agrees to assume responsibility for their AHP in their absence (or the AHP must not exercise their Scope of Practice/Clinical Privileges). In this instance, the Sponsoring Medical Staff Member remains accountable for their AHP, but in addition, the Medical Staff Member directly providing oversight for the AHP agrees to be accountable for the AHP’s activities, performance, conduct, and compliance while under their direction

Section 5. Suspension/Resignation of the Medical Staff Sponsor

If at any time all Clinical Privileges of a Medical Staff Sponsor are suspended or relinquished, the Scope of Practice/Clinical Privileges of their Allied Health Practitioner shall be automatically relinquished until the Sponsoring Practitioner’s Privileges are reinstated. Any change in Clinical Privileges of a Medical Staff Sponsor shall be cause for re-evaluation of their AHP’s Scope of Practice or Clinical Privileges. If the Sponsoring Medical Staff member terminates appointment with the Medical Staff, their Allied Health Practitioner’s affiliation shall automatically be relinquished.

Section 6. Change of Medical Staff Sponsor Procedure

Should a Sponsor desire to pass responsibility for their AHP to another Medical Staff Member, or, in the event of a voluntary resignation of the Medical Staff Sponsor should another Medical Staff Member wish to Sponsor the AHP, the following procedure will be followed.

If the proposed Medical Staff Member Sponsor has Clinical Privileges essentially the same as the current Sponsor,

And

If the Allied Health Practitioner is requesting the same or even a reduced Scope of Practice/Clinical Privileges,

And

If the proposed Medical Staff Member Sponsor and the AHP are in good standing and not under investigation for any reason

Then

The change of Sponsorship shall be made administratively and requires no further review

If any of the above conditions are not met, the affiliation application process must be completed in its entirety for the change of Sponsor to occur.

ARTICLE IV: ALLIED HEALTH PRACTITIONER EVALUATION AND PERFORMANCE REVIEW

All Allied Health Practitioners shall have a defined method of performance review. The method of review shall be as follows:

1. Annual Authorization for non-employed Dependent Allied Health Practitioners (D-AHP):

AND

- a. Provide completed forms to the Vice President of Patient Care or their designee (typically a nurse manager working in the area that the AHP primarily exercises their Scope of Practice) for approval.
2. Performance review for Mid-level and Independent Allied Health Practitioners:
- a. Biennial evaluation by their Medical Staff Sponsor (not applicable for Independent Allied Health Practitioners)
 - AND
 - b. Biennial evaluation by the Senior Vice President of Patient Care or their designee (typically a nurse manager working in the area that the AHP primarily exercises their Clinical Privileges).
 - AND
 - c. Ongoing review by the QRM Committee with biennial recommendation from the QRM Committee Chairman

Mid-level and Independent Allied Health Practitioners must apply for Re-affiliation every two (2) years

ARTICLE V: APPLICATION PROCEDURE FOR AFFILIATION AND RE-AFFILIATION AS AN ALLIED/COMPLEMENTARY HEALTH PRACTITIONER

Section 1. Initial Application/Re-affiliation Application Requests

Initial Independent and Mid-Level applications shall be requested through the Collaborative Verification Services (CVS) office with the recommendation that the application is requested at least three (3) months prior to the intended effective date of affiliation. The application must be completed in its entirety in order to be considered for processing. Re-affiliation applications will be mailed out at least four (4) (months) prior to the date of affiliation expiration or according to specialty calendar.

Section 2. Application Materials

The application packet shall contain the following:

- a. The application itself (which contains agreements for release of information, confidentiality, and release from liability for applicant evaluators).
- b. Medical Staff Sponsor attestation for all Dependent and Mid-Level Allied Health Practitioners.
- c. Requested Scope of Practice or Clinical Privilege form
- d. Request for names of references (2 (two) references from peers are required at initial affiliation)
- e. Request for Continuing Medical Education documentation (for those Allied Health Practitioners granted Clinical Privileges)
- f. Copy of the Allied Health Practitioner Manual
- g. Check off list of other materials to be returned with the application
 - License (*when applicable*)
 - Certification (if any)
 - CSR (when applicable)
 - DEA (when applicable)

- Collaborative agreement (for NPs)
- Supervisory agreement (for PA's)
- Liability insurance verification
- Mantoux test
- CPR certification
- Sterile technique competency evaluation (if applicable)
- Copy of a government issued ID
- Proposed Protocol (when applicable)

Section 3. Processing Applications

Once the completed application packet is received in the Medical Staff Services office, it will be reviewed and licensure (all past and present), certification (if any), education (including dates attended/degree conferred), prior hospital affiliations, liability insurance coverage (including 5 year claims history for Mid-Level and Independent Allied Health Practitioner), and if applicable CSR will be verified. A copy of the DEA certificate will be secured. Medicare/Medicaid status will be verified for those Allied Health Practitioners that may bill independently. Evaluations and reference letters (for initial affiliations) will be secured. Other resources may be queried as deemed necessary by the Medical Staff leadership including criminal background checks.

