



<b>TITLE: Allied Health Professionals</b>			
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<b>Type: Administrative - Medical Staff</b>		<b>Author: Martha Hoover</b>	
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<b>Facility: Banner Churchill Community Hospital</b>			
<b>Population (Define): Medical Staff</b>			
<b>Replaces:</b>			
<b>Approved by: Medical Executive Committee, Banner Health Board</b>			

**TITLE: *Allied Health Professionals***

**I. Purpose/Expected Outcome:**

- A. To allow Allied Health Professionals to function at Banner Churchill Community Hospital (the Hospital) in strict compliance with this Policy and applicable sections of the Medical Staff Bylaws and Rules and Regulations of the Medical Staff, subject to the continuing approval of the Medical Executive Committee and the Governing Board of Banner Health.
- B. This policy contains the credentialing process for Allied Health Professionals (AHPs) at Banner Churchill Community Hospital as well as the general parameters for the functioning of these individuals within the Hospital. All such AHPs who are permitted to practice at the Hospital fall within two (2) broad categories, Independent Allied Health Professionals and Dependent Allied Health Professionals, each having a slightly different relationship to the hospital.

**II. Definitions:**

- A. ALLIED HEALTH PROFESSIONALS: The term “Allied Health Professionals” means those Dependent Allied Health Professionals and Independent Allied Health Professionals, also referred to as practitioners, who are permitted to evaluate and/or treat patients at Banner Churchill Community Hospital, but who are not members of the Medical Staff. Allied Health Professionals may also be employees of Banner Churchill Community Hospital.
- B. MEDICAL STAFF: The term “Medical Staff” means the formal organization of all licensed physicians, dentists and podiatrist who are credentialed and privileged to attend patients at Banner Churchill Community Hospital.
- C. INDEPENDENT ALLIED HEALTH PROFESSIONALS: The term “Independent Allied Health Professionals” means those independent paramedical professionals who can legally function without direct supervision.
- D. DEPENDENT ALLIED HEALTH PROFESSIONALS: The term “Dependent Allied Health Professionals” means 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.

- E. ADMINISTRATOR: The term “Administrator” means the Chief Executive Officer of the Hospital, or his or her designee.

**III. Policy:**

- A. No Individual shall be entitled to AHP functions merely because he/she is duly licensed to practice his/her profession in this or any other state, is a member of any professional organization, or has ever been granted such functions at another hospital. No individual shall be denied AHP functions on the basis of race, color, religion, sex, age, or national origin.
- B. **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. A current listing of the types of AHPs functioning in the Hospital as Independent Practitioners is attached to this policy as Appendix A.

Independent Allied Health Professionals shall:

- 1. 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 of the Independent Allied Health Professional who has been granted such privileges although they require no formal or direct supervision by a physician.
  - 2. Record reports and progress notes on the patients’ records and write orders for treatment to the extent established in the Rules and Regulations for the Medical Staff, provided that such orders are within the scope of his/her license, certificate or other legal credentials; and
  - 3. Not admit or discharge patients at the Hospital unless granted the privileges.
- C. **DEPENDENT ALLIED HEALTH PROFESSIONALS** shall include all those AHPs who may function in the Hospital only as long as they remain employees of or are supervised by a physician currently appointed to the Medical Staff. A current listing of the types of AHPs functioning in the Hospital as Dependent Allied Health Professionals is attached to this policy as Appendix A.

Conditions of Practice Applicable to Dependent Allied Health Professionals:

- 1. Any activities permitted by the Governing Board of Banner Health to be done at the Hospital by a Dependent Allied Health Professional shall be done only under the direct supervision of the physician supervising/employing that individual. Except as provided by law, regulation, or Hospital policy, direct supervision shall not require the actual physical presence of the supervising/employing physician, although the supervising/employing physician shall be available for immediate consultation via electronic device.
- 2. Should the Medical Staff appointment or clinical privileges of the supervising/employing physician of a Dependent Allied Health Professional be revoked or terminated, the Dependent Allied Health Professional’s permission to practice in the Hospital will automatically terminate unless the Administrator permits the Dependent Allied Health Practitioner to arrange for supervision by another physician appointed to the Medical Staff.

