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ALLIED HEALTH PROFESSIONALS MANUAL

ARTICLE I DEFINITIONS

A. Allied Health Professionals (AHP) - a health professional other than members of the medical staff who:
   1. are qualified by training, experience and current competence in a discipline which the Board of Directors has determined by policy to allow to practice at the hospital or hospital owned clinics and
   2. have a recognized, but limited scope of practice/privileges within medicine and may be required to be licensed by the State of Iowa and permitted to provide services, to assist, facilitate, or compliment the work of physicians, dentists, podiatrists, nurses, pharmacists and other specialties in the healthcare system. AHPs can be categorized as independent or dependent depending on whether they are licensed to practice independently by state law or not.

B. Midlevel Provider
   Authorized by state law to practice independently, but under Allen Memorial Hospital Medical Staff Bylaws, must work under the supervision or in collaboration with a physician who is a member of the Allen Memorial Hospital Medical Staff or are a class of providers even though state law does not allow them to be independent must be processed through the medical staff process and granted privileges in accordance with The Joint Commission (TJC) standard or Medicare Conditions of Participation.

   Categories:
   - Advanced Registered Nurse Practitioner (ARNP)
   - Certified Nurse Midwife (CNM)
   - Certified Registered Nurse Anesthetist (CRNA)
   - Licensed Clinical Psychologist
   - Physician Assistant, (PA)

C. Ancillary Health Personnel
   Not authorized by state law to practice independently or Allen Hospital employs the same class of provider.

   Categories:
   - Registered Nurse (RN)
   - Licensed Practical Nurse (LPN)
   - Clinical Social Worker (CSW)
   - Perfusionsist (CCP)
   - Surgical Technologist
   - Cardiovascular Technologist
   - Dental Assistant or Dental Radiographer or Dental Hygienist
   - Medical Scribe
   - Orthopedic Physician Assistant (OPA)

D. Ancillary Health Personnel are processed through the human resources department to ensure compliance with employee HR standards and a list will be provided in May annually to the Credentials Committee.
E. Scope of Practice Functions are those privileges granted to a practitioner so he or she can practice within a scope of his or her licensure and the rules of the hospital approved by the Board of Directors of the Allen Memorial Hospital.

**ARTICLE II PROCEDURE FOR APPROVAL OF A NEW CATEGORY OF AHP**

1. A request to establish a new AHP category must be submitted in writing to the Medical Staff Credentials Committee through the Medical Staff Coordinator in the Administrative Office. The request must include a statement outlining
   - the presumed need for the category
   - The statement of qualifications required
   - The position description
2. The request shall be submitted to the Clinical Service Area Chief with recommendations submitted to the Credentials Committee.
3. The Credentials Committee shall review the request obtaining input as appropriate from the person submitting the request and/or the department chair and shall transmit its recommendations to the Executive Committee.
4. If the request is not approved by either the Credentials Committee or the Executive Committee, the nature of the reason for the dissenting view must be documented and transmitted with the majority's recommendation.
5. The Board of Directors shall review the recommendations and any dissenting view. It shall refer the matter back for additional input and subsequent recommendation or shall take action to approve the request.

**ARTICLE III QUALIFICATIONS**

A. Licensure/Certification:
1. The AHP shall hold a current license, certificate or other such credential as may be required by applicable state law.
2. The AHP shall hold and maintain certification in their specialty from a national certifying organization approved by the Hospital Board of Directors.

B. Professional Education:
   The practitioner must have successfully completed the applicable educational program and clinical experience program in a hospital setting which is accredited or approved by the appropriate licensing/certification agency or the Hospital Board of Directors.

C. Nature of Practice:
1. The practitioner must practice a healthcare specialty which is consistent with the purpose, treatment, philosophy, methods of resources of the hospital and its medical and professional staff and for which the hospital has a demonstrated need for additional practitioners.
2. The practitioner shall practice within the scope of his/her licensure and according to functions granted by the Board of Allen Memorial Hospital.
3. The midlevel provider cannot practice beyond the scope of their supervising physician’s privileges and their own delineation of privileges.
4. An "independent" practitioner may be independently licensed to practice by the State of Iowa, but at Allen must work under the supervision or in collaboration with a physician who is a member of the Allen Medical Staff.

