

Allied Health
Professional Policy
SUMMA HEALTH SYSTEM

A Medical Staff Document

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ARTICLE I

DEFINITIONS

The following definitions shall apply to this Allied Health Professional (AHP) Policy:

ADVANCED PRACTICE PROVIDER or APP: Those physician assistants, advanced practice registered nurses, and other qualified, eligible healthcare professionals, as reflected in the Advanced Practice Provider (APP) Policy, who have applied for or who have applied for and been granted Privileges to practice at the Hospital either independently or in collaboration with or under the supervision of a Physician, Dentist, or Podiatrist, as applicable, with Medical Staff appointment and Privileges at the Hospital.

ALLIED HEALTH PROFESSIONAL or AHP: Those qualified healthcare providers, as set forth in Exhibit A, who are not employed by or contracted with the Hospital and who are not otherwise eligible for Privileges at the Hospital but who have applied to provide or who have applied and been authorized to provide care, treatment, and/or services at the Hospital subject to a Hospital-approved position description.

ARTICLE II
POLICY OVERVIEW

2.1 APPLICABILITY OF POLICY

- 2.1.1 This Policy is only applicable to eligible AHPs who have requested; or who have requested and been authorized to provide patient care, treatment, and/or services at the Hospital pursuant to an approved position description. This Policy does not apply to APPs, Hospital employees, or AHPs who provide services pursuant to a contract that includes credentialing requirements.
- 2.1.2 AHPs must be credentialed consistent with this Policy and authorized to provide services to patients at the Hospital prior to doing so.
- 2.1.3 Attached hereto, and incorporated by reference herein, is Exhibit A which sets forth the AHP occupations/professions that are credentialed, authorized to provide care, treatment, and/or services at the Hospital pursuant to an approved position description, and managed through the Medical Staff pursuant to this Policy.
- 2.1.4 The Medical Staff shall make recommendations to the Board, upon request, with respect to: (1) the AHP occupations or professions that are eligible to request permission to provide care, treatment, and/or services at the Hospital pursuant to an approved position description; (2) for each eligible AHP occupation/profession, the scope of practice, supervision required, and applicable position description outlining the care, treatment, and/or services to be provided for each; (3) whether any changes should be made to existing AHP requirements.

2.2 LIMITATIONS

- 2.2.1 AHPs must comply with all limitations and restrictions imposed by their respective licenses, certificates/certifications, or other credentials required by Ohio law to practice and may only provide care, treatment, and services in accordance with this Policy, other applicable Hospital/Medical Staff policies, the applicable approved position description, and applicable laws, rules, and regulations.

2.3 AHP POSITION DESCRIPTION

- 2.3.1 AHP position descriptions shall be prepared by the APP/AHP Credentials Committee, drawing upon such Hospital and Medical Staff resources as appropriate.
- 2.3.2 An AHP position description must be recommended by the MEC and approved by the Board prior to implementation at the Hospital.

2.4 SUPERVISION OF AHPS

- 2.4.1 AHPs must be supervised by a Practitioner(s) who has a current appointment at the Hospital and Privileges such that the Practitioner is qualified to supervise the AHP with respect to the care, treatment, and/or services the AHP is or will be providing at the Hospital pursuant to an approved position description.
- 2.4.2 Failure of a designated Practitioner(s) to properly supervise an AHP is grounds for corrective action with respect to the supervising Practitioner pursuant to the Medical Staff Bylaws.
- 2.4.3 In the event that the Medical Staff appointment and/or Privileges of the supervising Practitioner are terminated, suspended, or otherwise limited for any reason and the AHP does not have more than one (1) supervising Practitioner with Medical Staff appointment and Privileges at the Hospital; then, the AHP's ability to provide care, treatment, and/or services at the Hospital shall be likewise affected/impacted.

2.5 NOT A CONTRACT

This AHP Policy is not intended to and shall not create any contractual rights between the Hospital and any AHP or supervising Practitioner. Any and all contracts of association or employment shall control contractual and financial relationships between the Hospital and AHPs or supervising Practitioners.

2.6 USE OF DESIGNEES

Whenever an individual is authorized to perform a duty by virtue of his/her position (*e.g.*, Medical Staff President, Hospital President, *etc.*), then the term shall also include the individual's designee.

ARTICLE III

AHP QUALIFICATIONS & RESPONSIBILITIES

3.1 IN GENERAL

- 3.1.1 Authorization to provide patient care, treatment, and/or services at the Hospital pursuant to an approved position description shall be extended only to professionally competent AHPs who continuously meet the qualifications, standards, and requirements set forth in this Policy.
- 3.1.2 No AHP shall provide care, treatment, and/or services to patients at the Hospital unless he or she is has been authorized to do so in accordance with the procedures set forth in this Policy.
- 3.1.3 An AHP who is authorized to provide care, treatment, and/or services at the Hospital is entitled to do so in accordance with the AHP's approved position description and is responsible for fulfilling such obligations as set forth in this Policy.

