

WASHINGTON REGIONAL MEDICAL CENTER

POLICY GOVERNING ALLIED HEALTH PROFESSIONALS

TABLE OF CONTENTS

TABLE OF CONTENTS ..... i

DEFINITIONS ..... ii

ARTICLE I: General Principles..... 1

ARTICLE II: Categories, Qualifications and Duties and Responsibilities of AHP Staff..... 1

ARTICLE III: Conditions of Practice and Supervision of Advanced Practice Professionals  
and Clinical Specialists ..... 3

ARTICLE IV: Qualifications, Conditions and Responsibilities ..... 6

ARTICLE V: Application for Appointment and Practice Authorization ..... 9

ARTICLE VI: Credentialing Procedure..... 12

ARTICLE VII: Resignation, Suspension, and Termination of AHP Staff Membership ..... 17

ARTICLE VIII: AHP Peer Review Policy ..... 18

ARTICLE IX: Procedural Rights..... 20

ARTICLE X: Additional Rules and Regulations Applicable to AHP Staff Members ..... 21

ARTICLE XI: Delineation of AHP Categories ..... 22

AMENDMENT ..... 24

ADOPTION ..... 25

## ***DEFINITIONS***

As used herein, the following definitions shall be defined as follows:

1. **Administrator** shall mean the President & Chief Executive Officer or Executive Vice President and Administrator of Washington Regional.
2. **Allied Health Professional (AHP)** shall mean an individual, other than a Physician or Dentist, who is duly licensed and credentialed to provide clinical services to patients within his or her professional competence and the limits established by the Medical Staff, the Board, and the applicable Arkansas practice acts. Allied Health Professionals may not be Members of the Washington Regional Medical Staff, but are eligible for Practice Authorization in accordance with the provisions of this *Washington Regional Medical Center Policy Governing Allied Health Professionals*.
3. **Applicant** means any AHP applying for Practice Authorization at Washington Regional.
4. **Board** shall mean the Board of Directors of Washington Regional Medical Center, an Arkansas nonprofit corporation, the governing body that has the overall responsibility for the management of Washington Regional.
5. **Bylaws** shall mean Bylaws of the Medical Staff of Washington Regional.
6. **Chief of Staff** shall mean the chief officer of the Medical Staff elected to that position by the Medical Staff.
7. **Credentials Committee** shall mean the Credentials Committee of the Medical Staff of Washington Regional.
8. **Practice Authorization** shall mean the specific scope of practice and permission granted to an AHP to participate in the provision of specific patient care services, treatments, and procedures subject to the conditions imposed in the Bylaws, Rules and Regulations, Washington Regional rules, regulations, policies and procedures, and applicable state and federal laws and regulations.
9. **Dentist** shall mean a person licensed to practice dentistry in the State of Arkansas.
10. **Department** shall mean either the Department of Medicine or the Department of Surgery of Washington Regional.
11. **Executive Committee** shall mean the Executive Committee of the Medical Staff of Washington Regional.
12. **Medical Staff** shall mean all Physicians and Dentists who have been duly appointed to the Medical Staff of Washington Regional.
13. **Member** shall mean those Physicians and Dentists who have been appointed to the Medical Staff and whose privileges have not expired or been revoked.
14. **Nursing Council** shall mean the Nursing Council of Washington Regional.
15. **Physician** shall mean those persons licensed to practice medicine in the State of Arkansas.
16. **Policy** shall mean this *Washington Regional Medical Center Policy Governing Allied Health Professionals*.
17. **Rules and Regulations** shall mean the Medical Staff rules and regulations as are adopted from time to time in accordance with the Bylaws.
18. **Sponsoring Member** means a Member of the Medical Staff with Clinical Privileges, who has agreed in writing to supervise or collaborate with an Advanced Practice Professional or Clinical Specialist and to accept full responsibility for the actions of the Advanced Practice Professional or Clinical Specialist while he is practicing in Washington Regional.

19. **Supervising Member** means a Member of the Medical Staff with Clinical Privileges who, by requesting and utilizing the services of an Advanced Practice Professional or Clinical Specialist, agrees to provide the supervision of that Advanced Practice Professional or Clinical Specialist in accordance with the requirements of applicable federal and Arkansas law, the Bylaws, Rules and Regulations (including this Policy), and policies and procedures of Washington Regional, and the generally recognized standard of care within the community.
20. **Supervision** means the supervision of (or collaboration with) an Advanced Practice Professional or Clinical Specialist by a Sponsoring Member or Supervising Member, that may or may not require the actual presence of the Sponsoring Member or Supervising Physician, but that does require, at a minimum, that the Sponsoring or Supervising Physician be readily available for consultation. The requisite level of supervision (general, direct, or personal) shall be determined at the time each Advanced Practice Professional or Clinical Specialist is credentialed and shall be consistent with applicable federal and Arkansas law as well as any applicable written supervision or collaboration agreement that may exist. (“General” supervision means that the Physician is immediately available by phone, “direct” supervision means that the physician is on the Washington Regional campus and immediately available to furnish assistance and direction if requested, and “personal” supervision means that the Physician is in the same room.)
21. **Washington Regional** means Washington Regional Medical Center, an Arkansas nonprofit corporation.

For editorial consistency, this Policy shall apply with equal force to both sexes whenever a gender term is used.

ARTICLE I  
GENERAL PRINCIPLES

1.01 Scope of Policy.

- A. This Policy identifies those Allied Health Professionals (AHPs) who are permitted to provide patient care services at Washington Regional.
- B. Except as otherwise provided in the Bylaws or this Policy to the contrary, this Policy sets forth the credentialing processes and membership obligations of Allied Health Professionals at Washington Regional.

1.02 Applicability of Medical Staff Bylaws. Individuals applying for membership and Practice Authorization to practice as an AHP at Washington Regional are not eligible for membership on the Washington Regional Medical Staff and nothing contained in the Bylaws or this Policy shall be construed to confer any rights or prerogatives upon any member of or Applicant for membership on the AHP Staff. AHP status shall be solely governed by the terms set forth in this Policy, except as conditioned by Section 1.03.

1.03 Hospital Employed Allied Health Professionals. The credentialing processes set forth in this Policy shall apply equally to all Washington Regional employees, and approval of Practice Authorization must be granted by the Board prior to the first day of employment. The employment of an Allied Health Professional by Washington Regional shall be governed by Washington Regional's employment policies and manuals and the terms of the individual's employment relationship and/or written contract. To the extent that Washington Regional's employment policies, manuals or job descriptions, or the terms of any applicable written employment contract, conflict with this Policy, the employment policies, manuals and job descriptions, and terms of the individual's employment contract, if any, shall govern.

ARTICLE II  
CATEGORIES, QUALIFICATIONS, DUTIES AND RESPONSIBILITIES  
OF ALLIED HEALTH PROFESSIONAL STAFF

2.01 Categories of AHP Staff. All AHPs granted Practice Authorization at Washington Regional shall be classified in one of three categories, Licensed Independent Practitioners, Advanced Practice Professionals, or Clinical Specialist.