5. When employed by Allen, the department in which the practitioner works, (i.e., ED, Women's Health, and Occupational Health) will determine the level of unsupervised activity that the practitioner may perform.

6. The Practitioner shall work in collaboration or under the direction of a physician pursuant to an agreement signed by a physician who is a member of the Allen Medical Staff.

7. A practitioner shall not be automatically entitled to scope of practice functions/clinical privileges merely by virtue of the fact that he/she is duly licensed/certified to practice in the State of Iowa, or any other state.

D. Employment:
1. When employed by a physician, the physician(s) must have privileges to practice at Allen Memorial Hospital.

2. A self-employed independent practitioner (i.e. Clinical Psychologist) must be recommended for practice in the hospital by a physician who is an active member of the medical staff.

3. When the physician-employer terminates medical staff membership, or the AHP leaves employment of the physician-employer or the hospital-employer, the practitioner’s privileges are terminated.

E. Professional Liability insurance:
1. Professional liability insurance shall be provided by the physician-employer or hospital-employer in amounts jointly agreed upon by the Medical Staff Executive Committee and the Board of Directors of the Hospital. (Medical Staff Rules & Regulations Article XV) This coverage must be provided by a combination of SIR (Self-insured) or a company licensed or approved to do business in the State of Iowa.

2. Self-employed practitioners shall provide documentation of professional liability insurance in amounts jointly agreed upon by the Medical Staff Executive Committee and the Board of Directors of the Hospital. (Medical Staff Rules & Regulations Article XV) This coverage must be provided by a combination of SIR (Self-insured) or a company licensed or approved to do business in the State of Iowa.

F. Ethical and Professional Conduct:
1. Acceptance of scope of practice functions/clinical privileges shall constitute the professional’s agreement that he/she will strictly abide by the professional ethics code of the Medical Staff organization and the hospital and his/her profession and avoid contact which would reflect adversely on the profession, the medical staff.

2. Each practitioner, at the time of appointment of scope of practice functions/clinical privileges and reappointment and any time during the appointment period must demonstrate to the satisfaction of the Medical Staff Executive Committee and the Board of Directors, a willingness and capability, based on current attitude and evidence of performance, to work with and relate to others in a cooperative, professional manner to the extent necessary to maintain the hospital’s operations appropriate to quality patient care.
G. Medication Licensure:
   Each member, as applicable, shall maintain current Drug Enforcement
   Agency (DEA) and state controlled substance certificate registration.

H. Continued Care:
   As indicated, each independent professional shall provide or arrange for
   continuous appropriate care for all his/her patients.

I. Financial Relationships:
   The practitioner shall certify that neither he/she, nor any family member has a
   disqualifying financial responsibility with the Organization under the Ethics of
   Patient Referral Act. Practitioners are required to report the existence of
   financial relationships.

J. Nondiscrimination:
   Granting of clinical scope of practice functions shall not be denied on the
   basis of sex, age, race, creed, color, religion or national origin or handicap
   unrelated to the ability to fulfill patient care and required obligations, or on the
   basis of any criterion unrelated to the delivery of efficient quality patient care.

K. Reimbursement of Professional services:
   The independent practitioner must be licensed in a category which permits
   billing to Medicare, Medicaid and other major payment programs for
   professional services to patients rendered by such practitioners in a hospital
   or outpatient setting. The practitioner shall sign Medicare’s “Physician
   Acknowledgement Statement” which is maintained on file in his/her
   credentialing file.

L. Responsibility:
   The individual physician employer or the organization employer, or the
   hospital-employer shall assume responsibility and full accountability for the
   conduct of said individual within the applicable Medical Staff Bylaws, Rules
   and Regulations, and Allen Memorial Standard Operating Procedures.