Upon verification of credentials as described above, an application summary sheet shall be prepared in order to assist the Clinical Advisor, Administrative Committee and subsequently the Medical Executive Committee in their determination of a recommendation regarding the application. The Clinical Advisor for all Mid-Level and Independent Allied Health Practitioners shall be the Hospital's Chief Nursing Officer, Vice President of Patient Services, or their designee. No application shall be considered complete until all information requested by the Administrative Committee and/or the Medical Executive Committee is received.

For Dependent Allied Health Practitioners, the Vice President of Patient Services shall make a final determination regarding approval/disapproval of the affiliation and Scope of Practice. An application summary shall be taken to the Administrative Committee, Medical Executive Committee, and Hospital Board of Directors as information only.

For Mid-Level and Independent Allied Health Practitioners, the Administrative Committee and subsequently the Medical Executive Committee shall make a recommendation to the Hospital Board of Directors regarding the application with final approval/disapproval determined by that body.

Section 4. Re-affiliations

Dependent Allied Health Practitioners need not complete an application for re-affiliation but must have annual evaluations (as delineated in ARTICLE IV). Mid-level and Independent Allied Health Practitioners shall be required to submit a complete application for re-affiliation at least every 2 (two) years and it shall be processed in the same manner as an initial application.

Section 5. Delegation

The Medical Staff may delegate the verification portion of the credentialing process to other resources including Central Verification Organization (CVO's) while maintaining authority for final approval of recommendations for membership and privileges.

Section 6. Change in Scope of Practice

Any request for a change in Scope of Practice or Clinical Privileges by an Allied Health Practitioner must be directed to the Medical Staff Services office. Voluntary reduction of a Scope of Practice or Clinical Privileges requires no approval. Any increase in Scope of Practice, change to a different Scope of Practice, or addition of Clinical Privileges must follow the same approval process as defined for initial affiliation with a recommendation from the Administrative Committee to the Medical Executive Committee to the VP of Patient Services (for Dependent AHP's) or the Hospital Board of Directors (for Mid-level and Independent AHP's).

Section 7. Maintaining Current Credentials

Current copies of the following documents shall be kept in the electronic file (Folderview or Midas Seeker) for all Allied Health Practitioners:

1. Annual evaluations (as delineated in Article IV)
2. Licensure (*when applicable*)
3. Certifications (if any)
4. DEA and CSR registrations (if any)
5. CPR certification
6. Results of TB testing (annually)
7. Verification of current liability insurance coverage
8. Continuing Medical Education attestation (when applicable)

It is the responsibility of the Allied Health Practitioner to provide the above information. Should the AHP fail to provide this information on a timely basis, they shall automatically be deemed ineligible to exercise their Scope of Practice or Clinical Privileges. In this event, both the AHP and their Sponsoring Medical Staff Member (if applicable) shall be notified of the suspension. The Allied Health Practitioner shall immediately be re-instated upon receipt of the information required.

Section 8. Temporary Authorization of an Allied Health Practitioner

With the exception of CRNAs where there is an immediate patient care need present which requires temporary privileges, at no time will requests for temporary authorization of an Allied Health Practitioner be considered.

Section 9. Accessibility of Clinical Privilege Lists, Protocols, and Scopes of Practice

A copy of the Scope of Practice or Clinical Privilege List of an Allied Health Practitioner shall be maintained in the Clinical Area in which they perform service. If the AHP works with a Protocol, the Protocol shall accompany the Scope of Practice/Clinical Privilege List.

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

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

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

Section 2. Hearings and Appeals

As Allied Health Practitioner's are not members of the Medical Staff, they are not entitled to the formal hearing and appeal process delineated in the Medical Staff By-Laws. In fairness to the AHP, however, those AHP's affiliated with Parkview LaGrange shall have a process to resolve issues as delineated in Section 3 of this Article.