- A. Licensed Independent Practitioners. Licensed Independent Practitioners are practitioners who, by virtue of training, experience and professional licensure, are allowed by Washington Regional to function within the scope of a delineated Practice Authorization. Licensed Independent Practitioners are not required to have a Sponsoring Member or Supervising Member. Licensed Independent Practitioners may perform only those duties permitted by law and approved by the Board. Any requests for changes in the Practice Authorization previously approved for the Licensed Independent Practitioner shall be presented in writing to the Medical Staff Office and will be processed in accordance with the procedures set forth in this

Policy. The approved Licensed Independent Practitioners at Washington Regional are:

1. Clinical Psychologist
2. Licensed Clinical Social Worker
3. Medical Physicist
4. Audiologist
5. Registered Dieticians

B. Advanced Practice Professionals. The Advanced Practice Professional category shall include all AHPs who are authorized to practice at Washington Regional only under the supervision of his Sponsoring Member or a Supervising Member who shall supervise the AHP in his duties, oversees and direct his work and accept ultimate medical responsibility for all patient care services provided by the AHP. Advanced Practice Professionals assume considerable responsibility for the care of patients at Washington Regional, such responsibility to be exercised in accordance with Arkansas laws governing their practice and the applicable rules, regulations and policies of Washington Regional and its Medical Staff. All Advanced Practice Professionals must complete the credentialing process and be approved for Practice Authorization in accordance with this Policy. The Medical Staff Credentials Committee will develop, review, revise and recommend such applications, forms and Practice Authorization as shall be required for appointment and reappointment, subject to approval of the Executive Committee and Board. The approved Advanced Practice Professionals at Washington Regional are:

1. Advanced Practice Registered Nurse (APRN)
  - a. Certified Nurse Practitioner (CNP)
  - b. Certified Registered Nurse Anesthetist (CRNA)
  - c. Clinical Nurse Specialist (CNS)
  - d. Certified Nurse Midwife (CNM)
2. Certified Clinical Perfusionist (CCP)
3. Perfusion Assistant
4. Physician Assistant (PA)
5. Doctor of Pharmacology (Pharm.D)
6. Radiology Practitioner Assistant (RPA)
7. Radiology Assistant (RA)
8. Certified Neurological Intraoperative Monitoring Technologist (CNIM)

C. Clinical Specialist. The Clinical Specialist category shall include those AHPs who are employed by a Member and who have been authorized by Washington Regional to provide care, treatment, and services only under the supervision of their Sponsoring Member. Clinical Specialists shall not be approved through the Medical Staff or Allied Health Professional credentialing process, but will be subject to the policies and procedures of the Washington Regional Human Resources Department applicable to Clinical Specialists who are not Washington Regional employees. The Washington Regional Human Resources Department will maintain documentation and oversight as to the current competence of each

Clinical Specialist authorized to practice within Washington Regional. The approved Clinical Specialist fields are:

1. Certified Ophthalmic Assistant (COA)
2. Certified Ophthalmic Technician (COT)
3. Certified Registered Nurse First Assistant (CRNFA)
4. Certified Scrub Technician (CST)
5. Licensed Practical Nurse (LPN)
6. Registered Nurse (RN)
7. Registered Dental Assistant (RDA)
8. Scrub Technician (ST)
9. Certified Dialysis Technician (CDT)

- D. Approved AHP Categories. Each proposed new category of Allied Health Professional or Practice Authorization must be reviewed and approved by the Executive Committee and Board in accordance with Article XI of this Policy.

ARTICLE III  
CONDITIONS OF PRACTICE AND SUPERVISION OF  
ADVANCED PRACTICE PROFESSIONALS AND CLINICAL SPECIALISTS

3.01 Standards of Practice for Utilization of Advanced Practice Professionals and Clinical Specialists in the Inpatient Hospital Setting.

- A. As a condition of being granted Practice Authorization at Washington Regional, all Advanced Practice Professionals and Clinical Specialists specifically agree to abide by the standards of practice set forth in this Section. In addition, as a condition of being permitted to utilize the services of Advanced Practice Professionals and Clinical Specialists, all Sponsoring Members or Supervising Members of such individuals also specifically agree to abide by the standards set forth in this Section.
- B. The following standards of practice apply to the functioning of Advanced Practice Professionals and Clinical Specialists in the hospital setting:
1. Admitting Privileges. Advanced Practice Professionals and Clinical Specialists are not granted admitting privileges and, therefore, may not admit patients independent of the Sponsoring Member.
  2. Consultations. Advanced Practice Professionals and Clinical Specialists may not independently provide patient consultations in lieu of the Sponsoring Member. An Advanced Practice Professional or Clinical Specialist may gather data and order tests; however, the Sponsoring Member or Supervising Member must personally perform the requested consultation within 24 hours.
  3. Emergency On-Call Coverage. Advanced Practice Professionals and Clinical Specialists may not participate in the emergency on-call roster.
  4. Calls Regarding Sponsoring Member's Inpatients. It shall be

within the discretion of the Washington Regional personnel or Medical Staff Member requesting assistance whether it is appropriate to contact a Advanced Practice Professional or Clinical Specialist prior to the Sponsoring Member. The Sponsoring Member must personally respond to all calls directed to him in a timely manner.

5. Daily Inpatient Rounds. Advanced Practice Professionals and Clinical Specialists may not independently perform daily inpatient rounds in lieu of their Sponsoring Member. The foregoing notwithstanding, an Advanced Practice Registered Nurse or Physician Assistant with appropriate Practice Authorization may perform daily inpatient rounds under the general supervision of their Sponsoring Member. With the exception of Advanced Practice Registered Nurses and Physician Assistants, a Sponsoring Member or Supervising Member may not delegate responsibility for conducting daily inpatient rounds to any Allied Health Professional for the purpose of fulfilling the Member's responsibility to conduct daily inpatient rounds.
6. Invasive Procedures. Advanced Practice Professionals and Clinical Specialists may not perform invasive procedures independently. When performing invasive procedures, Advanced Practice Professionals and Clinical Specialists must function within their licensure, scope of practice, and Practice Authorization under the supervision of their Sponsoring Member or Supervising Member (or another designated Physician).
7. Triage, Medical Screening Examinations, and Care of Non-Urgent Patients in the Washington Regional Emergency Department. Notwithstanding any provision in this Policy to the contrary, an APRN and PA may triage, perform a medical screening examination, and care, treat and discharge non-urgent patients (defined for all purposes in this Policy as those patients who have been assigned to level 4 or level 5 of the Emergency Severity Index after triage) who present and receive such services within the Facility Emergency Department. All such services shall be performed under the general supervision of the APRN's or PA's Sponsoring Member, in a manner consistent with the APRN's or PA's applicable licensure, certification, and scope of practice under Arkansas law, Practice Authorization as approved by the Executive Committee and Board, and Medical Staff Bylaws, Rules and Regulations, including Medical Staff Regulation I ("Emergency Care").