ARTICLE IV GRANTING OF PERMISSION TO PRACTICE

A. Upon request, eligible applicants will be given an application for appointment to
   the Allied Health Staff, a request form for the granting of scope of practice
   functions/clinical privileges and a detailed list of requirements for completion of
   the application. The applicant will be provided access to a copy of the Allied
   Health Staff Manual.
   1. When employed by a physician organization, a physician member with
      whom the practitioner will work, or the department chair (in the
      organization) shall sign the form.
   2. When employed by Allen Memorial Hospital, the Department Medical
      Director shall sign the form.
   3. When self-employed, a physician who is a member of the medical staff
      shall sign as recommending practice.

B. An application must be returned to the President/CEO or designee within 45 days
   of its provision; otherwise, the application will be deemed withdrawn.
C. The applicant has the responsibility and burden to complete the application and to provide all documentation requested in the application or in the application process. Documentation necessary to complete an application shall consist of the following:

1. Documentation of completion of applicable professional education and approved clinical rotation for which scope of practice functions are requested

2. Documentation of licensure/certification by the State of Iowa, if applicable.

3. Documentation of certification by national certifying organization, if applicable.

4. Evidence of current professional liability insurance with limits of liability in accordance with that stipulated by the Board of Directors of the Hospital;

5. The names of three (3) peers who have recently worked with the applicant, and have directly observed professional performance for at least one year, and who can and will provide complete, reliable information regarding current clinical activity and skill, professional and ethical character and ability to work with others;

6. Information regarding voluntary or involuntary revocation, suspension, reduction or non-renewal of membership status and/or clinical scope of practice functions at any other hospital or institution; whether membership in local, state or national organizations or license/certification to practice in any jurisdiction has ever been suspended or terminated and/or membership or clinical scope of practice functions or if any such action is pending.

7. Information relative to malpractice claims of record. This shall include pending or prior lawsuits and written claims alleging negligence by the applicant and a description of all monetary payments by or on behalf of the applicant.

8. Evidence of appropriate personal qualifications to include a record of applicant’s observance of ethical standards including, without limitation:
   a) abstinence from any participation in fee splitting or other payment, receipt or remuneration with respect to referral or patient service opportunities
   b) a record of professionally and harmoniously working with others within an institutional setting
   c) information regarding Medicare/Medicaid sanctions including both current and pending investigations and challenges
   d) information regarding any removal from a managed care organization’s panel for quality of care reasons or unprofessional conduct
   e) disclosure of any current clinical charges pending and any past charges and any convictions of misdemeanors or felonies

9. Previously successful or currently pending challenges to any licensure or registration (state or district, Drug Enforcement Administration) or the voluntary relinquishment of such licensure or registration;

10. Voluntary or involuntary termination of Allied Health Staff membership or voluntary or involuntary limitation, reduction, or loss of scope of practice functions at another hospital; or any investigations related to Allied Health Staff membership or scope of practice functions;
11. final judgments or settlements in a professional liability action involving
the individual or any pending professional liability lawsuits;
12. Documentation of tuberculin skin testing within the previous 12 months
and hepatitis B immunization. A history of BCG immunization is not a
contraindication for the test.
13. Confirmation that the applicant has the physical and mental ability to
perform the scope of practice functions requested.
14. Documentation of attendance at mandatory education programs, i.e.
Child/Adult Abuse, HIPAA.
15. Certification and re-certification in life saving techniques as required by
each Clinical Service Area in Article XVIII of the Medical Staff Rules &
Regulations.
16. Documentation of Continuing Education Credits for the previous two (2)
years with part of them related to the scope of practice functions
requested.
17. Sufficient evidence of verification of identity, including a current
photograph;
18. Application fee

D. Period of Practice Activity
1. Practice activities shall be granted for CNM, CRNA, ARNP and Clinical
Psychologists initially as provisional, with a physician or a qualified peer
acting as proctor. The length of proctoring will be determined by the
proctor as to when he/she determines that the applicant functions
satisfactorily.
2. At the end of the six-month provisional status, the proctor shall perform an
appraisal of the practitioner's performance with a recommendation for
issuing regular activities, or continuing the provisional status. This is
submitted to the Credentials Committee for action.
3. After the completion of the provisional period, the Credentials and
Executive Committees will recommend to the Hospital Board the granting
of full permission to practice
4. A provisional period evaluation is not required for other practitioners, i.e.
PAs, other physician employed AHPs.

