

## POLICY

# Allied Health Professionals Policy

**Category:** Clinical

**Sub-Category:** Medical Staff

**Other:**

**Type:** POLICY

**Status:** Active

**Last Reviewed:** 07/31/2017

**Regulatory Source(s):**

**Other:**

**Regulatory Citation Number(s):**

---

### SCOPE: Medical Staff

#### POLICY:

##### 1. Categories of AHPs:

Allied Health Professionals (AHPs) may include, but are not limited to, Advanced Registered Nurse Practitioners (ARNP – to include Certified Nurse Midwives, Certified Registered Nurse Anesthetists, and Neonatal Nurse Practitioners), Physician Assistants (PA), Psychologists, Registered Nurse-First Assistants (RNFA), and Physician-employed assistants (PEA). All applicants must meet Board-established criteria, eligibility and qualification requirements and be approved by the Hospital Board or its designee. Licensure alone in the State of Washington does not permit a health care professional access to Hospital facilities.

##### 2. Supervision:

AHPs are individuals who may participate directly in the medical management of patients, but only under the supervision of an Active Staff or Courtesy Staff member who has successfully completed the proctoring requirements required by their specialty and has appropriate clinical privileges who shall have ultimate responsibility for the patient's care. (Exception, Clinical Psychologists) The AHP may write and dictate appropriate notes in the medical record to be reviewed and countersigned by the Physician Supervisor. [Added 1/2007] The AHP shall have a written agreement for supervision by the Medical Staff member. AHPs are not eligible for Medical Staff membership or attendant rights.

##### ER Response Obligations:

A physician supervising an AHP is expected to respond to the ER any time he/she is requested by the ER physician unless the ER physician agrees that an AHP would be an appropriate response for the patient. [Added 04/2002]

##### 3. Application Process:

Applications for clinical privileges of an AHP shall be generally processed in accordance with the procedure set forth for appointment and reappointment to the Medical Staff.

Applications for practice privileges as an AHP shall be processed in accordance with policies and procedures as established by the Medical Executive Committee (MEC) and approved by the Board.

The following exception shall apply: Allied Health Professionals granted a scope of service will not require a peer reference evaluation. (dental assistants, health care assistants, licensed practical nurses, oral surgery technicians, registered nurses, surgical assistants, ultrasound technicians) [Rev. 07/2002] (4/20/13)

## POLICY

### 4. Responsibilities:

**The Medical Staff member shall** (exception clinical psychologists):

- a. Propose candidacy of an AHP;
- b. Provide upon request the written contract defining terms of employment and/or supervision to the Credentials Committee, Medical Executive Committee or the Board;
- c. Agree to assume clinical responsibility and supervision of the candidate as well as to provide immediate notification of quality assurance concerns or performance issues.

**The AHP shall:**

- a. Submit a complete and accurate application and request for privileges including a “Supervisory Agreement” (Exception Clinical psychologist);
- b. Maintain liability insurance coverage in at least the minimum amount required by the Board.
- c. Participate in the QA process.
- d. Willingness to comply with Disruptive Behavior Medical Staff Code of Conduct Policy.

**The Active Staff member’s Department Chairperson shall:**

- a. Propose to the Board, with Department input, the roles and limitations of practice/privileges of AHPs within that Department;
- b. Review the candidate’s application for completeness and training appropriate to the requested privileges.
- c. Review quality of care provided by the AHP under the Department QA process.

**The Credentials Committee shall:**

- a. Establish procedures for review of application for practice privileges as an AHP and renewal of appointment;
- b. Review criteria recommended by the Department Chairperson for practice privileges in each category of AHP;
- c. Review and make recommendations to the MEC and the Board regarding individual applications for practice privileges and reappointment; and
- d. Review and make recommendations to the MEC regarding requests for suspension, limitation or revocation of an AHP’s practice privileges.

**The Board or its delegated committee shall:**

- a. Approve an application for practice privileges as an AHP, upon receipt of appropriate recommendations from the Medical Staff. The appointment shall not exceed two years;
- b. Shall hold authority to suspend, limit or revoke any AHP’s practice privileges subject to the AHP’s right to a meeting and appeal as described herein, without recourse to the distinctive process rights described in these Bylaws for Members of the Medical Staff;
- c. In consultation with the MEC, determine the institutional need for AHPs through the appointed Medical Staff Development Committee;
- d. Reserve the right to modify the clinical roles and limitations of AHPs as recommended by the Departments, Credentials Committee, and MEC.

### 5. Summary Suspension:

- a. Whenever an AHP disregards the requirements of these Bylaws or Hospital policies relating to patient care; or whenever an AHP’s conduct raises a reasonable and good faith belief that abuse of, or impairment due to alcohol or other drugs might adversely impact patient care; or whenever an AHP’s conduct or clinical competence requires that action be taken to protect patient(s) or to reduce the threat of injury or damage to the health or safety of any patients, Medical Staff members,