### 3.02 Oversight by Sponsoring Member or Supervising Member.

- A. Advanced Practice Professionals and Clinical Specialists may function within Washington Regional only so long as they have a Sponsoring Member.

- B. Any activities permitted to be performed at Washington Regional by an Advanced Practice Professional or Clinical Specialist shall be performed only under the supervision or direction of the Sponsoring Member or Supervising Member.
- C. If the Medical Staff appointment or Clinical Privileges of a Sponsoring Member are resigned, revoked, stayed, encumbered or terminated, the Practice Authorization of the Advanced Practice Professional or Clinical Specialist shall be automatically relinquished. The Credentials Committee may, however, recommend that the Advanced Practice Professional or Clinical Specialist be permitted to arrange for another Sponsoring Member who is on the Medical Staff.
- D. As a condition of a Practice Authorization, an Advanced Practice Professional or Clinical Specialist and the Sponsoring Member must provide Washington Regional with notice of any revisions or modifications that are made to any collaborative practice agreement or supervision agreement. This notice must be provided to the Medical Staff Office within three days of any such change.

3.03 Responsibilities of Sponsoring Member.

- A. Members who wish to utilize the services of an Advanced Practice Professional or Clinical Specialist in their clinical practice at Washington Regional must notify the Medical Staff Office of this fact in advance and must ensure that the individual has been appropriately credentialed in accordance with this Policy before the Advanced Practice Professional or Clinical Specialist participates in any clinical or direct patient care of any kind in Washington Regional.
- B. The Sponsoring Member shall remain responsible for all care provided by the Advanced Practice Professional and Clinical Specialist in Washington Regional.
- C. The Sponsoring Member shall accept full legal and ethical responsibility for the performance of his sponsored Advanced Practice Professional or Clinical Specialist.
- D. The Sponsoring Member shall accept responsibility for the proper conduct of his sponsored Advanced Practice Professional or Clinical Specialist.
- E. The Sponsoring Member shall assure that the Advanced Practice Professional or Clinical Specialist exercises his Practice Authorization in accordance with accepted professional and Medical Staff standards;
- F. The Sponsoring Member shall abide by all policies, rules and regulations governing the activities of Advanced Practice Professionals or Clinical Specialists in Washington Regional and ensure that the Advanced Practice Professional or Clinical Specialist at all times provides clinical services within the bounds of their Practice Authorization.



- G. The number of Advanced Practice Professionals and/or Clinical Specialists acting under the supervision of one Member, as well as the care they may provide, shall be consistent with applicable Federal and Arkansas state statutes and regulations and any other policies adopted by Washington Regional. The Sponsoring Member shall make all appropriate filings and submissions to the Arkansas State Medical Board, the Arkansas State Board of Nursing, or any other regulatory agency regarding the supervision and responsibilities of the Advanced Practice Professional or Clinical Specialist, to the extent such filings or submissions are required.
- H. It shall be the responsibility of the Sponsoring Member to provide, or arrange for, professional liability insurance coverage for the Advanced Practice Professional or Clinical Specialist in amounts required by this Policy and the Board. The insurance must cover any and all activities of the Advanced Practice Professional or Clinical Specialist in Washington Regional. The Sponsoring Member shall furnish evidence of such coverage to Washington Regional. The Advanced Practice Professional or Clinical Specialist shall act in Washington Regional only while such coverage is in effect.

ARTICLE IV  
QUALIFICATIONS, CONDITIONS, AND RESPONSIBILITIES

4.01 Qualifications for Appointment and Service Authorization.

- A. To be eligible to apply for initial appointment or reappointment to the AHP Staff and Practice Authorization, each Allied Health Professional must:
  - 1. have a current, unrestricted license, certification, or registration to practice in Arkansas (if applicable);
  - 2. where applicable to their practice, have an unrestricted controlled substance certificate issued by the Drug Enforcement Administration;
  - 3. have current, valid professional liability insurance coverage in such form and in amounts satisfactory to the Board.
    - a. Clinical Specialists. Clinical Specialists may present evidence of professional liability insurance as an additional insured covered under the terms of the professional liability insurance of their Sponsoring Member.
    - b. Licensed Independent Practitioners and Advanced Practice Professionals shall be required to provide evidence of professional liability insurance issued by an insurer acceptable to the Board and admitted to issue such insurance in the State of Arkansas in an amount of not less than \$1,000,000.00 per claim, \$3,000,000.00 annual aggregate. The Licensed Independent Practitioner or

Advanced Practice Professional shall supply all requested information, including the name of the present carrier, current limits of coverage, restrictions on coverage, and whether coverage has been continuously maintained since the practitioner first obtained professional liability insurance.

4. if seeking appointment and Practice Authorization as an Advanced Practice Professional or Clinical Specialist, a copy of each supervision or collaborative practice agreement between the Applicant and the Sponsoring Member that has been submitted to and approved by the applicable Arkansas licensing authority, if applicable;
5. have never been convicted of, entered a plea of guilty or no contest to, or had a deferred adjudication for, Medicare, Medicaid, Tricare, or other federal or state governmental or private third-party payor fraud or program abuse, nor have been required to pay civil monetary penalties for the same;
6. have never been, and are not currently, excluded, precluded, or debarred from participation in Medicare, Medicaid, Tricare, or other federal or state governmental healthcare program;
7. have never had clinical privileges, scope of practice, or status as a participating provider denied, revoked, suspended, or terminated by any health care facility or health plan for reasons related to clinical competence, professional conduct, or disruptive behavior;
8. have never relinquished or resigned affiliation, clinical privileges, or scope of practice during an investigation or in exchange for not conducting such an investigation;
9. have never been convicted of, entered a plea of guilty or no contest to, or had a deferred adjudication for, any felony; or to any misdemeanor relating to clinical practice or other health care matters, controlled substances, illegal drugs, insurance or health care fraud or abuse, child abuse, elder abuse, or other violent act; and
10. satisfy all additional eligibility qualifications relating to their specific area of practice that may be established by Washington Regional.

- B. Each member of the AHP Staff of Washington Regional shall at all times after initial appointment and reappointment continue to satisfy and adhere to the basic qualifications, duties and responsibilities of AHP Staff as are set forth in this Policy. Failure to satisfy or abide by any of the qualifications, duties and responsibilities of AHP Staff shall be grounds for immediate suspension or revocation of Practice Authorization or such other action as the Executive Committee, Administrator, or Board deem necessary to the provision of quality care to Washington Regional patients or the orderly operation of Washington Regional.