E. Processing the application: Upon receipt of a completed application, the
Medical Staff Office will seek to verify its contents and collect additional
information including but not limited to:
1. Completed reference questionnaires from significant past practice
settings;
2. Completed reference questionnaires from three peer references given by
applicant;
3. Verification of licensure/certification
4. A criminal background check
5. Confirmation with the Office of Inspector General (OIG) of eligibility for
participation in the Medicare/Medicaid programs will be performed.
6. Information from recognized practitioner reference or data banks
concerning the applicant’s educational or professional history or record.
F. **Clinical Service Area Chief Review**
When verification is completed, the application shall be reviewed by the specialty representative(s) and/or Clinical Service Chief(s). The Chief(s) may request interviews, additional information as needed. The application is then submitted to the Credentials Committee for membership and scope of practice consideration, along with comments for additional information, etc.

G. **Medical Staff Credentials Committee Evaluation**: The Credentials Committee shall examine the submitted evidence, along with comments from the reviewer(s) and determine whether to accept the recommendation(s), request additional information or continue an investigation. When all concerns/questions have been completed, the Credentials Committee will forward its recommendation to the Medical Staff Executive Committee for scope of practice functions. The Credentials Committee may defer making a recommendation to the Medical Staff Executive Committee, pending completion of the investigation or gathering of additional information for up to sixty (60) days.

H. **Medical Staff Executive Committee**: At its next regular meeting after receiving the report of the Credentials Committee, the Medical Staff Executive Committee shall formulate a recommendation to the Board of Directors of the Hospital. If unfavorable, the procedure specified in Article VII Procedural Rights shall be followed.

I. **Final action by the Board**: The President of the Medical Staff shall forward all recommendations, along with all supporting documents to the Board of Directors of the Hospital. Within thirty (30) days after receipt of all recommendations, the Board of Directors of the Hospital shall make the final decision concerning appointment to the Allied Health Staff. The President/CEO of the Hospital will notify the practitioner in writing of the Boards decision. If the decision of the Board is unfavorable and the practitioner is unwilling to adhere to the decision, the practitioner may exercise the rights available under Article VII Procedural Rights.

J. **Withdrawal**: By submission of a written notice, an applicant may at any time withdraw his/her application from further consideration in which case the application shall not be transmitted to the Board of Directors of the Hospital for action.

**ARTICLE V REQUEST FOR ADDITIONAL SCOPE OF PRACTICE FUNCTIONS/CLINICAL PRIVILEGES**

An Allied Health Staff member with scope of practice functions/clinical privileges may apply for new or additional functions. The member must apply in writing and present documentation of background, education and current skill commensurate with the requested functions.

The application shall be submitted to the Administrative Offices and is then forwarded to the Credentials Committee. The Credentials Committee may request a meeting with the applicant and will review the submitted documents. The Credentials Committee shall request the appropriate clinical service chief to review and make recommendations for privileges. If the new procedure or activity will be further considered, the Credentials Committee will establish guidelines or standards
which must be satisfied by an applicant before the privilege or activity may occur in
the Hospital. These standards may include:

- Documented participation at a recognized continuing medical education course
teaching the new procedure.
- Hands-on laboratory involvement where appropriate.
- Subsequent supervision by a physician previously trained in the new procedure
  for a minimum number of actual human cases.
- Documentation of performance during a conditional period of time.
  Documentation may include the number of cases done, indications, outcomes
  and any complications so that regular privileges for the procedure can be
  granted.