**D. SUPERVISOR RESPONSIBILITY:**

1. 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 the 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 the 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 the Hospital.
2. It is the responsibility of the physician supervising/employing the Dependent Allied Health Professional to provide, or to arrange for, professional liability insurance for the Dependent Allied Health Professional in the amounts established by the Governing Board of Banner Health that covers any activities of the Dependent Allied Health Practitioner at the Hospital, and to furnish evidence of such to the Hospital. The Dependent Allied Health Professional shall act at the Hospital only while such coverage is in effect.
3. The clinical duties and responsibilities of a Dependent Allied Health Professional within the 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 the Hospital are no longer necessary or permissible to assist the physician.
4. If for any reason, a Dependent Allied Health Professional is no longer associated with his/her supervising physician, the supervising physician shall inform the Hospital Administrator, or his/her designee, of such termination immediately.
5. If a member of the Medical Staff allows an Allied Health Professional to evaluate and/or treat his/her patients at the 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 at the Hospital.

**IV. Procedure/Interventions:**

- A. **QUALIFICATIONS FOR APPOINTMENT AND CLINICAL PRIVILEGES:** In order to be granted appointment and clinical privileges to practice as an AHP, individuals must satisfy the following criteria:
  1. Have a current unencumbered license or certificate to practice their profession in the State of Nevada.
  2. Be located close enough to the Hospital to provide timely and continuous care for their patients in the Hospital.
  3. Possess current, valid professional liability insurance coverage at or above the minimum limits, as established by the Governing Board of Banner Health.



4. Be able to document his or her:
  - a. Educational background, relevant training, experience, and current clinical competence;
  - b. Adherence to the ethics of their profession;
  - c. Good reputation and character;
  - d. Health status, including physical health and mental and emotional stability, to safely and competently perform the privileges requested;
  - e. Ability to work harmoniously with others sufficiently to convince the Hospital that all patients treated by them will receive quality care and that the Hospital will be able to operate in an orderly manner.

**B. NO ENTITLEMENT TO MEDICAL STAFF APPOINTMENT:**

1. Individuals applying for clinical privileges to practice as an AHP in the Hospital are not eligible for appointment to the Medical Staff, or entitled to the rights, privileges, and/or prerogatives of Medical Staff appointment. AHPs may be allowed to attend Medical Staff meetings and participate as non-voting participants as may be appropriate and as may be requested by the Administrator or the Chief of Staff.

**C. PRIVILEGE APPROVAL:**

1. Privileges shall be granted to an AHP by the Governing Board of Banner Health upon recommendation from the Medical Executive Committee, based on such AHPs education, training and demonstrated ability. Privileges granted include those patients the AHP may attend, procedures allowed, ordering privileges and charting privileges. In no case shall the privileges granted an AHP exceed the privileges of the supervising physician, or Nevada state law.
2. Each AHP shall submit an application in writing to the Medical Staff Office on the application form provided and shall contain a request for the specific clinical privileges desired by the applicant. 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 and privileges requested.
3. The completed application shall include a current copy of the applicant's license/certificate to practice his/her profession in the State of Nevada, DEA certification (if applicable), and resuscitation certificates as required.
4. Release and Immunity: By applying for appointment and clinical privileges as an AHP, the applicant expressly accepts and agrees to the following conditions (whether or not clinical privileges are granted):
  - a. The applicant specifically authorizes the Hospital and its authorized representatives to consult with any third party who may have information bearing on the applicant's professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior, or any other matter reasonable having a bearing on the



applicant's qualifications for appointment and clinical privileges as an AHP. This authorization includes the right to inspect or obtain any and all communications, reports, records, and documents from said third parties. The applicant also specifically authorizes said third parties to release said information to the Hospital and its authorized representatives upon request.