#### 4.02 Duties and Responsibilities of Allied Health Professional Staff

As a condition of consideration of an application for appointment to the AHP Staff and Practice Authorization, and as a condition of continued permission to practice in Washington Regional, each AHP shall assume such reasonable duties and responsibilities as the Executive Committee or Board shall require, including:

1. providing appropriate, continuous, and timely care and supervision to all patients for whom the AHP has responsibility;
2. providing patients with care or other services at the level of quality and efficiency professionally recognized as the appropriate standard of care by the Medical Staff;
3. where necessary and appropriate, notifying the principal attending Member of the need to arrange suitable alternative care and supervision for the patient;
4. participating in appropriate performance improvement and quality assessment activities of Washington Regional, including but not limited to peer review activities, Focused Professional Practice Evaluation and Ongoing Professional Practice Evaluation;
5. attending clinical and educational meetings of the Medical Staff, Department, or any other clinical units with which the AHP is affiliated, as well as any individual conferences, where requested by any applicable Department director, medical director of a special unit, the AHPs Sponsoring Member, or Department Chair;
6. abiding by all applicable provisions of the Bylaws, Rules and Regulations, this Policy, and all policies, rules, regulations, and procedures of Washington Regional;
7. timely preparation and completion, where appropriate and authorized, of those portions of patients' medical records necessary to document the services provided by the AHP or their sponsoring Member, together with any other records required by Washington Regional;
8. providing the Medical Staff Office of Washington Regional evidence of current Arkansas licensure, professional liability insurance coverage, and, where applicable, copies of supervision or collaborative practice agreements and evidence of current DEA registration;
9. immediately notifying the Medical Staff Office of any suspension, reduction, revocation, restriction, or non-renewal of appointment, clinical privileges, licensure, or certification by any healthcare facility, State licensing board, Drug Enforcement Administration or professional society;
10. immediately notifying the Medical Staff Office of any appearance before or any required reports to any State licensing board with jurisdiction over the AHP's license;
11. immediately notifying the Medical Staff Office of any final judgments or settlements involving the AHP in any professional liability action;
12. immediately notifying the Medical Staff Office of any change in the AHPs eligibility for payments by third-party payors or for participation

- in any federal health insurance program such as Medicare, Medicaid, or Tricare, including any sanctions imposed or recommended by the Department of Health and Human Services;
13. providing the Medical Staff Office, in a timely manner, with any new or updated information that is pertinent to any question on the application form or to verify compliance with the qualifications and conditions of AHP Staff membership as set forth in this Policy;
  14. refraining from practicing outside the scope of his license or certification and from assuming responsibility for the diagnoses or care of patients for which the AHP is not qualified or does not have adequate supervision;
  15. immediately notifying the Chief Medical Officer of any act, omission, or occurrence that could reasonably be interpreted as affecting his ability to perform any patient care services, treatments or procedures authorized under his Practice Authorization or abide by the qualifications, duties and responsibilities of individual members of the AHP Staff under this Policy; and
  16. immediately submitting to an appropriate evaluation which may include diagnostic testing (such as blood and/or urine test) or to a complete physical, mental and/or behavioral evaluation, if at least two Medical Staff leaders (or one Medical Staff leader and the Administrator) are concerned with the AHPs ability to safely and competently care for patients and request such testing and/or evaluation. The healthcare professional to perform the testing and/or evaluations will be determined by the Medical Staff Physicians Health Committee of Chief of the Medical Staff, and the AHP will execute all appropriate releases to permit the sharing of information with the Medical Staff leaders and with designated committees of the Medical Staff and/or Washington Regional.

## ARTICLE V

### APPLICATION FOR APPOINTMENT AND PRACTICE AUTHORIZATION

#### 5.01 Application for AHP Staff Membership and Practice Authorization.

- A. Application Form. All applications for appointment to the AHP Staff and for Practice Authorization shall be in writing, and except in the case of Licensed Independent Practitioners, shall be signed by the applicant and their Sponsoring Member, and shall be submitted on a form prescribed by the Board and Credentials Committee which application is available from the Medical Staff Office.
- B. Representations and Warranties of Applicants for AHP Staff Membership. As a condition of applying for appointment or reappointment and Practice Authorization, each Applicant for AHP Staff membership:

1. authorizes and consents to Washington Regional and its authorized representatives consulting with any individual or entity who may have information bearing on the applicant's professional or ethical competence and qualifications;
2. authorizes and consents to Washington Regional and its authorized representatives reviewing and inspecting all records and documents that may be material to an evaluation of the applicant's professional or ethical qualifications and competence;
3. releases from any liability all individuals and organizations who, in good faith, provide Washington Regional information concerning the applicant's professional or ethical competence and qualifications;
4. releases from any liability all representatives of Washington Regional and its Medical Staff for their good faith acts in connection with the evaluation of the applicant's qualifications and competence; and
5. releases and agrees to indemnify, defend and hold harmless Washington Regional, its directors, officers, employees, and agents, including the Members of the Medical Staff, from any and all losses, costs, claims or damages arising directly or indirectly from any grant, denial, suspension or termination of Practice Authorization or AHP Staff membership or arising directly or indirectly from acts, communications, reports, recommendations, or disclosures made in connection with the application for initial appointment or reappointment to the AHP Staff as contemplated herein.

C. Minimum Application Requirements. The application for AHP Staff appointment and Practice Authorization shall require detailed information concerning the applicant's professional qualifications, including, but not limited to:

1. a current copy of the Applicant's Arkansas license, registration, certification or other regulatory documentation vested with authority to recognize the Applicant's legal right to practice, where applicable;
2. a current copy of the Applicant's DEA Registration (where applicable);
3. certificates from all graduate, postgraduate, or other professional training programs the Applicant has completed, the programs completed, degrees granted, and attendance dates;
4. evidence of current professional liability insurance coverage in such amounts and with such coverages as are required under this Policy, together with evidence that such policy covers the Practice Authorization the Applicant seeks to exercise at Washington Regional;
5. the names and addresses of three (3) medical professionals, none of whom are related to the Applicant and not more than two (2) of whom are in the same medical practice or group as the Applicant, who have recent experience in observing and working with the Applicant, and who can provide adequate information pertaining to the Applicant's current clinical competence and character;

