COMMUNITY HOSPITAL
ALLIED HEALTH PROFESSIONALS POLICY

I. DEFINITIONS

A. The term "Allied Health Professionals" means those Dependent Allied Health Professionals who evaluate and/or treat patients at Community Hospital and those Independent Allied Health Professionals who evaluate and/or treat patients at Community Hospital. Allied Health Professionals may also be employees of Community Hospital.

B. The term "Medical Staff" means the formal organization of all licensed physicians and dentists who are privileged to attend patients at Community Hospital.

C. The term "Independent Allied Health Professionals" means those independent paramedical professionals who can legally function without direct supervision.

Independent Allied Health Professionals will consist of the following persons:

1. Individuals with a doctorate in psychology or its equivalent from an accredited college or university, and licensed in this state.
2. Individuals with a master's degree in psychiatric social work from an accredited college or university with appropriate academic and field placement experience.
3. Certified Registered Nurse Anesthetists (CRNAs)
4. Others as designated by the governing board of Banner Health.

Independent Allied Health Professionals may provide patient care services within the limits of their professional skills and abilities. The degree of participation of Independent Allied Health Professionals in patient care shall be determined according to protocol or privileges recommended and approved by the governing board of Banner Health.

Independent Allied Health Professionals shall:

i. Exercise independent judgment in their areas of competence, provided that a member of the Medical Staff, in the active staff or courtesy staff category, shall have the ultimate responsibility for the patient care of the Independent Allied Health Profession who has been granted such privileges;

ii. Record reports and progress notes on the patients' records and write orders for treatment to the extent established in the Rules and Regulations of the Medical Staff, provided that such orders are within the scope of his/her license, certificate or other legal credentials; and

iii. Not admit or discharge patients at Community Hospital unless granted the privileges.
Applications for clinical privileges as an Independent Allied Health Professionals shall be generally processed in accordance with the procedure set forth for appointment to the medical staff.

Independent Allied Health Professionals may serve on appropriate committees of the Medical Staff, as appointed by the Chief of Staff, and exercise voting privileges on such committees. Independent Allied Health Professionals may be invited to attend Medical Staff meetings, and may be required, as a condition of continued privileges, to attend meetings involving the review of patient care in which they participated.

D. The term "Dependent Allied Health Professionals" shall mean those dependent paramedical professionals who evaluate and/or treat patients under the responsibility and supervision of a member of the Medical Staff in the limited field of healing arts for which they are licensed, certified or qualified.

Dependent Allied Health Professionals shall consist of certified physician assistants, nurse practitioners and those clinical technicians who are employees of a member of the Medical Staff, employees of a corporation controlled by a member of the Medical Staff, or supervised by a member of the Medical Staff and who perform a portion of their professional responsibilities within Community Hospital.

The supervising physician of a Dependent Allied Health Professional shall assume full responsibility, and be fully accountable, for the conduct of such Dependent Allied Health Professional within Community Hospital. It is the further responsibility of the supervising physician of such Dependent Allied Health Professional to acquaint such Dependent Allied Health Professional with the applicable Rules and Regulations of the Medical Staff and the rules and regulations of Community Hospital, as well as with appropriate members of the Medical Staff and hospital personnel with whom such Dependent Allied Health Professional shall have contact at Community Hospital. Such supervising physician shall furnish evidence of professional liability insurance coverage for such Dependent Allied Health Professional.

The clinical duties and responsibilities of a Dependent Allied Health Professional within Community Hospital shall terminate if the Medical Staff appointment of the supervising physician is terminated for any reason, or if the supervising physician’s clinical privileges are curtailed to the extent that professional services of such Dependent Allied Health Professional within Community Hospital are no longer necessary or permissible to assist the supervising physician.
II. PURPOSE

To allow Allied Health Professionals to function at Community Hospital in strict compliance with this Policy and applicable sections of the Medical Staff Bylaws and the Rules and Regulations of the Medical Staff, subject to the continuing approval of the Medical Executive Committee and the governing board of Banner Health.