- b. To the fullest extent permitted by law, the applicant releases from any and all liability, extends absolute immunity to, and agrees not to sue the Hospital, its authorized representatives, and any third parties with respect to any acts, communications or documents, recommendations, or disclosures involving the applicant.
5. Burden of Providing Information:
- a. The applicant shall have the burden of producing information deemed adequate by the Hospital for a proper evaluation of competence, character, ethics, and other qualifications, and of resolving doubts about such qualifications.
  - b. The applicant shall have the burden of proving all the statements made and information given on the application are true and correct.
  - c. The applicant shall deliver the application to the Medical Staff Services office or the Administrator and such application must be accompanied by the designated processing fee, if any. The Medical Staff Services office shall, in a timely fashion, determine if the application is complete. If the application is deemed to be incomplete, the applicant shall be notified of the additional information needed to complete the application. Further processing of the application shall not occur until the required information has been submitted. If the applicant does not submit the required information within three (3) months of the notification to the applicant, the application shall be deemed withdrawn and automatically removed from consideration.
  - d. After reviewing the application to determine that all questions have been answered, and after reviewing all references and other information or materials deemed pertinent, and after verifying the information provided in the application with the primary sources, 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.
6. The Medical Executive Committee shall review the application and all supporting information and documentation, including evaluating the applicant's education, training, experience, 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.
7. The Medical Executive Committee may use the expertise of any individual on the Medical Staff, or an outside consultant, if additional information is required regarding the applicant's qualifications. In evaluating the application, the Medical Executive Committee may also meet with the applicant.
8. The Medical Executive Committee shall then forward its recommendation to the Governing Board of Banner Health. The Medical Executive Committee's recommendation must specifically



- address the clinical privileges requested by the AHP, which may be qualified by any probationary or other conditions or restrictions relating to such clinical privileges.
9. If the Medical Executive Committee's recommendation is adverse to the applicant, the applicant shall have the right to an Adverse Action Review and Appellate Review pursuant to Section IV.H of this policy.
  10. 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 a period not to exceed two (2) years and reviewed for continuance of clinical privileges.
  11. A request by an AHP for additional clinical privileges or modified clinical privileges shall be submitted in writing to the Medical Staff Services office for processing along with applicable supporting documents of education/training/current clinical competence for the privilege(s) requested. Primary Source verification of License/Certification and a query of the National Practitioner Data Bank will be completed by the Medical Staff Services office. The request will then be forwarded to the Medical Executive Committee for recommendation of approval, and finally to the Governing Board of Banner Health. If an adverse determination is made by the Medical Executive Committee, the same rights shall be afforded as are set forth in Paragraph 9. above.
  12. Application for Renewed Privileges:
    - a. Permission to practice at the Hospital as an AHP shall be granted for a period not to exceed two (2) years. In seeking renewed privileges, AHPs shall be required to complete an appropriate application form.
    - b. These applications shall be evaluated in the same manner and shall follow the same procedures as initial applications.
  13. 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 AHPs similarly restricted. Such restrictions will be determined by the Medical Executive Committee. The involved AHP associated with any member of the Medical Staff under pending or current corrective action, as previously stated, may also be subject to restrictions of privileges by the Medical Executive Committee.
  14. If an AHP is no longer supervised by the member of the Medical Staff identified as the AHPs supervising physician on the application of current privileges, then all of the AHP's privileges granted in connection with that supervising physician shall be automatically terminated.