6. information as to whether the Applicant has ever voluntarily withdrawn or had their membership or clinical privileges at any other healthcare facility denied, revoked, suspended, reduced, or not renewed;
7. information as to whether the Applicant has ever had their license, certification, registration, DEA Registration (where applicable), or other evidence of professional qualification revoked, suspended, restricted, encumbered, modified, terminated, or reduced by any federal, state or professional regulatory body;
8. an adequate reference from the healthcare facility where the Applicant most recently held AHP staff status;
9. current information regarding the Applicant's physical and mental health status;
10. information concerning any restriction or exclusion for any period of time of the right or privilege of the Applicant to participate in Medicare, Medicaid, Tricare, or any other government sponsored health care program, or any private or public medical insurance program;
11. information on the Applicant's citizenship or visa status;
12. the Applicant's signature;
13. except in the case of Licensed Independent Practitioners, the signature of the Applicant's Sponsoring Member, evidencing concurrence with the applicant's request for appointment and Practice Authorization and the certification of the Sponsoring Member that he will provide supervision to the Applicant if approved. The signature of the Sponsoring Member shall confirm that the Applicant is employed by or under contract with the Member and designate such other Members who shall have responsibility for the supervision of the AHP in the event the Sponsoring Member is unavailable;
14. evidence of a current tuberculosis skin test or, where there is a history of a positive skin test, documentation of treatment and chest x-ray report;
15. payment of the requisite application fee;
16. a proposed Practice Authorization that specifically sets forth the requested scope of practice, specifying in detail the proposed patient care services, treatments and procedures sought by the Applicant, the degree of supervision required for each service, treatment and procedure consistent with applicable law, and a copy of any applicable supervision and collaborative practice agreement between the Applicant and the Sponsoring Member; and
17. such other information as the Credentials Committee, Executive Committee or Board may require, in the case of Licensed Independent Practitioners and Advanced Practice Professionals; or
18. such other information as the Washington Regional Human Resources Department may require, in the case of Clinical Specialists.

5.02 Burden of Providing Information on Applicant.

- A. The Applicant shall have the burden of producing information deemed adequate

by Washington Regional for a proper evaluation of competence, character, ethics, and such other qualifications as are enumerated under Article III of this Policy, and such other information as may be necessary in the judgment of Washington Regional to resolve any doubts about the Applicant's qualifications for appointment to or continued membership on the AHP Staff and Practice Authorization.

- B. Until the Applicant has provided all information requested by Washington Regional, the application will be deemed incomplete and will not be processed further. Should information provided at the time of application for initial appointment or reappointment change during the course of the appointment period, the AHP has the burden of immediately providing information concerning such change to Washington Regional for review and assessment. Any application that remains incomplete thirty (30) days after the Applicant has been notified by Washington Regional of the need for additional information shall be deemed to have been withdrawn by the applicant.
- C. Any misstatement, omission, or misrepresentation on the application, whether intentional or not, shall constitute cause for immediate cessation of the processing of the application or automatic termination of Practice Authorization if the misstatement, omission, or misrepresentation is discovered after the date of initial appointment or reappointment. In either situation, there shall be no entitlement to the procedural rights provided in Article IX of this Policy.

5.03 No Right to Appointment or Membership on AHP Staff

- A. No individual is entitled to appointment to the AHP Staff or the grant of Practice Authorization because the individual is:
  - 1. licensed or otherwise authorized to practice in this or any other state;
  - 2. a member of any professional organization;
  - 3. certified by any board or professional society;
  - 4. currently has, or previously had, the ability to exercise clinical privileges at another health care facility;
  - 5. currently has, or previously had, Practice Authorization at Washington Regional;
  - 6. currently is or may become affiliated with a Member or a member of the AHP Staff through employment, contract, or otherwise; or
  - 7. has or has had any employment history with Washington Regional.

5.04 Policy of Non-Discrimination. No Applicant shall be denied permission to practice at Washington Regional on the basis of race, national origin, color, gender, religion, creed, or disability or on the basis of any criteria unrelated to professional qualifications and ethics or the purposes, needs and capabilities of Washington Regional.

ARTICLE VI  
CREDENTIALING PROCEDURE

- 6.01 Verification of Completed Applications by Medical Staff Office. Completed applications shall be submitted to the Medical Staff Office for verification of licensure, references, professional training and experience, and to ensure that all other information and materials that may be required by Washington Regional have been submitted therewith. The Medical Staff Office shall solicit any necessary verification information. Once the application is complete, the Medical Staff Office shall forward a copy of the application for processing and evaluation through the appropriate pathway specified in Section 6.02 of this Policy.
- 6.02 Credentialing Pathways for AHP Staff Applications. Upon obtaining and verifying all information required by the application, the Medical Staff Office shall transmit the application and all supporting materials to (a) the Credentials Committee in the case of an Applicant seeking Practice Authorization as a Licensed Independent Practitioner, (b) the Credentials Committee or Nursing Council in the case of an Applicant seeking Practice Authorization as an Advanced Practice Professional, and (c) the Washington Regional Human Resources Department in the case of an Applicant seeking Practice Authorization as a Clinical Specialist.
- A. Licensed Independent Practitioners. Applications requesting appointment or reappointment to the AHP Staff submitted by a Licensed Independent Practitioner shall be processed through the Medical Staff credentialing process in the manner specified in Section 4.10 of the Medical Staff Bylaws.
- B. Advanced Practice Professionals. Applications requesting appointment or reappointment to the AHP Staff submitted by an Advanced Practice Professional shall be processed in the manner specified in Section 6.03 of this Policy.
- C. Clinical Specialists. Applications requesting appointment or reappointment to the AHP Staff submitted by a Clinical Specialist shall be processed by the Washington Regional Human Resources Department in accordance with the policies and procedures of the Washington Regional Human Resources Department applicable to Clinical Specialists who are not Washington Regional employees.
- 6.03 The Review Process.
- A. Nursing Council.
1. Complete and verified applications for Advanced Practice Professionals seeking Practice Authorization at Washington Regional as a APRN shall be forwarded for initial evaluation to the Washington Regional Nursing Council.
  2. The Nursing Council shall examine and evaluate the Applicant's



education, training, experience, ethics, and such other information that evidences the Applicant's professional competence and qualifications for membership on the AHP Staff and the requested Practice Authorization. The Nursing Council shall consider only those Applicants who meet the basic criteria for credentialing as an Advanced Practice Professional. The Nursing Council shall have the right to meet with the Applicant and/or Sponsoring Member to discuss the application, the Applicant's professional qualifications, and the particular privileges requested. The Nursing Council in consultation with the Applicant and their Sponsoring Member shall address any concerns the Nursing Council has with regard to an Applicant or their application.

3. The Nursing Council shall recommend that an application be either approved or denied. Recommendations for approval shall be forwarded to the Credentials Committee for further review.
4. Where the Nursing Council recommends that an application be denied or where the Nursing Council is unable to satisfactorily resolve concerns raised in connection with an Application, the adverse recommendation or concern shall be referred to the Credentials Committee with a written report summarizing the reasons for the adverse recommendation or the concerns raised and the actions taken to address those concerns.