III. PRIVILEGE APPROVAL

A. Privileges shall be granted to an Allied Health Professional by the governing board of Banner Health upon recommendations from the Medical Executive Committee, based on such Allied Health Professional's education, training and demonstrated ability. Privileges granted include those patients the Allied Health Professional may attend, procedures allowed, ordering privileges and charting privileges. In no case shall the privileges granted an Allied Health Professional exceed the privileges of the supervising physician, or applicable state law.

B. Each Allied Health Professional shall submit an application in writing to the Medical Staff Office on the application form provided. The completed application shall specifically state the proposed functions and limitations of the applicant and shall state the applicant's qualifications to perform these functions, as well as educational background, training, experience, and any licensure and certification.

C. The application shall be referred to the appropriate Medical Staff committee for review, if applicable. At such time, recommendations to impose limitations or specific requirements shall be made as deemed appropriate.

D. The Medical Executive Committee shall review the application, including the character, qualifications, professional competence, and ethical standing of the applicant. The Medical Executive Committee may request additional information from the supervising physician to substantiate the applicant’s qualifications and privileges requested.

E. The Medical Executive Committee shall then forward its recommendation to the governing board of Banner Health.

F. Allied Health Professionals shall not be appointed to membership on the Medical Staff. However, in common with their supervising physician, and by the same mechanisms, they will be evaluated for periods not to exceed two (2) years at a time and reviewed for continuance of clinical privileges.

G. A request by an Allied Health Professional for additional clinical privileges shall be submitted in writing to the Chief Executive Officer of Community Hospital, or his/her designee, along with documentation of qualifications for privileges requested. The request will then be forwarded to the appropriate Medical Staff committee, if applicable, then to the Medical Executive Committee for recommendation of approval, and finally to the governing board of Banner Health.
H. Any member of the Medical Staff under pending or current corrective action, which includes terms of probation or a requirement for consultation, or a reduction suspension, or revocation of clinical privileges, may also have his/her supervisory privileges for Allied Health Professionals similarly restricted. Such restrictions will be determined by the Medical Executive Committee. The involved Allied Health Professional associated with any member of the Medical Staff under pending or current corrective action, as previously stated, may also be subject to restriction of privileges by the Medical Executive Committee.

I. If an Allied Health Professional is no longer supervised by the member of the Medical Staff identified as the Allied Health Professional's supervising physician on the application of current privileges, then all of the Allied Health Professional's privileges shall be automatically terminated.

IV. **ALLIED HEALTH PROFESSIONAL RULES AND REGULATIONS**

A. An Allied Health Professional may write orders and prescribe treatment within the scope of license and statute and only for the supervising practitioner or write orders by granted privileges and protocols established by the supervising physician, patient care director or manager, and the Allied Health Professional. The granted privileges and protocols will be available to patient care areas. If the Allied Health Professional has no prescriptive authority or the order/treatment is outside the scope of the Allied Health Professional's education and licensure, the Allied Health Professional may transmit the telephone or verbal order. The telephone or verbal order is dated and identifies the names of the Allied Health Professional who receives the order and the physician who gave the order, as outlined in the Safe Medication Policy.

B. The Allied Health Professional and/or the supervising physician must visit and document daily visits.

C. An Allied Health Professional may not admit patients and may not treat patients in the emergency department without the supervising physician's indirect supervision.

D. The supervising physician for a Dependent Allied Health Professional shall countersign documentation as required with the minimum of entries of history and physical examinations and discharge summaries. Dependent Allied Health Professionals may dictate the admission history and physical information or the discharge summary of a patient, which documentation must be reviewed and countersigned by the supervising physician, or designated covering supervising physician within fifteen (15) days of the patient's discharge. -

E. Dependent Allied Health Professionals may be utilized by other physicians in the supervising physician’s practice, provided the services remain in the same specialty as the supervising physician and the supervising physician maintains responsibility for the Dependent Allied Health Professional.
F. Allied Health Professionals shall document the patient care in the medical record according to the documentation requirements of the Medical Staff and Community Hospital.

G. The supervising physician, or the designated covering supervising physician, who is responsible for the activities of a Dependent Allied Health Professional must be available for immediate verbal communication and in such geographic proximity as to allow for direct supervision for patient evaluation and care without undue delay.

H. Clinical privileges will be submitted to the Medical Executive Committee prior to implementation to assure systems and education/training needs are accomplished.