## POLICY

- employees or other persons present in the Hospital, any one of the following—the Chairperson of the Board, Chief Executive Officer, the Chief of the Medical Staff shall have the authority to summarily suspend the AHP and/or all or any portion of the clinical privileges of such AHP, and such summary suspension shall become effective immediately upon imposition. A written notice shall be provided to the AHP describing the reasons for the action, and a description of the AHP's right to a meeting and the appeal process. The notice shall be forwarded to the MEC or its designee for review.
- b. The MEC or its designee shall review the matter, including the role of the supervising physician (excludes clinical psychologists). The supervising physician may be held accountable for the AHP's actions, under processes set forth in the Medical Staff Bylaws.
  - c. Within thirty (30) days of the date of the written notice, the AHP may request a meeting with the MEC or its designee to discuss the action and explain why he or she believes the action to be inappropriate. A written statement may also be submitted. If the AHP does not request a meeting within thirty (30) days, the MEC or its designee shall proceed with reviewing the matter and the AHP shall be deemed to have waived his or her right to a meeting. The meeting shall be informal and the procedural rights set forth in the Medical Staff Bylaws, Rules and Regulations shall not apply. At the discretion and with the approval of the MEC or its designee, the AHP may invite witnesses to the meeting. The MEC or its designee may interview other individuals with knowledge of the facts. The MEC or its designee shall review the action taken and submit a copy of its recommendations to the Board or its designee, with a copy to the AHP. The MEC, in its discretion, may recommend suspension, limitation or revocation of the AHP's practice privileges at the Hospital, or take other action it deems appropriate.
  - d. The Board or its designee shall review the recommendations of the MEC and any written statement submitted by the AHP. In its sole discretion, the Board or its designee may admit additional evidence but is not obligated to do so. The Board or its designee shall, in its discretion or take other action it deems appropriate. The decision of the Board or its designee shall be final.
  - e. Reporting to federal and state agencies, including but not limited to the National Practitioner Data Bank, may occur as permitted or required by law.
- 6. Administrative Suspension of Privileges:**
- a. An AHP whose supervision agreement with a Medical Staff member is terminated shall have privileges administratively suspended. Any change of physician supervisor must be reviewed and approved by the Department Chairperson and the Credentials Committee.
  - b. Privileges will also be administratively suspended for:
    - 1) Expiration of licensure/certification to practice in the AHP's specialty;
    - 2) Expiration of insurance coverage in the amount required by the Board;
    - 3) Expiration of DEA certification (where applicable). This suspension may be limited to prescription of controlled substances.
- 7. Specific Requirements for AHP Specialties:**
- a. Advanced Registered Nurse Practitioner;
    - Certified Nurse Midwife;
    - Certified Registered Nurse Anesthetist;
    - Neonatal Nurse Practitioner;

## POLICY

- b. Physician Assistant;
- c. Psychologist;
- d. Registered Nurse First Assistant;
- e. Physician-employed assistants.

### Appendix A- Supervisory Agreement Template

<b>Effective Date:</b>	12/1999	<b>Term Date:</b>	
<b>Governing Department:</b>	Medical Executive Committee		
<b>Sponsor:</b>	M. Brueggemann, MD, CMO		
<b>Authored By:</b>		<b>Date:</b>	
<b>Revised By:</b>		<b>Date:</b>	7/2017
<b>Approved By:</b>		<b>Date:</b>	
<b>Approved By:</b>		<b>Date:</b>	
<b>Approved By:</b>		<b>Date:</b>	
<b>Next Review Date:</b>	(1-3 years)		
<b>Historical revisions</b>	3/2012; 3/21/2014		

*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is on the organization intranet.*

**POLICY**

Appendix A  
**SUPERVISORY AGREEMENT  
ALLIED HEALTH PROFESSIONALS**

**THE PARTIES TO THIS AGREEMENT** are \_\_\_\_\_, a **member** in good standing of the **Active or Courtesy Staff** (Supervising Member), of Virginia Mason Memorial (VMM) and \_\_\_\_\_, a **registered/licensed Allied Health Professional**.(AHP).

The effective date of this Agreement is \_\_\_\_\_  
("Effective Date").

- A. Supervising Member desires to supervise AHP to participate directly in the medical management of patients at VMM, subject and pursuant to the Medical Staff Bylaws, the Rules and Regulations of the Medical Staff and its policies and procedures currently existing and as hereafter amended (collectively "Medical Staff Bylaws") and the terms and conditions of this Agreement; and
- B. AHP desires to participate directly in the medical management of patients under the supervision of Supervising Member, subject and pursuant to the Medical Staff Bylaws and the terms and conditions of this Agreement; and
- C. Supervising Member and AHP enter this Agreement as a prerequisite to of VMM's approval of AHP's request for practice privileges. Supervising Member and AHP recognize that VMM is not a party to this Agreement.

**IT IS AGREED:**

**1. Supervising Member:**

- 1.1 Shall assume ultimate responsibility for the patient's care and provide supervision of AHP as required by the Allied Health Professional Policy appended to the Medical Staff Bylaws; and
- 1.2 Shall, by addendum to this Agreement, define the scope and terms of the Supervising Member's supervision of AHP as required by the AHP Policy.

**2. AHP:**

- 2.1 Shall fully comply with all terms and conditions for supervision by Supervising Member as set forth in the Medical Staff Bylaws, this Agreement, the AHP Policy and all other applicable laws, requirements and criteria;
- 2.2 Shall provide written notice to of VMM of any changes to this Agreement and/or AHP's status at VMM, or with Supervising Member at least forty-eight (48) hours prior to the effective date;
- 2.3 Shall have a written agreement with each supervising member, in addition to Supervising Member herein, defining the scope and terms of said supervising member's supervision of AHP as required by the AHP Policy;
- 2.4 Shall provide VMM and Supervising Member with a copy of each and every written agreement and all amendments for supervision by a supervising member.

**3. Term of Agreement/Termination:**

- 3.1 This Agreement shall take effect as of the Effective Date and shall continue for a period not to exceed two (2) years unless earlier terminated as provided in this Agreement or in the Medical Staff Bylaws.
- 3.2 This Agreement may be terminated without cause by either party with ten (10) days written notice to the other party. A copy of any termination shall be provided to VMM at the time it is issued.

The undersigned agree to the terms and conditions set forth above and to all terms and conditions set forth in the Medical Staff Bylaws.

**SUPERVISING MEMBER(s)\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AHP MEMBER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*NOTE: If the AHP is an employee of a group practice, only one physician signature is required. The physician signature will constitute group coverage.