

**Medical Staff Policy
Genesis Health System**

Policy Title:	ALLIED HEALTH PROFESSIONALS AND ADVANCED PRACTICE PROFESSIONALS	Effective Date:	6/15/11
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Department:	Medical Staff		
Owner Title:	President, Medical Staff	Review Cycle:	Triennial

Owner Signature:

Page 1 of 7

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President Medical Staff - Davenport



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President Medical Staff – Silvis



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I. POLICY:

Allied Health Professionals (AHPs) and Advanced Practice Professionals (APPs) are individuals who are required by law or by the hospital to have physician supervision in the performance of patient care services at the Genesis Medical Centers.

Provisions of this policy do not include psychologists and dentists.

II. APPLICABLE HEALTH SYSTEM ENTITIES:

☐ All GHS Business Units:

- ☐ Crescent Laundry
- ☐ Crosstown Square
- ☐ Genesis Accountable Care Organization
- ☐ Genesis Convenient Care
- ☐ Genesis EAP
- ☐ Genesis FirstMed Pharmacy
- ☐ Genesis Family Medical Center
- ☐ Genesis Health Group
- ☐ Genesis Health Group, Aledo Rural Health
- ☐ Genesis Health Group, Erie Rural Health
- ☐ Genesis Health Services Foundation
- ☐ Genesis Home Medical Equipment
- ☐ Genesis Hospice

- ☒ Genesis Medical Center, Aledo
- ☒ Genesis Medical Center, Davenport
- ☒ Genesis Medical Center, DeWitt
- ☒ Genesis Medical Center, Silvis
- ☐ Genesis Occupational Health
- ☐ Genesis Philanthropy
- ☐ Genesis Psychology Associates
- ☐ Genesis VNA
- ☐ Genesis Workers Comp Plan & Trust

III. APPLICABLE ORGANIZATIONAL ROLES:

All

IV. PURPOSE:

In addition to laying out the steps for application and reapplication of AHPs/APPs, this policy further defines AHP/APP roles and responsibilities at the Genesis Medical Centers.

Provisions of this policy do not apply to dentists and psychologists.

V. DEFINITIONS:

The following AHPs/APPs will be privileged and credentialed via the organized medical staff's privileging process. The elements of the privileging process will be applied whether the AHP/APP is employed by the health system or not.

Advanced Practice Registered Nurse (APRN): This includes Advanced Registered Nurse Practitioner (ARNP), Advanced Practice Nurse (APN), and Doctor of Nursing Practice (DNP). Nurse with current active licensure as a registered nurse in Iowa or Illinois who is prepared for advanced practice nursing through one or all of the following:

- Graduation from a program leading to a master's degree or post master's degree in a nursing clinical or specialty area with preparation in specialized nurse practitioner skills.
- Certification by the appropriate national certifying organization for the specialty area and evidence of active recertification in order to renew the license to practice as an APRN.
- Specific APRN specialties include:
 - Certified Nurse Practitioner (CNP) and Clinical Nurse Specialist (CNS): These APRNs are educated and practice at an advanced level to provide care in a wide range of primary and acute care settings. These APRNs have separate national competencies and unique certifications.
 - Certified Nurse Midwife (CNM): A Certified Nurse Midwife is an individual educated in the two disciplines of nursing and midwifery, who possesses evidence of certification according to the requirements of the American College of Nurse Midwives, adopted 1978 and 1992.
 - Certified Registered Nurse Anesthetist (CRNA): A RN who has satisfactorily completed an accredited nurse anesthesia training program who possesses evidence of certification according to the American Association of Nurse Anesthetists and is licensed in the State of Iowa or Illinois to perform duties as a CRNA. CRNAs at GMC-DeWitt are not required to have a supervising physician.

Physician Assistant (PA-C): Applicant will have graduated from an accredited PA program (or equivalent education and training) and will have passed the national certifying exam conducted by the National Commission on the Certification of Physician Assistants or its successor.