I. On follow-up care hospital visits, where a therapeutic regimen or other written protocol has been established by the supervising physician, the Allied Health Professional may check and record the patient's progress within the confines of the established regimen or protocol and report the patient's progress to the supervising physician. When a new problem arises or established parameters are exceeded, the supervising physician must undertake a personal review of the patient and his/her problems. The supervising physician shall see his/her patients at least daily.

J. An Allied Health Professional may complete histories and physicals if granted the privilege to do so.

V. SUPERVISION

A. A Dependent Allied Health Professional shall be under the control and supervision of his/her supervising physician and such supervising physician shall assume full responsibility for all actions of the Dependent Allied Health Professional. With respect to privileging, the degree of supervision required by the supervising physician shall be consistent with applicable federal and state laws or regulations. For purposes of this policy, the following definitions shall apply:

1. Direct supervision: the physician must be available to the Dependent Allied Health Professional in person or within the premises of Community Hospital.

2. Indirect supervision: the supervising physician, although not immediately available to the Dependent Allied Health Professional, must have a pre-arranged plan of activity or treatment for the specific patient problem which the Dependent Allied Health Professional may carry out in the absence of any complicating factors.

B. The number of Allied Health Professionals that may be supervised by one member of the Medical Staff shall be determined by Wyoming Board of Medicine Regulations.
C. The supervising physician may not supervise any Allied Health Professional with respect to clinical services not normally provided by the supervising physician.

D. If the supervising physician is unavailable or cannot be immediately contacted, in an emergency or non-emergency situation, there must be provisions for back-up coverage by another approved supervising physician, or the Allied Health Professional will not be allowed to function.

E. At times when the supervising physician is unavailable or out of town, the Allied Health Professional may not write orders for his/her supervising physician. An exception to this rule will be made in those instances where the supervising physician documents either on the patient record or through the Medical Staff Services Office, a designated covering supervising physician. In this instance, the designated covering supervising physician becomes the Allied Health Professional’s supervising physician and assumes the responsibilities of the supervising physician, including authentication of orders and progress notes.

VI. SUPERVISOR RESPONSIBILITY

If, for any reason, an Dependent Allied Health Professional is no longer associated with his/her supervising physician, the supervising physician shall inform the Chief Executive Officer of Community Hospital, or his/her designee, of such termination immediately.

If a member of the Medical Staff allows an Allied Health Professional to evaluate and/or treat his/her patients at Community Hospital without submitting an application and without obtaining the approval of the governing board of Banner Health for privileges, the Medical Executive Committee shall review the circumstances and recommend whether such Medical Staff member should be allowed to continue to supervise Allied Health Professionals and/or whether any Allied Health Professionals that such Medical Staff member are currently supervising should be allowed to continue to evaluate and treat patients in Community Hospital.

VII. IDENTIFICATION AND PATIENT CONSENT

A. No Allied Health Professional shall render general medical service or any permitted task to any patient unless the patient has been informed that such services shall be rendered by the Allied Health Professional.

B. Each Allied Health Professional must wear an appropriate nametag so that he/she may be properly identified.

VIII. GROUNDS FOR DENIAL OR REVOCATION OF APPROVAL

A. Upon recommendation of the Medical Executive Committee and upon completion or waiver of the Adverse Action Review and Appellate Process set forth in Article IX below, the governing board of Banner Health may deny any Allied Health Professional's application or may withdraw approval previously granted under this
policy for cause. Cause for denial or revocation includes, but is not limited to, the following:

1. Conviction of a felony.

2. Use of drugs or alcoholic beverages to the extent and in a manner dangerous to the Allied Health Professional, other persons, and to the public, or the extent that such use impairs the Allied Health Professional's ability to perform.

3. Allowing another person to use his/her certificate or letter of approval.

4. Using fraud, deception, or misrepresentation in his/her application for approval.

5. Willful unauthorized communication of information received in personal confidence during his/her duties as an Allied Health Professional.

6. Incompetence or negligence in his/her duties as an Allied Health Professional or documented, repeated and/or continuous negligence or irresponsibility in the performance of his/her duties.

7. Violating or aiding in the violation of any of the requirements of this policy.

8. Knowingly working as an Allied Health Professional under a supervising physician or other person who has not received the approval of the governing board of Banner Health to supervise Allied Health Professionals.