Section 3. Resolution of issues

Should an Allied or Complementary Health Practitioner have a denial of affiliation or re-affiliation, revocation of affiliation, a reduction in their Scope of Practice/Clinical Privileges, or other issue that has not been resolved in a collegial fashion with the Hospital or Medical Staff, they shall be entitled to a review of the issue in the following manner:

- a. For Dependent Allied Health Practitioners, a meeting shall be held with their Medical Staff Sponsor, the Vice-President of Patient Services, the President of the Medical Staff (or designee), the affected Allied Health Practitioner, and a representative from the Hospital Human Resources Department (when applicable). If no collegial resolution of the issue can be achieved by this group, the decision of the Vice President of Patient Services shall be final.
- b. For Mid-level and Independent Allied Health Practitioners, they and their Medical Staff Sponsor (when applicable) shall be granted a hearing with the Medical Executive Committee. If after review, the recommendation of the Medical Executive Committee is to deny/revoke the Allied Health Practitioner's affiliation, or, to deny/revoke any or all of the Allied Health Practitioner's Scope of Practice/Clinical Privileges, then the AHP may appeal the decision to the Hospital Board of Directors (or a Subcommittee thereof). The Board of Directors (or Subcommittee) will review all relevant issues as presented by the Allied Health Practitioner, their Medical Staff Sponsor, a representative of the Medical Executive Committee, and any other party the Board deems appropriate. After review, the Board may uphold, reject, or

modify the recommendation of the Medical Executive Committee. In all instances, the decision of the Board of Directors shall be final.

- c. In the event that the Allied Health Practitioner in question is employed by the Hospital, any issues other than those involving denial of re-affiliation and denial or reduction of their Scope of Practice/Clinical Privileges (which shall be addressed in the same fashion as listed above) shall be addressed by Hospital management in accordance with established personnel policies. In this instance, the decision of the Hospital shall be final.

ARTICLE VII: AUTHORIZED DISCIPLINES

See appendix A

ARTICLE VIII: AUTHORIZED SCOPES OF PRACTICE

See Appendix B

ARTICLE IX: AUTHORIZATION OF NEW DISCIPLINES TO PROVIDE SERVICES

The Board of Directors of Parkview LaGrange Hospital oversees the determination of the services provided by the Hospital, as well as the qualifications of individuals who provide those services. This ARTICLE describes the methodology by which a New Discipline may be authorized to provide services at Parkview LaGrange.

Section 1. Request for Authorization of a New Discipline

New Disciplines may be considered for authorization to provide services at Parkview LaGrange Hospital when a request is received from a Medical Staff Member, a member of the Board of Directors, or the Chief Operating Officer of the Hospital. All requests must be in writing and shall be forwarded to the Medical Staff Services office. The Medical Staff Services coordinator shall assist the requestor in the preparation of documents needed to evaluate their request. Documents shall include:

1. A description of the type of service that the proposed New Discipline affiliates will render
2. Licensure required for the proposed New Discipline affiliates
3. Experience, education, and training required for the proposed New Discipline affiliates
4. The affiliation arrangement which is most appropriate for the proposed New Discipline affiliates (Medical Staff Member; Allied Health Practitioner, or Complementary Health Practitioner)
5. A description of how the authorization of this discipline will improve patient care

In addition to the above information, input shall be requested from any or all of the following regarding such a request:

1. Human resources
2. Medical Staff Leadership
3. The proposed Sponsoring Medical Staff Member (if any)
4. Other Health Care facilities
5. Clinical Directors
6. The Parkview Health System Legal Department/Risk Management

Section 2. Processing the Request for Authorization of a New Discipline

After gathering input as described in Section 1, and with the assistance of the appropriate Clinical Director, Medical Director, and other clinicians as needed, a summary of the request shall be prepared by the Medical Staff Services office. This summary will be presented to the Clinical Committee, Administrative Committee, and QRM Committee for their review and recommendation. Recommendations from the Medical Staff Committees will be taken to the Medical Executive Committee for review. The Medical Executive Committee will submit a final recommendation to the Hospital Board of Directors. At its next meeting, the Hospital Board of Directors will consider the request and the Medical Staff recommendation. The Board may decide to approve the request, reject the request, or table the request pending receipt of further information. The ultimate decision rests with the Hospital Board of Directors. If the Board's decision is to reject the request, a similar request may not be considered again for 12 (twelve) months unless that time frame is waived by the Chairman of the Hospital Board of Directors. If the request is approved, the New Discipline shall be added to the list in Appendix A. Once the New Discipline has been authorized, a candidate with appropriate credentials may apply for a Scope of Practice/Clinical Privileges. Should authorization of this New Discipline require approval of a new Scope of Practice or defined Clinical Privileges, authorization of either shall be done in accordance with ARTICLE X.