3.2 DURATION OF AUTHORIZATION

Authorization for an AHP to provide care, treatment, and/or services at the Hospital pursuant to an approved position description shall be for a period of not more than two (2) years.

3.3 EFFECT OF OTHER AFFILIATIONS

No AHP shall be entitled to provide patient care, treatment, and/or services at the Hospital merely by virtue of the fact that he or she holds a certain degree or is duly licensed to practice in this or in any other state; is certified by any clinical board; is a member of any professional organization; or, had in the past, or presently has, authorization to provide care, treatment, and/or services at this Hospital or at another hospital or healthcare facility.

3.4 ADDITIONAL CONSIDERATIONS

- 3.4.1 The care, treatment, and/or services to be provided by the AHP must be compatible with any policies, plans, or objectives formulated by the Board concerning:
 - (a) The Hospital's patient care needs including current and projected needs.
 - (b) The Hospital's ability to provide the facilities, equipment, personnel, and financial resources that will be necessary if the application is approved.
 - (c) The Hospital's decision to contract exclusively for the provision of certain care, treatment, and/or services at the Hospital.

3.5 AHP QUALIFICATIONS

3.5.1 AHPs shall satisfy such qualifications as are set forth in the approved position description for the applicable AHP practice group.

3.5.2 AHPs who are brought into the Hospital by Practitioners to provide care, treatment, and/or services will satisfy the same qualifications as required of the AHPs' Hospital-employed counterparts, if any, who are performing the same or similar care, treatment, and/or services at the Hospital.

3.6 NONDISCRIMINATION

No AHP shall be denied permission to provide care, treatment, and/or services at the Hospital on the basis of: race; color; sex (including pregnancy); sexual orientation; gender identity; gender expression; transgender status; age (40 and older); religion; marital, familial, or health status; national origin; ancestry; disability; genetic information; veteran or military status; or any other characteristic(s) or class protected by applicable law.

3.7 AHP RESPONSIBILITIES

3.7.1 AHPs shall fulfill such responsibilities as are set forth in the approved position description for the applicable AHP practice group.

ARTICLE IV

PROCESSING AHP APPLICATIONS

4.1 BURDEN OF PRODUCING INFORMATION

4.1.1 The AHP shall have the burden of producing information for an adequate evaluation of his/her qualifications, of resolving any reasonable doubts about these matters, and of satisfying requests for information.

4.2 CONTENT OF APPLICATION

4.2.1 AHP applicants shall complete such application(s), authorization(s), release(s), and other form(s) as recommended by the APP/AHP Committee and approved by the VPMA.

4.2.2 Each AHP application shall be in writing, submitted on the prescribed form with all provisions completed (or accompanied by an explanation of why answers are unavailable), and signed and dated by the applicant.

4.2.3 When an AHP applicant requests an application form, he/she shall also be given a copy of, or access to, this Policy.

4.3 EFFECT OF APPLICATION

4.3.1 By applying for authorization to provide care, treatment, and/or services at the Hospital each AHP applicant:

- (a) Acknowledges and attests that his/her application is correct and complete.
- (b) Agrees to complete such authorization(s) and release(s) as requested by the Hospital in conjunction with processing the AHP's application.
- (c) Acknowledges that he/she has received access to, and has a responsibility to review, this AHP Policy and other applicable Hospital/Medical Staff policies. The applicant agrees that during all times that he/she is authorized to provide care, treatment, and/or services at the Hospital he/she will comply with this Policy and applicable Hospital/Medical Staff policies as they exist and as they may be modified from time to time.
- (d) Acknowledges his/her obligation to satisfy the applicable responsibilities set forth in this Policy.
- (e) Agrees to notify the Credentialing Office immediately if any information contained in the application changes. The foregoing obligation shall be a continuing obligation of the applicant so long as he/she is authorized to provide care, treatment, and/or services at the Hospital.

4.4 ACTION UPON RECEIPT OF AN AHP APPLICATION

Unless otherwise provided in this Policy, the procedure for acting upon AHP applications shall be as set forth below.