**B. Credentials Committee.**

1. Complete and verified applications for all Advanced Practice Professionals seeking appointment to the AHP Staff and Practice Authorization at Washington Regional shall be forwarded to the Credentials Committee.
2. The Credentials Committee shall examine and evaluate the Applicant's education, training, experience, ethics, and such other information that evidences the applicant's professional competence and qualifications for membership on the AHP Staff. The Credentials Committee shall consider only those applicants who meet the basic criteria for credentialing within the requested AHP category. The Credentials Committee shall have the right to meet with the Applicant and/or Sponsoring Member to discuss the application, the Applicant's professional qualifications, and the scope of practice requested. The Credentials Committee in consultation with the Applicant and their Sponsoring Member shall address any concerns the Credentials Committee has with regard to the Applicant, the professional qualifications of the Applicant, or any other matter raised in connection with the processing of the application.
3. The Credentials Committee shall recommend that an application be either approved or denied. Recommendations of the Credentials Committee shall be forwarded to the Department of the Sponsoring Member for

further review. The Department shall have the right to meet with the Applicant and/or sponsoring Member to discuss the application, the Applicant's professional qualifications, the scope of practice requested, and such other matters as the Department deems necessary and appropriate to a proper consideration of the Applicant and their application. The Department shall make a recommendation, whether favorable or adverse, to the Executive Committee. Where the Nursing Council, Credentials Committee or Department recommends denial of the application, the Credentials Committee or Department shall submit a written report to the Executive Committee summarizing the reasons for the adverse recommendation.

4. The Executive Committee shall review the recommendations of the Department, Credentials Committee and Nursing Council, where applicable, and make a recommendation to the Board as to whether the application should be approved or denied. The Executive Committee shall review the application and all supporting information and the recommendations of the Department, Credentials Committee and Nursing Council, where applicable. The Executive Committee may interview the Applicant and/or the Sponsoring Member and may request any additional information the Executive Committee deems necessary or appropriate to a proper consideration of the Applicant or their application. Within forty-five (45) days after receipt of the recommendations of the Department and Credentials Committee, the Executive Committee shall make a final recommendation that the application be accepted or denied to the Board.
5. Where an application is approved and Practice Authorization is granted by the Board, the Administrator or his designee shall promptly notify the Applicant in writing.
6. Where the recommendation of the Executive Committee is averse to the Applicant, the Executive Committee shall notify the Applicant in writing and the Applicant or their sponsoring Member shall have the right to request the procedural rights set forth in Article VIII of this Policy.

#### 6.03 Application for Reappointment to AHP Staff.

- A. Application for Reappointment. Where an AHP Staff member seeks reappointment to the AHP Staff, the AHP shall be required to complete an appropriate reappointment application form as prescribed by the Board and Credentials Committee which shall be available from the Medical Staff Office. In addition to the completed form, the AHP shall supply:
  1. evidence of current licensure, certification, or registration (if applicable);
  2. evidence of yearly tuberculin skin test or chest x-ray report, including documentation of changes in health status;

3. a complete supplemental health status questionnaire providing satisfactory assurance that the applicant is free of any mental or physical impairment that could interfere with the performance of all or any of the clinical privileges requested or granted, unless reasonable accommodation can be made for such impairment consistent with the interest of quality patient care. In the event of such a physical or mental impairment, the AHP shall promptly notify the Medical Executive Committee so that a determination can be made as to whether or not there is a reasonable accommodation that can be made for the impairment that will permit the AHP to perform or continue their duties;
  4. evaluation statements signed by the Sponsoring Member addressing current clinical competence.
- B. Reappointment Procedure. When an application for reappointment to the AHP Staff has been completed and submitted to the Medical Staff Office, it shall be subject to the same processes as outlined in Article VI of this Policy regarding initial applications.

#### 6.04 Practice Authorization

- A. Term of Appointment. The grant of AHP Staff membership and Practice Authorization is a courtesy extended by the Board and shall be limited to a period not to exceed two (2) years from the date of initial appointment or reappointment.
- B. Admission of Patients. Members of the AHP Staff may not admit or discharge patients at Washington Regional. The right to admit and discharge patients is vested exclusively in Members of the Washington Regional Medical Staff.
- C. Practice Authorization Criteria. Each Department shall establish criteria for education and professional experience applicable to each category of AHP credentialed to practice within such Department and, in coordination with the Credentials Committee, shall delineate the specific scope of practice for each AHP, specifying the particular patient care services, treatments and procedures the AHP is entitled to practice at Washington Regional, including the degree of supervision required for each such service, treatment and/or procedure consistent with applicable law, subject to Board approval. Any request for inclusion within a particular Practice Authorization of permission to perform any procedure which has not been approved by the Executive Committee and Board shall be forwarded to the Credentials Committee for consideration pursuant to Article IX of this Policy.

6.05 Temporary Privileges. The Administrator, with the concurrence of the Credentials Committee, Department Chairman, and Chief of Staff, may grant an Applicant temporary Practice Authorization where the AHP Applicant has submitted a complete application that satisfies the criteria for the applicable AHP category sought by the applicant. The exercise of all such temporary privileges must be under the supervision of the sponsoring Member. Temporary AHP Staff Practice Authorization shall not exceed thirty (30) days and may not be renewed.

6.06 Required Orientation. With the exception of Washington Regional employed AHPs, approval of an Applicant for initial appointment to the AHP Staff shall be conditioned upon satisfactory completion of an orientation program designed by Washington Regional within one month from the date of appointment, such program to include:

- A. attendance at such new practitioner or other orientation program as may be required from time-to-time by Washington Regional or the Medical Staff;
- B. familiarization with standard procedures and protocols of Washington Regional and the clinical Department under which the AHP Staff member will provide services;
- C. orientation to nursing activities specific to any of the units of Washington Regional where the AHP Staff member will perform their privileges (e.g., emergency department); and
- D. orientation with regard to Washington Regional policies and procedures applicable to medical records.

ARTICLE VII  
RESIGNATION, SUSPENSION AND TERMINATION  
OF ALLIED HEALTH PROFESSIONAL STAFF MEMBERSHIP

7.01 Resignation of AHP Staff Membership and Privileges. An AHP Staff member may voluntarily resign their AHP Staff membership and Practice Authorization by submitting written notice of resignation to the Executive Committee setting forth their name, current and forwarding mailing address, if applicable, date of resignation, the name of the AHP Staff member's sponsoring Member, and the reasons for resigning AHP Staff membership and Practice Authorization.

7.02 Automatic Termination of AHP Staff Membership and Practice Authorization. An AHP Staff member's appointment and Practice Authorization shall terminate automatically upon the occurrence of any of the following:

- A. Suspension, revocation, expiration, reduction, voluntary or involuntary restriction, termination, or imposition of terms of probation by the any state licensing or certifying agency of the AHP Staff member's license, certificate, registration, or other legal credential which authorizes the AHP to practice in the healthcare field;
- B. Failure of the AHP Staff member to continuously maintain the professional liability insurance required under this Policy during the term of their appointment or otherwise violate any term or condition of Washington Regional's policies or procedures;
- C. Resignation, termination or suspension of the medical staff membership of the AHP's Sponsoring Member;
- D. Receipt of written notice from the Sponsoring Member of the AHP Staff member that the sponsor will no longer sponsor or supervise the AHP;
- E. Suspension, revocation, expiration, reduction, or termination of the AHP Staff member's appointment or clinical privileges by any other healthcare facility for

reasons which, in the sole judgment of the Administrator, present quality or safety concerns for the patients or staff of Washington Regional;

- F. Suspension, revocation, expiration, voluntary or involuntary restriction, termination, or imposition of terms of probation affecting the AHP Staff member's DEA Certification, if applicable; and
- G. The exclusion of the AHP Staff member from participation in the Medicare, Medicaid, Tricare, or other federal healthcare program.