The standards or guidelines for a new procedure or activity will apply to requests
received after the Credentials Committee begins consideration and development of
the standards or guidelines. All future reappointment decisions will be based upon
the standards recommended by the Credentials Committee.

**Executive Committee:** When approved by the Credentials Committee, the
recommendation is submitted, via the minutes to the Medical Staff Executive
Committee. If the report is adverse, the applicant will be entitled to a hearing
pursuant to the Allied Health Procedural Rights.

**Board review:** The recommendation from the Medical Staff Executive Committee is
sent to the Board of Directors of the Hospital for approval.

**ARTICLE VI REAPPOINTMENT PROCEDURES**

**A. Reappointment Entitlement**
Nothing contained in the Bylaws or supporting manuals creates any entitlement
to or expectation of reappointment or continued appointment as an Allied Health
Staff appointee or for scope of practice functions.

**B. Information Collected From Staff Appointees**
The re-application process for all AHPs shall be performed every two years. On
or before 90 days prior to the date of expiration of an Allied Health Staff
appointment, the staff office notifies the appointee of the date of expiration. At
least 60 days prior to this date, the appointee furnishes to the Medical Staff
Office, in writing:
1. complete information to update his/her file on items listed in the original
   application;
2. a specific request for the scope of practice functions/clinical privileges sought
   on reappointment, with any basis for changes
3. Documentation of tuberculosis screening as required by Allen Hospital
   policies and procedures.
4. Current certification in live saving techniques as outlined in the Medical Staff
   Rules & Regulation Article XXII.
The medical staff office verifies this additional information, and notifies the allied health staff appointee of any information inadequacies or verification problems. The allied health staff appointee has the burden of producing adequate information and resolving any doubts about the data.

Failure, without reasonable cause as determined by the Credentials Committee, to provide this information is deemed a voluntary resignation from the allied health staff and results in automatic termination of appointment at the expiration of the term.

1. If the practitioner fails to submit his/her application for re-appointment within the allotted time to allow the activities to be completed before the expiration date of his/her appointment, he/she will voluntarily relinquish all scope of practice functions and will have to re-apply. The Allied Health Procedural Rights is not applicable for this case.

2. If the practitioner reapplies, the completed reapplication form and other requested data shall be returned to the President of the Hospital within thirty (30) days of receipt. The request for renewal of scope of practice functions must list specifically the scope of practice functions, not just an indication that the same scope of practice functions as in the prior appointment are requested. A reapplication form will be considered complete when all of the information and required requests from pertinent bodies have been received.

C. From Internal and/or External Sources
The medical staff office, or designee, collects from each staff appointee’s credentials file and other relevant sources information regarding the individual’s professional and collegial activities, performance and conduct in the Hospital and/or other hospitals. Such information includes, without limitation: patterns of care as demonstrated in findings of quality assessment activities; medical records/hospital reports, including reports of violations of the Medical Staff medical record completion policy; compliance with appropriate patient and Hospital employee relations, risk management and malpractice prevention procedures; compliance with all applicable bylaws, manuals, policies, rules, regulations and procedures of the Hospital and Medical Staff.

D. Clinical Service Area Chief Review
An appraisal of the member’s competence will be conducted by the Clinical Service Area Chief or designee. This shall include the submitted request for scope of practice functions, along with the practitioner’s “performance profile report”. The performance profile will include a review of utilization management, peer review, quality assessment records and reports, variance reports, procedure complications, concerns regarding patient care.

E. Credentials Committee Action
The Credentials Committee reviews the appointee’s file and all relevant information and then forwards to the Medical Executive Committee for formal recommendation to the Board a report with recommendations for reappointment and for changes in staff category, Clinical Service Area assignment and clinical scope of practice functions. The Committee may defer action for not more than sixty (60) days.
F. Medical Executive Committee Action
The Medical Executive Committee reviews the Credentials Committee recommendations, adds any additional information or comment to the recommendations as are indicated or appropriate, and communicates a formal recommendation to the Hospital Board of Directors.