9. Knowingly working as an Allied Health Professional under the supervision of a physician/dentist/podiatrist whose approval to supervise has been suspended, revoked, or canceled, or whose license to practice medicine has been revoked, canceled, or suspended.

10. Performing tasks beyond those permitted by this policy.

11. Impersonating a physician or other member of the Medical Staff.

B. When a member of the Medical Staff perceives a problem with an Allied Health Professional, such Medical Staff member should consult the appropriate supervising physician or the Chief of Staff. If the appropriate supervising physician or the Chief of Staff is unable to solve the problem, then such Medical Staff member may recommend to the Medical Executive Committee that corrective action be taken according to the procedures outlined in this policy. If the Medical Executive Committee makes a recommendation for Adverse Action, the Adverse Action Review and Appellate Process set forth in Article IX shall apply. Allied Health Professionals are not entitled to the hearing and appeals process outlined in the Medical Staff Bylaws.
C. The Chief of Staff or the Chief Executive Officer of Community Hospital, or their respective designees, may immediately suspend all activities of any Allied Health Professional until such time as any matter of concern is fully investigated, reviewed, and evaluated.

IX. ADVERSE ACTION REVIEW AND APPELLATE REVIEW, AUTOMATIC AND NONREVIEWABLE ACTIONS

A. Adverse Action Review and Appellate Process

1. Initiation of Adverse Action Review and Appellate Process. Allied Health Professionals who are subject to Adverse Action (other than Nonreviewable Actions, as defined in Section IX.C below) shall be afforded an Adverse Action Review and appeal process in accordance with this policy. Adverse Action includes denial of a request to provide any patient care services within the applicable scope of practice or revocation, suspension, reduction, limitation or termination of permission to provide any patient care services within the applicable scope of practice. Allied Health Professionals are not entitled to due process rights set forth in the Medical Staff Bylaws, and none of the procedural rules set forth therein shall apply.

2. Notice of Adverse Recommendation or Action. Within fifteen (15) days after Adverse Action is taken against an Allied Health Professional, the Allied Health Professional shall be notified in writing of the specific reasons for the Adverse Action and the Allied Health Professional's rights per this policy.

3. Request for Review of Adverse Recommendation or Action. The Allied Health Professional may request an Adverse Action Review following the procedures set forth in this policy. If the Allied Health Professional does not deliver a written request for an Adverse Action Review to the Chief Executive Officer of Community Hospital within ten (10) days following the Allied Health Professional's receipt of notice of the Adverse Action, the Adverse Action shall be final and non-appealable.

4. Composition of the Review Committee. The Chief of Staff will appoint up to three (3) physicians/dentists/podiatrists, who may be, but who are not required to be, members of the Medical Staff, and a representative of nursing administration to consider the Adverse Action Review request and to serve as the Review Committee. Members of the Medical Executive Committee will not serve as members of the Review Committee.

5. Notice of Time and Place for the Adverse Action Review. The Allied Health Professional shall be given ten (10) days prior written notice of the time, place and date of the Adverse Action Review and a list of witnesses, if any, who will be called to support the Adverse Action.
6. **Statements in Support.** The representative of the Medical Staff and the Allied Health Professional shall be entitled to submit a written statement in support and/or to introduce all relevant documentation by supplying two (2) copies of the statement and/or documentation to the Chief Executive Officer of Community Hospital at least five (5) days prior to the Adverse Action Review.

7. **Rights of Parties.** During the Adverse Action Review, the parties will be given an opportunity to present relevant evidence, call witnesses and make arguments in support of their positions. Neither the Medical Staff nor the Allied Health Professional shall be entitled to have legal counsel present at the Adverse Action Review or the Appellate Review.

8. **Burden of Proof.** The representative of the Medical Staff has the initial obligation to present evidence in support of the Adverse Action. Thereafter, the Allied Health Professional has the burden of demonstrating, by a preponderance of the evidence, that the Adverse Action lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

9. **Action by Review Committee.** Upon completion of the review, the Review Committee shall consider the information and evidence presented, make a recommendation, which shall include the basis therefor, and forward it to the Chief of Staff. The Allied Health Professional and the representative of the Medical Staff shall be provided with a copy of the Review Committee’s recommendation.