### 7.03 Suspension of AHP Staff Membership and Practice Authorization.

- A. The Chief of Staff, the Department Chairman, the Medical Executive Committee, or Administrator may immediately suspend the AHP staff membership and Practice Authorization granted a member of the AHP Staff:
  - 1. Where the AHP performs any act that exceeds his scope of practice or Practice Authorization;
  - 2. Whenever the conduct of an AHP reasonably suggests that immediate action be taken in the interest of patient safety or to prevent the disruption of the orderly operation of Washington Regional;
  - 3. Where the AHP fails to notify the Medical Staff Office or Chief Medical Officer within three (3) business days of any act or occurrence described in Section 4.02;
  - 4. Where the AHP willfully or recklessly disregards Washington Regional policies and procedures or the requirements of this Policy; or
  - 5. Where complaints or concerns are received from patients, staff, Members, or applicable peer review committees that reasonably suggest quality of care concerns regarding the clinical practices of the AHP.
- B. The individual imposing the suspension shall immediately notify the AHP and Sponsoring Member in writing of the suspension, the reasons for the suspension, and the process to investigate and resolve the concerns raised.
- C. Following the suspension, an investigation will be conducted by the Chairman of the Department to which the AHP's category is assigned or such other designee of the Medical Staff as the Chief of Staff may appoint. The affected AHP and their Sponsoring Member shall have an opportunity to respond to the allegations during the course of the investigation. The findings of the investigation shall be reported to the Executive Committee which may recommend immediate termination of the AHP's appointment and Practice Authorization, affirm, modify, or terminate the suspension, or reduce or limit the scope of practice of the AHP. The Executive Committee shall notify the affected AHP in writing if the recommendation of the Executive Committee constitutes an Adverse Determination, as that term is defined in Article IX, Section 9.01 of this Policy, and the AHP shall be entitled to the procedural rights set forth in Article IX of this Policy.

## ARTICLE VIII

## PEER REVIEW POLICY

- 8.01 Peer Review of Allied Health Practitioner Staff. All members of the AHP Staff shall be subject to continual peer review for actions performed at Washington Regional. Peer review may be initiated as a result of quality of care concerns or complaints received from Members, patients and their families, or other professional staff of Washington Regional. Where potential quality concerns are raised or complaints received, the concerned AHP (and Sponsoring Member, as indicated) shall be notified and the matter shall be referred to the appropriate Department of the Medical Staff.
- A. The Department Chairman shall appoint an ad hoc committee comprised of representatives of the concerned AHP's category (e.g., Licensed Independent Practitioner, Advanced Practice Professional or Clinical Specialist), Members of the Department, and other professional staff as the Department Chairman deems necessary and advisable for purposes of investigating the concern and reporting the findings of the ad hoc committee to the Department.
  - B. The Department shall thereafter convene to consider the matter and either: 1) uphold the concern, or 2) overturn the concern.
  - C. Where a concern is upheld, the Department may make recommendations for corrective action that may include education, monitoring, or modification, restriction, suspension or termination of Practice Authorization or AHP staff appointment.
  - D. Where the recommendation of the Department constitutes an Adverse Determination, as that term is defined in Article IX, Section 9.01 of this Policy, the affected AHP Staff member shall be entitled to the procedural rights set forth in Article IX of this Policy.
- 8.02 Ongoing Professional Practice Evaluation (OPPE). The Medical Staff shall review findings regarding Advanced Practice Professionals ongoing professional practice and performance. Such information may include:
- A. Findings from quality review and utilization activities.
  - B. Findings from reviews on behavior, conduct and professional ethics.
  - C. Aggregate data on competence.
  - D. Timely and accurate completion of medical records, if applicable.
  - E. Compliance with applicable rules and regulations, policies and procedures of the Medical Staff and Washington Regional.
- 8.03 Focused Professional Practice Evaluation (FPPE). A period of focused professional practice evaluation will be conducted for all Advanced Practice Professionals at the time of initial appointment and granting of Practice Authorization and as identified by the Medical Staff or Washington Regional in reviewing performance concerns as outlined in Article VII of this Policy. At the time of initial appointment each Advanced Practice

Professional will be subject to a retroactive review of three (3) cases performed at Washington Regional.

- 8.04 Review of Clinical Specialists Performance. The performance of all Clinical Specialists will be evaluated on a yearly basis as part of Washington Regional’s routine performance improvement processes. The annual competency assessment shall consist of a competency evaluation by a peer reference.

## ARTICLE IX PROCEDURAL RIGHTS

- 9.01 Procedural Rights. Allied Health Professionals shall not be entitled to the hearing and appeals procedures set forth in Article IX of the Washington Regional Medical Staff Bylaws. However, an AHP will be entitled to a limited appeal review process for Adverse Determinations either recommended by the Executive Committee or made by the Board affecting an AHP’s appointment, reappointment or Practice Authorization (collectively “Adverse Determination”). In order to obtain such a review, the affected AHP must submit a written request to the Executive Committee within thirty (30) days of notice of such an Adverse Determination setting forth a detailed account of the circumstances and the reasons for requesting such reconsideration review. Should the AHP make timely request for reconsideration review, the Executive Committee shall inform the AHP of the general nature of the evidence supporting the recommendation at least ten (10) days before the meeting. The Executive Committee shall review such a request at its next regularly scheduled meeting, provided that such regularly scheduled meeting is not less than fifteen (15) days from the date on which receipt of the written request for review is made in which event the review shall occur at the next regularly scheduled meeting of the Executive Committee. The affected AHP and their Sponsoring Member shall have the right to appear before the Executive Committee to discuss the Adverse Determination. The affected AHP shall have no right to representation by legal counsel. The Executive Committee shall deliberate outside the presence of the affected AHP, make its determination, and notify the affected AHP of its decision. The Executive Committee shall forward its decision to a Review Panel comprised of the Department Chair of the AHP’s Sponsoring Member’s, the Chief of Staff, the Administrator, and the Chief Nurse Executive. The Review Panel shall determine the appropriateness of the Adverse Determination and, if desired, may request additional information from the affected AHP. After its consideration, the Review Panel shall make a determination concerning the appropriateness of the Adverse Determination and shall then forward its determination to the Board if the Review Panel’s determination affirms the decision of the Executive Committee. Where the determination of the Review Panel modifies or overturns the determination of the Executive Committee, the matter shall be sent back to the Executive Committee for further action consistent with the decision of the Review Panel. After final Board determination, Washington Regional shall inform the affected AHP of the determination which shall be final and not subject to further review.
- 9.02 Hospital Employees. Nothing in this Policy shall be construed to interfere with the right of Washington Regional to terminate Washington Regional employees in accordance with

Washington Regional personnel policies or applicable Arkansas law. AHPs employed by Washington Regional shall not be entitled to the procedural rights set forth in Section 9.01 of this Policy or the Bylaws.