G. Final Processing And Board Action
If the decision of the Board is favorable, the President/CEO of the Hospital will notify the practitioner in writing. If the decision is negative, the President/CEO will notify the practitioner in writing by special notice. If the practitioner is unwilling to adhere to the Board’s decision, he/she may exercise the rights available under the Allied Health Procedural Rights.

H. Resignation
The Allied Professional’s scope of practice functions/clinical privileges are cancelled when the physician-employer resigns from the Medical Staff or when the Allied Health Professional leaves the employ of the physician.

ARTICLE VII PROCEDURAL RIGHTS

A. Procedural Rights of an independent practitioner:
1. The hospital retains the right by action of the Board, the Hospital President/CEO, the President of the Medical Staff, and/or the Credentials Committee to deny privileges, suspend or terminate any or all practice activities or functions of an allied health practitioner when his/her work is not in accordance with the established policy/procedure or is not in accordance with imposed limitations.
2. In addition, an AHP’s violation of any staff or hospital rule, policy or procedure relating to the practitioner's category may be grounds for automatic and permanent revocation of the AHP's affiliation of specific privileges.
3. Criteria for initiating: Criteria for initiating routine or automatic suspension of practice activities are the same as provided in the Medical Staff Fair Hearing Plan for instituting such action against a medical staff member.
4. Notification
   a) When disciplinary action is proposed or taken, the President of the hospital or his/her designee shall promptly notify the AHP, and his/her employer, unless self-employed. When employed by the hospital, the Medical Director of the Service shall be notified.
   b) The practitioner shall be notified in writing (by certified mail) of this action. The notice shall include a general statement of the reasons for the action and shall advise the individual that he/she may request a meeting with the Credentials Committee within thirty (30) days from receipt of the notice to submit a written request for the meeting.
   c) The meeting shall be informal and shall not be considered a hearing.
   d) A practitioner who fails to request the meeting within the time and in the manner specified waives the right to the review. The practitioner shall be notified by certified mail that the recommended action be forwarded to the Board of Directors.
5. **Meeting Process**

   a) If a meeting with the Credentials Committee is requested by the practitioner, the meeting shall be scheduled to take place within ten (10) days of the receipt of a request for a meeting, or as soon thereafter as reasonably possible.

   b) The committee shall also include, for the purpose of this meeting, an AHP holding the same or similar license or certificate as the affected AHP, if available, the Hospital CEO or his/her designee, the Clinical Service Chief and other Credentials Committee members as appropriate. Other persons as the Credentials Committee Chair and/or the Hospital CEO may be invited as deemed appropriate.

   c) Before the meeting, the affected AHP shall be informed of the general nature of the circumstances giving rise to the action or proposed action and at the meeting, the AHP may present information relevant thereto.

   d) A record of the findings of such discussion shall be made. A report of the findings with the Credentials Committee's recommendations shall be made to the Executive Committee which shall make its recommendation to the Board of Directors.

   e) The decision of the Board of Directors shall be final and binding.

B. **Procedural Rights of a “Dependent Practitioner”**

   1. In the event that a recommendation is made that the practitioner's previous scope of practice functions be restricted, terminated or not granted, the AHP and his/her employer shall be notified in writing of the action. The employer shall have the right to file a written request for a meeting with the Credentials Committee within fifteen days (15) of such action.

   2. Upon receipt of such request, the meeting shall be scheduled to take place within a reasonable time frame.

   3. The meeting shall be informal and shall not be considered a hearing. The practitioner and his/her supervising/sponsoring physician shall both be permitted to attend and participate in the discussion.

   4. Following the meeting, the Credentials Committee shall make its recommendations to the Medical Staff Executive Committee and the Board of Directors for final action.

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**ARTICLE VIII PHYSICIAN/EMPLOYER RESPONSIBILITIES**

A. For dependent practitioners, the physician shall designate in writing, a physician who will supervise the individual in the absence of the sponsoring physician.

B. The employer is responsible to provide all the required educational programs, i.e. Adult/Child Abuse, Bloodborne pathogens, Cardiopulmonary Resuscitation, EMTALA, Safety, etc. as required by the Hospital. The records shall be made available upon request of hospital or medical staff representatives.