10. **Duty to Notify of Noncompliance.** If the Allied Health Professional believes that there has been a deviation from the procedures required by this policy or applicable law, the Allied Health Professional must promptly notify the Chief of Staff of such deviation, including this policy or applicable law citation. If the Chief of Staff agrees that a deviation has occurred, is substantial and has created demonstrable prejudice, the Chief of Staff shall correct such deviation.

11. **Request for Appellate Review.** If the Allied Health Professional is dissatisfied with the Review Committee’s recommendation, the Allied Health Professional may submit a written request for an Appellate Review, provided that the Chief Executive Officer of Community Hospital receives such request within ten (10) days following the Allied Health Professional's receipt of the Review Committee’s recommendation. The request must identify the Grounds for Appeal and must include a clear and concise statement of the facts in support of the request. Grounds for Appeal include that (a) the Adverse Action Review failed to comply with this or applicable law and that such noncompliance created demonstrable prejudice or (b) the Review Committee’s recommendation was not supported by substantial evidence. If the request for an Appellate Review is not requested properly and/or timely, the Review Committee’s recommendation shall become final and non-appealable.
12. **Interview with Medical Executive Committee.** Upon a proper and timely request for an Appellate Review, the Allied Health Professional shall be given an interview with the Medical Executive Committee. The Allied Health Professional shall be given at least five (5) days prior written notice of the time, place and date of the Appellate Review. At the appeal, the parties shall be allowed to present written and/or oral arguments as to why the Review Committee’s recommendation should be reversed or modified.

13. **Final Determination by the Medical Executive Committee.** The Medical Executive Committee shall make a final determination on the Adverse Action, which shall be provided to the parties. The decision of the Medical Executive Committee shall not be subject to further appeal.

The final decision of the Medical Executive Committee will be submitted to the governing board of Banner Health.

B. **Automatic Suspension or Limitation.** Automatic suspension shall be immediately imposed under the conditions contained in this Section IX.B. In addition, further corrective action may be recommended in accordance with the provisions contained within this policy whenever any of the following actions occur:

1. **License.** Whenever an Allied Health Professional's license is revoked, restricted, or suspended, the Allied Health Professional's scope of practice is similarly revoked, restricted, or suspended.

2. **Controlled Substances Registration.** Whenever an Allied Health Professional's DEA or other controlled substances registration is revoked, restricted, or suspended, the Allied Health Professional's right to prescribe medications covered by the registration is similarly revoked, restricted, or suspended.

3. **Professional Liability Insurance.** An Allied Health Professional's appointment and clinical privileges shall be immediately suspended for failure to maintain the minimum amount of professional liability insurance required by the governing board of Banner Health. The affected Allied Health Professional may request reinstatement during a period of ninety (90) calendar days following suspension, upon presentation of proof of adequate insurance. Thereafter, such Allied Health Professional shall be deemed to have voluntarily resigned and must reapply for appointment.

4. **Exclusion from Medicare/State Programs.** The Chief Executive Officer of Community Hospital, with notice to the Chief of Staff, will immediately and automatically suspend an Excluded Practitioner. An “Excluded Practitioner” is an Allied Health Professional whose name is listed on the then-current “List of Excluded Individuals/Entities” maintained by the Office of Inspector General, Department of Health and Human Services,
or who has been barred from participation in any federally-funded healthcare program such as Medicare, Medicaid, Indian Health Service, or CHAMPUS.

5. **Failure to Satisfy Special Appearance Requirement.** An Allied Health Professional who fails without good cause to appear at a meeting where his/her special appearance is required shall automatically be suspended. Failure to appear within thirty (30) of the request to appear shall result in revocation of appointment and clinical privileges. Thereafter, the affected Allied Health Professional must reapply for appointment.

6. **Failure to Execute Releases and/or Provide Documents.** An Allied Health Professional who fails to execute a general or specific release and/or provide documents during a term of appointment when requested by the Chief of Staff, or his/her designee, shall automatically be suspended. If the release is executed and/or documents provided within thirty (30) calendar days of the notice of suspension, the Allied Health Professional shall be reinstated. Thereafter, such Allied Health Professional shall be deemed to have resigned voluntarily and must reapply for appointment.