4.4.1 Collection & Verification of Credentialing Information

- (a) The AHP applicant shall deliver a completed application to the Credentialing Office along with a non-refundable application fee.
- (b) The Credentialing Office shall expeditiously seek to collect and verify the AHP applicant's references, licensure status (or status of such other credentials as required by Ohio law to practice his/her occupation/profession), and documentation of satisfaction of other applicable qualifications (*e.g.*, education, experience, *etc.*) submitted in support of the application.
- (c) The AHP applicant shall be notified of any problems in obtaining the information required and it shall be the applicant's obligation to obtain the required information in accordance with the specified time period. Failure to provide the requested documentation with the application or within thirty (30) days after a request therefore will result in the application being incomplete and may be deemed a voluntary withdrawal of the application.
- (d) The Credentialing Office shall check the OIG Cumulative Sanction report, the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, and any other appropriate sources to determine whether the applicant has been convicted of a health care related offence or debarred, excluded, or otherwise made ineligible from participation in a Federal Healthcare Program.
- (e) The Credentialing Office will confirm that a criminal background check is completed on the AHP as required by applicable laws, regulations, and/or Hospital/Medical Staff policy.
- (f) The Credentialing Office will ensure that AHPs comply with applicable health screenings and immunizations as required by applicable laws, regulations, and/or Hospital/Medical Staff policies.
- (g) Upon completion of the collection and verification process, the APP/AHP Committee will be notified that the application is available for review.

4.4.2 Review and Action by the APP/AHP Credentials Committee

- (a) The APP/AHP Credentials Committee shall review AHP applications and accompanying documentation upon receipt and make a recommendation to the VPMA and CNO as to approval or denial of each AHP application.

4.4.3 Review and Action by VPMA and CNO

Upon receipt of a recommendation by the APP/AHP Credentials Committee, the VPMA and CNO are responsible for approving or denying each AHP application.

4.4.4 Notice of Final Decision

Each AHP applicant shall be notified, in writing, of the final decision regarding this/her application. The VPMA/CNO shall, in turn, communicate the decision to the appropriate Hospital/Medical Staff leaders and staff.

4.5 PROCEDURE FOR AHP CONTINUED AUTHORIZED CARE, TREATMENT, AND/OR SERVICES

4.5.1 Every AHP's authorization to provide care, treatment, and/or services at the Hospital shall be reviewed at least every twenty-four (24) months. Continued authorization shall be for a period of not more than twenty-four (24) months.

4.5.2 Continued authorization of an AHP's ability to practice at the Hospital pursuant to an approved position description is at the discretion of the Hospital and shall be based on all factors bearing upon the APP's:

- (a) Ongoing satisfaction of the qualifications set forth in §3.5 of this Policy.
- (b) Fulfillment of the responsibilities identified in §3.7 of this Policy.
- (c) Compliance with this Policy and other applicable Hospital/Medical Staff policies and procedures.
- (d) Completion of required continuing education including Hospital mandated education (*e.g.*, I'm 4 Safety, *etc.*) and education required by the applicable State board to maintain current licensure or other credentials required by Ohio law to practice his/her occupation/profession.
- (e) Any other criteria as may be recommended by the APP/AHP Committee and approved by the VPMA and CNO that bears upon the ability of the AHP to continue, as applicable, to carry out the AHP's duties and responsibilities and/or to competently provide the authorized care, treatment, and/or services.
- (f) AHP competency assessments and evaluation activities shall be reviewed and considered as part of the reauthorization process.

4.5.3 Process for Continued Authorization

- (a) Prior to the end of each AHP's current authorization term, he/she will be sent an application for continued authorization to provide care, treatment, and/or services at the Hospital pursuant to an approved position description from the Credentialing Office of the Hospital.

- (b) Completed applications, along with the non-refundable fee, shall be submitted to the Credentialing Office.
- (c) Failure to pay the required application fee for continued authorization to provide patient care, treatment, and/or services at the Hospital shall be deemed a voluntary resignation and the Credentialing Office shall not proceed to process the application.

4.5.4 Application for Continued Authorization

The application for continued authorization to provide care, treatment, and/or services at the Hospital shall be sufficient in scope to update the information provided in the initial application and as otherwise necessary to bring the AHP's credentials file current since the last submission of such information.

4.5.5 Collection and Verification

Information with respect to applications for continued authorization to provide care, treatment, and/or services at the Hospital pursuant to an approved position description shall be collected and verified in accordance with the procedure set forth in §4.4.1 of this Policy to the extent applicable.

4.5.6 Review and Action on Applications for Continued Authorization

- (a) Applications for continued authorization to provide care, treatment, and/or services at the Hospital pursuant to an approved position description shall be reviewed and acted upon in accordance with the procedure set forth in §4.4.2 and §4.4.4 of this Policy.
- (b) For purposes of Sections 4.4.2 – 4.4.4, the terms “applicant” and “authorization to provide care, treatment, and/or services pursuant to an approved position description” as used in §4.4.2 through §4.4.4, shall be read as “AHP” and “continued authorization to provide care, treatment, and/or services pursuant to an approved position description.”