ARTICLE X  
ADDITIONAL RULES AND REGULATIONS  
APPLICABLE TO AHP STAFF MEMBERS

10.01 Additional Rules and Regulations Applicable to AHP Staff Members.

- A. AHPs assisting in surgery must demonstrate knowledge of sterile operating technique to the satisfaction of the perioperative educator prior to entering the operating room.
- B. AHPs may be utilized by other Physicians of the Sponsoring Member's medical practice or group and other Members of the Medical Staff (e.g., the Supervising Member), provided the services provided by the AHP are consistent with the AHP's Practice Authorization, the Member utilizing the AHP (e.g., the Supervising Member) provides and assumes the same responsibility for supervision of the AHP during the provision of the AHP's services to the Supervising Member's patients as is required of the Sponsoring Member, and the Sponsoring Member maintains overall responsibility for the AHP as required under this Policy.
- C. AHPs may transmit orders within the scope of their licensure, certification, scope of practice, and Practice Authorization. With the exception of orders issued by an APRN or PA in accordance with Subsection D. below, orders issued by AHPs at the direction of their Supervising Member or Sponsoring Member must be countersigned by the Supervising Member or Sponsoring Member within 48 hours.
- D. An APRN or PA may transmit orders without the requirement of a countersignature from their Supervising Member or Sponsoring Member so long as such orders are consistent with the APRN's or PA's licensure, certification and scope of practice under Arkansas law, the APRN's or PA's respective Practice Authorization, and applicable Washington Regional and Medical Staff policies, procedures, rules and regulations.
- E. Licensed Independent Practitioners may execute orders previously defined by the scope of their Practice Authorization.
- F. AHPs shall document the care they render to patients by means of records, reports and progress notes entered into the patient's hospital chart.
- G. The Supervising Member or Sponsoring Member who is responsible for the activities of AHP must be available to provide the requisite supervision of the AHP required under applicable federal and Arkansas law and the AHP's



Practice Authorization.

- H. Except as expressly provided in this Policy and applicable Medical Staff bylaws, rules or regulations, the grant of AHP staff membership and Practice Authorization to an AHP does not constitute permission to treat any illness except under the treatment plan established by the Sponsoring Member or Supervising Member, who remains responsible at all times for the total care of his patient. Pursuit of professional activities shall always be pursuant to existing laws defining the scope of such practices.
- I. Advanced Practice Professional and Clinical Specialist AHPs shall be individually assigned to the Medical Staff Department of the Sponsoring Member. Such individuals shall carry out their professional activities subject to Departmental policies and procedures.
- J. Violation of any of these policies by either the Sponsoring Member or the AHP Staff member may result in the loss of the Sponsoring Member's Clinical Privileges or AHP's Practice Authorization respectively granted to each of them. AHPs shall adhere to Washington Regional policies and standards of practice as well as Medical Staff Bylaws, Rules and Regulations, including this Policy.

ARTICLE XI  
DELINEATION OF AHP CATEGORIES

11.01 Request for New AHP Categories or AHP Practice Authorization. Whenever an Applicant requests appointment to an AHP category or Practice Authorization that is not currently recognized and approved by the Board, the following process shall be followed:

- A. Where an AHP requests an application for a category of AHP not currently recognized at Washington Regional, the Applicant shall be notified of that fact in writing by the Medical Staff Office.
- B. The matter shall then be referred to the Executive Committee for consideration. The Executive Committee shall make a recommendation to the Board as to whether the proposed AHP category or Practice Authorization should be recognized at Washington Regional based on an identified need. In the event the Executive Committee and Board determine that there is sufficient need that warrants consideration of whether a new AHP category or new AHP clinical privileges should be recognized, the matter shall be referred to the Credentials Committee.
- C. The Credentials Committee shall consider the particular licensure, certifications, qualifications, training, experience, and demonstrated minimum competence required of individuals who practice within the proposed AHP category or which is necessary to perform the new privileges requested, together with the positions of applicable professional societies and such other information as the Credentials Committee deems appropriate. The Credentials Committee, with input from the

appropriate Departmental Control Committee, shall draft proposed criteria and scopes of practice for the proposed AHP category or Practice Authorization and forward its recommendations to the Executive Committee.

- D. The Executive Committee shall review the draft scope of practice and criteria for the proposed AHP category and make a final recommendation regarding the scope of practice and Practice Authorization criteria for the proposed AHP category to the Board for approval. Once a new AHP category or Practice Authorization is approved by the Board, further applications seeking appointment to that category or the grant of the new privilege shall be processed in accordance with the application process outlined in this Policy.
- E. The Administrator shall notify the applicant in writing of the final decision of the Board. The decision of the Board shall be final and there shall be no right of review under this Policy.

## AMENDMENT

This Policy may be amended by the Executive Committee in accordance with the procedures set forth in Article XI of the Bylaws. No amendment to this Policy shall be effective until approved by the Board. This Policy may also be amended by action of the Board on its own motion provided that the Board first submits such amendment to the Executive Committee for review and comment prior to any final action.

## ADOPTION

This Policy Governing Allied Health Professionals is hereby adopted and made effective upon approval of the Medical Staff and Board of Directors of Washington Regional Medical Center and supersedes and replaces any and all other policies governing the credentialing and practice of allied health professionals at Washington Regional Medical Center.

Adopted and approved by the Medical Staff on October 6, 2003.

Adopted and approved by the Board of Directors on June 15, 2004.

Revised, adopted, and approved by the Medical Executive Committee on February 12, 2013.

Revised, adopted, and approved by the Board of Directors on February 19, 2013.

Revised, adopted, and approved by the Medical Executive Committee on October 20, 2014.

Revised, adopted, and approved by the Board of Directors on October 21, 2014.

Revised, adopted, and approved by the Medical Executive Committee on January 18, 2016.

Revised, adopted, and approved by the Board of Directors on January 19, 2016.

Revised, adopted, and approved by the Medical Executive Committee on December 18, 2017.

Revised, adopted, and approved by the Board of Directors on December 19, 2017.

Revised, adopted, and approved by the Medical Executive Committee on March 26, 2018.

Revised, adopted, and approved by the Board of Directors on March 27, 2018.

Revised, adopted, and approved by the Medical Executive Committee on September 21, 2020.

Revised, adopted, and approved by the Board of Directors on September 22, 2020.