C. The employer shall be responsible for all medical requirements, i.e. tuberculin screening, hepatitis B immunization, complete physical within 5 years, etc.

D. The employer shall furnish evidence of professional licensure, liability insurance coverage each time the specific entity is renewed.

E. The employer shall sign and file with Administration a notarized affidavit stating the assumption of responsibility for any and all acts of the employee and agree to full compliance with the standards for utilization of such persons in the hospital.
ARTICLE IX MEDICAL STAFF ACTIVITIES

A. Committees:
The AHP may be requested to serve on committees when so appointed with a vote is so specified by the appointed authority.

B. Meetings:
1. The independent practitioners (CRNA, CNM, ARNP, Clinical Psychologist) are encouraged to attend department meetings and participate in discussion regarding patient care. They may participate in the quality review activities of their peers.
2. Independent Practitioners may and are encouraged to attend the clinical, scientific and educational meetings of the medical staff.
3. Dependent practitioners may attend the general medical staff educational meetings as indicated by the program and with the employer’s approval.
4. Hospital-employed AHPs are required to attend hospital departmental meetings as indicated by the Department Director.
5. Voting: AHPs do not have voting functions, either on departmental issues or in the election of medical staff officers. As approved by the Clinical Service Chief, they may vote on issues concerning their functions.

ARTICLE X PATIENT CARE PRACTICES

A. Each practitioner shall practice within the scope of practice functions/privileges granted by the Board of Directors of Allen Memorial Hospital.

B. An “Independent practitioner may be independently licensed to practice by the State of Iowa, but at Allen must work under the supervision or in collaboration with a physician who is a member of the Allen Medical Staff.

C. The practitioner shall have access to patient's medical records, make entries, initiate orders for medications, treatments, and studies and perform examinations within the scope of his/her functions.

D. Independent practitioners (CRNA, CNM, ARNP)
1. Written, telephone or verbal orders may be given by an independent practitioner and shall be acted upon by nursing or other caregivers.
2. A Clinical Psychologist may not write orders for treatment, but make recommendations to the attending physician in the progress notes.
3. Patient care orders and other entries in the medical record do not require a signature of a physician.

E. The practitioner shall document in the physician progress notes, a record of his/her visit with findings of the examination/discussion.

F. Dependent practitioners (persons other than independent practitioners listed in item D above) - All orders for medication and treatment require the verbal/telephone consent of the physician and shall be signed by the physician within the time limit as stated in the Medical Staff Rules and Regulations.

G. It is the obligation of the AHP to prepare and complete in a timely fashion those portions of patients’ medical records documenting services provided and any other required reports.

H. The patient visits by an AHP does not negate the requirement of a daily physician visit. (Exception: CRNA post-operative visit and CNM visits)


ARTICLE XI ABBREVIATIONS

AHP     Allied Health Professional  
ARNP    Advanced Registered Nurse Practitioner  
CNM     Certified Nurse Midwife  
CRNA    Certified Registered Nurse Anesthetist  
LPN     Licensed Practical Nurse  
RN      Registered Nurse  
ORA     Operating Room Technician  
PA      Physician Assistant  
Tech    Technician  

ARTICLE XII REVIEW, REVISION, APPROVAL

A. The contents of this manual shall be reviewed at least every two years in order that they reflect current standards of practice.

B. Revisions shall be submitted to the Medical Staff Credentials Committee which is then submitted to the Medical Staff Executive Committee and the Board of Directors for approval.

   Adopted by the Medical Staff Credentials Committee November 1, 2011.

____________________________________________
Chair, Medical Staff Credentials Committee

   Adopted by the Executive Committee of the Medical Staff November 8, 2011.

____________________________________________
President, Medical Staff of Allen Memorial Hospital

   Approved by the Executive Committee/Board of Directors November 17, 2011.

____________________________________________
Chair, Allen Memorial Hospital Board of Directors