**D. ALLIED HEALTH PROFESSIONAL RULES AND REGULATIONS:**

1. An AHP may write orders and prescribe treatment within the scope of license and statute and only for his or her supervising practitioner or write orders by granted privileges and protocols established by the Medical Executive Committee and approved by the Governing Board. The granted privileges and protocols will be available to patient care areas. If the AHP has no prescriptive authority or the order/treatment is outside the scope of the AHPs education and



- licensure, the AHP may transmit the telephone or verbal order. The telephone or verbal order is dated and identifies the name of the AHP who received the order and the physician who gave the order.
2. The AHP and/or supervising physician must visit and document daily visits.
  3. An AHP may not admit patients and may not treat patients in the emergency department without the supervising physician's indirect supervision.
  4. The supervising physician for a Dependent AHP shall countersign documentation as required with the minimum of entries of history and physical examinations and discharge summaries. Dependent AHPs 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.
  5. Dependent AHPs 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 AHP.
  6. Allied Health Professionals shall document the patient care in the medical record according to the documentation requirements of the Medical Staff and the Hospital.
  7. The supervising physician or the designated covering supervising physician who is responsible for the activities of a Dependent AHP 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.
  8. Clinical privileges will be submitted to the Medical Executive Committee prior to implementation to assure systems and education/training needs are accomplished.
  9. On follow-up care hospital visits, where a therapeutic regimen or other written protocol has been established by the supervising physician, the AHP 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.
  10. An AHP may complete history and physicals if granted the privilege to do so subject to the requirements set forth in the Medical Staff Bylaws.

E. **SUPERVISION:**

1. A Dependent AHP 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 AHP. With respect to privileging, the degree of supervision required by the supervising physician shall be consistent with applicable federal and state laws or regulations.
2. The number of AHPs that may be supervised by one member of the Medical Staff shall be determined by the Nevada State Board of Medical Examiners.

3. The supervising physician may not supervise any AHP with respect to clinical services not normally provided by the supervising physician.
4. 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 AHP will not be allowed to function.
5. At times when their supervising physician is unavailable or out of town the AHP 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 AHPs supervising physician and assumes the responsibilities of the supervising physician, including authentication of orders and progress notes.

**F. IDENTIFICATION AND PATIENT CONSENT**

1. No AHP 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 AHP.
2. Each AHP must wear an appropriate nametag so that he/she may be properly identified.

**G. GROUNDS FOR DENIAL OR REVOCATION OR APPROVAL**

1. Upon recommendation of the Medical Executive Committee and upon completion or waiver of the Adverse Action Review and Appellate Process set for below, the Governing Board of Banner Health may deny any AHPs 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:
  - a. Conviction of a felony.
  - b. Use of drugs or alcoholic beverages to the extent and in a manner dangerous to the AHP, other persons, and to the public, or the extent that such use impairs the AHPs ability to perform.
  - c. Allowing another person to use his/her certificate or letter of approval.
  - d. Using fraud, deception, or misrepresentation in his/her application for approval.
  - e. Willful unauthorized communication of information received in personal confidence during his/her duties as an AHP.
  - f. Incompetence or negligence in his/her duties as an AHP or documented, repeated and/or continuous negligence or irresponsibility in the performance of his/her duties.
  - g. Violating or aiding in the violation of any of the requirements of this policy.

- h. Knowingly working as an AHP under a supervising physician or other person who has not received the approval of the Governing Board of Banner Health to supervise AHPs.
  - i. Knowingly working as an AHP under the supervision of a physician/podiatrist whose approval to supervise has been suspended, revoked, canceled, or suspended.
  - j. Performing tasks beyond those permitted by this policy.
  - k. Impersonating a physician or other member of the Medical Staff.
2. When a member of the Medical Staff perceives a problem with an AHP, 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 below shall apply. Allied Health Professionals are not entitled to the hearing and appeals processed outlined in the Medical Staff Bylaws.
3. The Chief of Staff, the Hospital Administrator, or their respective designees, may immediately suspend all activities of any AHP until such time as any matter of concern is fully investigated, reviewed, and evaluated.