4.5.7 Time Period for Processing Applications to Continue to Practice Pursuant to an Authorized Position Description

- (a) All individuals and groups required to act on an application for continued authorization to provide care, treatment, and/or services at the Hospital pursuant to an approved position description must do so in a timely and good faith manner.
- (b) If an application for permission to continue to practice pursuant to an approved position description is not submitted or has not been fully processed by the expiration date of the AHP's current authorization period, the AHP's authorization to practice at the Hospital pursuant to an

approved position description shall terminate as of the last date of his/her current authorization period.

4.6 REQUESTS FOR MODIFICATIONS OF APPROVED POSITION DESCRIPTION

- 4.6.1 An AHP who seeks modification of an approved position description may submit such a request to the Credentialing Office. Such request may not be filed within one (1) year after the time a similar request has been denied.
- 4.6.2 Requests for modification of an approved position description must be accompanied by appropriate documentation of training/education supportive of the request and will be subject to an appropriate competency assessment if approved.
- 4.6.3 A request for modification of an approved position description shall be processed in the same manner as an application for continued authorization to provide care, treatment, and/or services at the Hospital pursuant to an approved position description.

4.7 VOLUNTARY RESIGNATION

- 4.7.1 Notice of resignation shall be submitted in writing by the AHP to the Credentialing Office. The Credentialing Office shall communicate such resignation to the APP/AHP Committee, the VPMA/CNO, and applicable Hospital and Medical Staff leaders/personnel for information.
- 4.7.2 A request to provide care, treatment, and/or services subsequently received from an AHP who resigns must be submitted and shall be processed in the manner specified for applications for initial authorization to provide care, treatment, and/or services at the Hospital pursuant to an approved position description.

ARTICLE V

COMPETENCY ASSESSMENTS & PERFORMANCE EVALUATIONS

5.1 AHP COMPETENCY ASSESSMENTS AND PERFORMANCE EVALUATIONS

- (a) AHPs will satisfy the same competencies as required of the AHPs' Hospital-employed counterparts, if any, who are performing the same or similar care, treatment, and/or services at the Hospital.
- (b) AHP competency assessments and performance evaluations shall be conducted in a manner consistent with the AHPs' Hospital-employed counterparts, if any, in accordance with applicable Hospital policy, as such policy may change from time to time.
- (c) The competencies required of AHPs who provide patient care, treatment, and/or services at the Hospital shall be set forth in the applicable approved position description.
- (d) The AHP's assigned supervising Practitioner shall assess the AHP's competence using established assessment methods to determine the AHP's competence in the skills being assessed.
- (e) The AHP's assigned supervising Practitioner shall assist in arranging for periodic evaluations of the AHP based upon performance expectations that reflect the responsibilities set forth in the applicable approved position description.
- (f) The AHP's assigned supervising Practitioner shall cooperate with the Hospital to ensure that the AHP's competencies and performance are/is reviewed at the same frequency as the AHP's Hospital-employed counterparts, if any.
- (g) AHP competency assessments and performance evaluations shall be reviewed by the APP/AHP Committee and retained by the Credentialing Office in the applicable AHP's credentials file.

ARTICLE VI

AHP PERFORMANCE CONCERNS

6.1 AHP PERFORMANCE CONCERNS

6.1.1 In the event that concerns related to an AHP's performance (*i.e.* clinical competence, conduct, *etc.*) arise as part of the credentialing or competency assessment/performance evaluation process, the VPMA shall be notified to address the concerns. The VPMA may work with the AHP and his/her assigned supervising Practitioner to appropriately resolve the matter.

6.2 DENIAL OR TERMINATION OF AUTHORIZATION TO PROVIDE CARE, TREATMENT, AND/OR SERVICES

6.2.1 The Hospital may reject an AHP's application to provide services at the Hospital pursuant to an approved position description provided such reason is not discriminatory.

6.2.2 An AHP's ability to provide services at the Hospital pursuant to an approved position description may be terminated at any time and for any reason provided such reason is not discriminatory.

ARTICLE VII

ADOPTION & AMENDMENT OF AHP POLICY

- 7.1 This AHP Policy may be adopted and amended in accordance with the applicable procedure set forth in the Medical Staff Bylaws with respect to Medical Staff Policies.

ADOPTION & APPROVAL

This Allied Health Professional Policy has been adopted by:

Summa Health System Medical Executive Committee on February 13, 2020

This Allied Health Professional Policy has been approved by:

The Credentialing Committee of the Summa Health System Board of Directors on February 27, 2020

EXHIBIT A

Allied Health Professionals credentialed by the Medical Staff who may be authorized to provide care, treatment, and/or services at the Hospital pursuant to an approved position description:

Private Practice Registered Nurses

Private Practice Licensed Practice Nurses

Surgical Technicians