ARTICLE X: AUTHORIZATION OF A NEW OR AMENDED SCOPE OF PRACTICE

All proposals for a new or amended Scope of Practice or Clinical Privilege List for Allied Health Practitioners shall be directed to the Medical Staff Services office. Requests must be in writing and may come from any Member of the Medical Staff, a member of the Hospital Board of Directors, the Chief Operating Officer of the Hospital, or any current Allied Health Practitioner Affiliate. The request must include a description of the new Scope of Practice or Clinical Privilege List desired or the amendment proposed for a current Scope of Practice/Clinical Privilege List. After gathering input from sources as described in Section 1 of ARTICLE IX, a draft of a proposed Scope of Practice/Clinical Privilege List or amended Scope of Practice/Clinical Privilege List shall be prepared by the Medical Staff Services office. The draft of the new document shall proceed through the various Medical Staff Committees as deemed appropriate, and a recommendation shall be forwarded to the Medical Executive Committee. In the same fashion as authorization of a New Discipline, the Medical Executive Committee shall make a recommendation to the Hospital Board of Directors and the Hospital Board of Directors shall approve/disapprove the proposed Scope of Practice/Clinical Privilege List.

ARTICLE XI: AMENDMENT OF THE ALLIED HEALTH PRACTITIONER MANUAL

This manual may be amended at any time by majority vote of the Medical Executive Committee and subsequent approval by the Hospital Board of Directors.

Appendix A: Authorized Disciplines

The Board of Directors has authorized the following disciplines to provide services as Allied Health Practitioners at Parkview LaGrange Hospital.

Discipline	Qualifying Degree
Behavioral Health Associate (Independent)	CDC (Certified Drug Counselor); Doctorate or Master’s degree in Clinical or Counseling Psychology, Social Work, or Mental Health Counseling.
Behavioral Health Associate (Dependent)	CDC; Master’s or Bachelor’s degree in Clinical or Counseling Psychology, Social Work, or Mental Health Counseling
Certified Medical Assistant	CMA
Certified Nurse Midwife	CNM
Certified Registered Nurse Anesthetist	CRNA
Echocardiographer	ARDMS certification (or equivalent)
Emergency Room Extender	PA, NP
Licensed Practical Nurse	LPN
Nurse Practitioner	NP
Optometrist	OD
Orthopedics Assistant	NP or PA
Physician Assistant	PA
Radiology: Advanced Physician Extender	PA and RT
Registered Nurse	RN
Surgical Technician	ST or CST

Appendix B: Authorized Scopes of Practice/Clinical Privilege Lists

The Board of Directors of Parkview LaGrange Hospital has authorized the following Scopes of Practice and Clinical Privilege Lists for use by those Allied Health Practitioners affiliated with the Hospital. Only those candidates who hold the credentials of an Authorized Discipline, meet the specific qualifications for the Scope of Practice or Clinical Privileges requested, and have had their affiliation approved through the procedures delineated in this manual shall be eligible for a Scope of Practice/Clinical Privileges.

Authorized Scopes of Practice

Scope of Practice	Qualifying Degree
Behavioral Health Therapist	CDC; Master’s or Bachelor’s Degree in Clinical or Counseling Psychology; Social Work, or Mental Health Counseling
Clinic Assistant	CMA, LPN, RN
Echocardiographer	ARDMS Certification (or equivalent)
Rounds Assistant	RN, LPN
Surgery Assistant	ST, CST, RN

Authorized Clinical Privilege Lists

Advanced Physician Extender	PA, NP
Behavioral Health Associate (Independent)	CDC; Doctorate or Master's Degree in Clinical or Counseling Psychology, Social Work, or Mental Health Counseling
Certified Nurse Midwife	CNM
Certified Registered Nurse Anesthetist	CRNA
Emergency room Physician Extender	PA, NP
Enterostomal Therapy & Wound Care Nurse	NP
Long Term Care Extender	NP
Optometrist	OD
Orthopedics Assistant	NP, PA
Radiology: Advanced Physician Extender	PA and RT