C. **Nonreviewable Actions.** Not every action entitles an Allied Health Professional to rights pursuant to this policy. The actions giving rise to automatic suspension as set forth in Section IX.B above are not reviewable under this policy. In addition, the following occurrences are also Nonreviewable Actions under this policy:

1. Imposition of supervision pending completion of an investigation to determine if corrective action is warranted or pending exhaustion of due process rights.

2. Issuance of a warning or a letter of admonition or reprimand.

3. Imposition of monitoring of professional practices, other than direct supervision, for a period of six (6) months or less.

4. Termination or limitation of temporary privileges.

5. Any recommendation voluntarily imposed or accepted by the Allied Health Professional.

6. Denial of appointment for failure to complete an application for appointment or privileges.

7. Removal of appointment for failure to complete the minimum supervisory requirements.

8. Removal of appointment and privileges for failure to submit an application for reappointment within the allowable time period.
9. Any requirement to complete an educational assessment or training program.

10. Imposition of a consultation requirement pending completion of an investigation to determine if corrective action is warranted or pending exhaustion of the review process under this policy.

11. Any requirement to complete a health and/or psychiatric/psychological assessment and follow-up treatment recommended by the designated or approved healthcare professional.

12. Retrospective chart review.


Where an action that is not reviewable (automatic or Nonreviewable Action) has been taken against an Allied Health Professional, the affected Allied Health Professional may request that the action be reviewed and may submit information demonstrating why the action is unwarranted. The Medical Executive Committee, in its sole discretion, shall decide whether to review the submission and whether to take or recommend any action. The affected Allied Health Professional shall have no appeal or other rights in connection with the Medical Executive Committee’s decision.


X. **ALLIED HEALTH PROFESSIONAL CATEGORIES**

A. Allied Health Professional who are allowed to function at Community Hospital shall be licensed, certified, or otherwise qualified to function within a health related profession or occupation. Approved categories of Allied Health Professionals are set forth on Exhibit "A" attached hereto and made a part hereof by this reference.

B. The Medical Executive Committee shall delineate specific privileges, but they shall conform to the requirements of this policy. Such delineations will be in writing and will be available as part of the clinical department's records.

C. The Medical Executive Committee will provide a mechanism to determine quality of care provided by Allied Health Professionals.

D. It is anticipated that additional categories of Allied Health Professionals will be added from time to time. This can be initiated by the Medical Executive Committee or the governing board of Banner Health. Any such request shall delineate the scope and privileges of such additional category. The request for approval and any accompanying written information will be forwarded to the Medical Executive Committee. The Medical Executive Committee will review the request and, if the Medical Executive Committee recommends approval of the new category of Allied Health Professional, it will forward its recommendation to the governing board of Banner Health for final approval. After approval by the governing board of Banner Health, the additional category of Allied Health Professional will become part of this policy.

XI. **OBLIGATIONS OF ALLIED HEALTH PROFESSIONALS**

A. Each Allied Health Professional shall sign a statement that he/she has read and agrees to abide by this policy, the Medical Staff Bylaws and the applicable Rules and Regulations of the Medical Staff.

B. Each Allied Health Professional shall maintain liability insurance at or above the minimum limits, as established by the governing board of Banner Health.

XII. **ADOPTION AND AMENDMENT**

A. **Policy Review.** The Medical Executive Committee will review this policy periodically and as needed, based on revisions in regulations and practices.

B. **Amendment.** The policy may be adopted, amended, or repealed, in whole or in part, upon recommendation by the Medical Executive Committee and approved by the governing board of Banner Health.

C. **Adoption.** This policy will be adopted by approval of the Medical Executive Committee and the governing board of Banner Health.
EXHIBIT "A"

ALLIED HEALTH PROFESSIONAL CATEGORIES

1. Certified Nurse Practitioners (Advanced Practice Nurses)
2. Certified Registered Nurse Anesthetists (CRNA)
3. Child Health Associate (CHA)
4. Physician Assistant (PA-C)
5. Surgeon’s Assistant (SA)
6. Certified Nurse Midwife (CNM)
7. Audiologists
8. Clinical Psychologists
9. Master of Social Workers (MSW)