**H. ADVERSE ACTION REVIEW AND APPELLATE REVIEW, AUTOMATIC AND NONREVIEWABLE ACTIONS**

**1. Adverse Action Review and Appellate Process**

- a. Initiation of Adverse Action Review and Appellate Process: Allied Health Professionals who are subject to Adverse Action (other than Nonreviewable Actions, as defined 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.
- b. Notice of Adverse Recommendation or Action: Within fifteen (15) days after Adverse Action is taken against an AHP, the AHP shall be notified in writing of the specific reasons for the Adverse Action and the AHPs rights per this policy.
- c. Request for Review of Adverse Recommendation or Action: The AHP may request an Adverse Action following the procedures set forth in this policy. If the AHP does not deliver a written request for an Adverse Action Review to the Hospital Administrator within ten (10) days following the AHPs receipt of notice of the Adverse Action, the Adverse Action shall be final and non-appealable.
- d. 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.

- e. Notice of Time and Place for the Adverse Action Review: The AHP 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.
- f. Statements in Support: The representative of the Medical Staff and AHP 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 Hospital Administrator at least five (5) days prior to the Adverse Action Review.
- g. 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 AHP shall be entitled to have legal counsel present at the Adverse Action Review or the Appellate Review.
- h. Burden of Proof: The representative of the Medical Staff has the initial obligation to present evidence in support of the Adverse Action. Thereafter, the AHP 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.
- i. Action by Review Committee: Upon completion of the review, the Review Committee shall consider the information and evidence presented, make recommendation, which shall include the basis therefore, and forward it to the Chief of Staff. The AHP and the representative of the Medical Staff shall be provided with a copy of the Review Committee's recommendation.
- j. Duty to Notify of Noncompliance: If the AHP believes that there has been a deviation from the procedures required by this policy or applicable law, the AHP 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.
- k. Request for Appellate Review: If the AHP is dissatisfied with the Review Committee's recommendation, the AHP may submit a written request for an Appellate Review, provided that the Hospital Administrator receives such request within ten (10) days following the AHP'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.
- l. Interview with Medical Executive Committee: Upon a proper and timely request for an Appellate Review, the AHP shall be given an interview with the Medical Executive Committee. The AHP 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.



- m. 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.
2. **Automatic Suspension or Limitation:** Automatic suspension shall be immediately imposed under the conditions contained in this section. In addition, further corrective action may be recommended in accordance with the provisions contained within this policy whenever any of the following actions occur:
- a. License: Whenever an AHP's license is revoked, restricted, or suspended, the AHP's scope of practice is similarly revoked, restricted, or suspended.
  - b. Controlled Substances Registration: Whenever an AHP's DEA or other controlled substance registration is revoked, restricted, or suspended, the AHP's right to prescribe medications covered by the registration is similarly revoked, restricted, or suspended.
  - c. Professional Liability Insurance: An AHP'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 AHP may request reinstatement during a period of sixty (60) calendar days following suspension, upon presentation of proof of adequate insurance. Thereafter, such AHP shall be deemed to have voluntarily resigned and must reapply for appointment.
  - d. Exclusions from Medicare/State Programs: The Hospital Administrator, with notice to the Chief of Staff, will immediately and automatically suspend an Excluded Practitioner. An "Excluded Practitioner" is an AHP 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 Services, or CHAMPUS.
  - e. Failure to Satisfy Special Appearance Requirement: An AHP 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) days of the request to appear shall result in revocation of appointment and clinical privileges. Thereafter, the affected AHP must reapply for appointment.
  - f. Failure to Execute Releases and/or Provide Documents: An AHP 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 AHP shall be reinstated. Thereafter, such AHP shall be deemed to have resigned voluntarily and must reapply for appointment.
3. **Nonreviewable Actions:** Not every action entitles an AHP to rights pursuant to this policy. The actions giving rise to automatic suspension as set forth above are not reviewable under this policy. In addition, the following occurrences are also Nonreviewable Actions under this policy:



- a. Imposition of supervision pending completion of an investigation to determine if corrective action is warranted or pending exhaustion of due process rights.
- b. Issuance of a warning or a letter of admonition or reprimand.
- c. Imposition of monitoring of professional practices, other than direct supervision, for a period of six (6) months or until successful completion.
- d. Termination or limitation of temporary privileges.
- e. Any recommendation voluntarily imposed or accepted by the AHP.
- f. Denial of appointment for failure to complete an application for appointment or privileges.
- g. Removal of appointment and privileges for failure to submit an application for reappointment within the allowable time period.
- h. Any requirement to complete an educational assessment or training program.
- i. 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.
- j. Any requirement to complete a health and/or psychiatric/psychological assessment and follow-up treatment recommended by the designated or approved healthcare professional.
- k. Retrospective chart review.
- l. Removal of privileges for lack of a supervising/employing physician.
- m. Granting of conditional appointment and/or privileges or appointment for a limited duration.

Where an action is not reviewable (automatic or Nonreviewable Action) has been taken against an AHP, the affected AHP 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 AHP shall have no appeal or other rights in connection with the Medical Executive Committee's decision.

#### **I. ALLIED HEALTH PROFESSIONAL CATEGORIES**

1. Allied Health Professionals who are allowed to function at the Hospital shall be licensed, certified, or otherwise qualified to function within a health related profession or occupation. Approved categories of AHPs are set forth on "Appendix A" attached hereto and made a part hereof by this reference. An individual within a category which is not identified on Appendix A is not eligible for AHP functions, and an application for such functions shall not be given to or accepted from such an individual.
2. It is anticipated that additional categories of AHPs will be added from time to time. This can be initiated by an individual's request to the Medical Executive Committee, by the Medical

Executive Committee or by 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 AHP, it will forward its recommendation to the Governing Board of Banner Health. If approved, the additional category of AHP will become part of this policy.

3. 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 to the clinical departments.
4. The Medical Executive Committee will provide a mechanism to determine quality of care provided by AHPs.

**J. SUPPLEMENTAL POLICIES FOR CATEGORIES OF PRACTITIONERS**

1. This policy may be supplemented by separate policies that address specific categories of AHPs allowed to practice in the Hospital. These separate policies shall articulate (1) any specific qualifications and/or training that an AHP must possess beyond those set forth in this policy, (2) a detailed description of the AHPs authorized clinical privileges and/or scope of practice, (3) any specific conditions that apply to the AHPs functioning within the Hospital, and (4) supervision requirements. Each separate policy shall be approved by the Medical Executive Committee and the Governing Board of Banner Health.

**K. OBLIGATIONS OF ALLIED HEALTH PROFESSIONALS**

1. Each AHP 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.
2. Each AHP shall maintain liability insurance at or above the minimum limits, as established by the Governing Board of Banner Health.

**L. ADOPTION AND AMENDMENT**

1. **Policy Review:** The Medical Executive Committee will review this policy periodically and as needed, based on revisions in regulations and practices.
2. **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.
3. **Adoption:** This policy was adopted by approval of the Medical Executive Committee and the Governing Board of Banner Health.

**V. Procedural Documentation:**

- A. N/A



**VI. Additional Information:**

A. N/A

**VII. References:**

A. N/A

**VIII. Other Related Policies/Procedures:**

A. N/A

**IX. Keywords and Keyword Phrases:**

- A. Allied Health
- B. AHP
- C. Credentialing

**X. Appendix:**

A. Allied Health Professional Categories



ALLIED HEALTH PROFESSIONAL CATEGORIES:

**Independent Allied Health Professionals:**

Certified Registered Nurse Anesthetist (CRNA)  
Clinical Psychologist  
Licensed Professional Counselor  
Marriage and Family Therapist  
Masters Level Licensed Clinical Social Worker

**Dependent Allied Health Professionals:**

Physician Assistants (PA-C)  
Advanced Practitioner of Nursing (Nurse Practitioner)  
Radiology Office Medical Assistant  
Registered Radiology Assistant  
Registered Nurse First Assistants (RNFA)