Supervising Physician: A physician licensed to practice medicine in all of its branches under the Medical Practice Act and who is the primary Supervising Physician of the AHP/APP. The Supervising Physician must be privileged at the applicable hospital. No more than five PA-Cs shall be supervised by a Supervising Physician.

Alternate Supervising Physician: An Alternate Supervising Physician is any physician designated by the Supervising Physician to provide supervision in the event that he or she is unable to provide that supervision. The Alternate Supervising Physician shall maintain the same responsibilities as the Supervising Physician.

Level of Physician Supervision: AHP/APP experience (Novice, Intermediate, Expert) determines level of physician supervision as outlined in this policy.

VI. GENERAL CONSIDERATIONS:

1. The Supervising Physician is responsible for supervising the clinical privileges of the sponsored AHP/APP.
2. AHPs/APPs shall be assigned to the clinical department of their Supervising Physician where clinical departments exist and shall be granted delineated privileges as recommended by that Section Chief/Clinical Department, endorsed by the Credentials Committee/MEC and approved by the Board of Directors.
3. Where there are no clinical departments AHPs/APPs will be granted appropriate delineated privileges as recommended by the Supervising Physician, endorsed by the Credentials Committee/MEC and approved by the Board of Directors.
4. Medical Affairs is responsible for processing appointment and reappointment applications and for ensuring appropriate orientation is provided to the AHP/APP.

VII. PRACTICE:

1. AHPs/APPs are not members of the Medical Staff.
2. AHPs/APPs shall wear an identification badge at all times while in the hospital and introduce themselves to patients and patient care staff by their professional title and Supervising Physician. The AHP/APP shall introduce themselves with their respective title as Nurse Practitioner, Nurse Midwife, Nurse Anesthetist, or Physician Assistant.
3. AHP/APP attire while working in the hospital shall be consistent with attire considered appropriate for and preferably, identifiable with patient care.
4. It is the responsibility of the Supervising Physician and the AHP/APP to establish a collaborative agreement where it is required by State and Federal Regulations. Supervisory/ collaborative agreements must be maintained in the AHP/APP's department or clinic.
5. Privileges granted to AHPs/APPs are dependent upon a current valid Supervising Physician. AHP/APP privileges will be terminated immediately in the absence of a Supervising Physician.
6. No AHP/APP shall be granted privileges in excess of those permitted by provisions of the Iowa or Illinois Statutes.
7. AHPs/APPs with appropriate training, qualification and licensure shall practice in accordance with their delineation of privileges.
8. No AHP/APP shall, at any time, perform any procedure, which is listed as an operation in the most recent edition of the ICD-10-PCS except those procedures, which are specifically listed on the delineation of privileges and approved by the Board of Directors.
9. AHPs/APPs whose anticipated privileges involve duties and/or functions normally required of members of an established hospital departmental division, such as the Division of Patient Services, shall meet requirements of that department or division prerequisite to performance of said duties and/or functions. Verification of the satisfaction of these requirements will be sought from the hospital department by the Office of Medical Affairs, on behalf of the Departmental Service Committees and/or the Credentials Committee of the Medical Staff.
10. AHPs/APPs credentialed to scrub on surgical procedures shall be accountable to the Leadership of Perioperative Areas or the leader's designee for adherence to the policies and procedures of all perioperative areas.
11. Any patient care activity normally considered a function of the hospital staff but carried out by an AHP/APP must be accurately and completely documented in the patient's medical record.

GENESIS HEALTH SYSTEM
ALLIED HEALTH PROFESSIONALS AND ADVANCED PRACTICE PROFESSIONALS

12. Complaints arising from the privileges of the AHP/APP shall be referred to the Supervising Physician and to the Department Chair (where departments exist). If there are no departments, complaints will be referred to the President of the Medical Staff. Additionally, complaints related to privileges of AHPs/APPs who are Registered Nurses employed by Genesis Medical Center, Davenport, shall be referred to Nursing Internal Affairs for investigation by a panel that includes an Advanced Practice Registered Nurse. (See also VIII. 7, 8, 9, 10)
13. In all instances, it is expected that the AHP/APP will act in consultation with the Supervising Physician.
 - a. Admission, consultation, and daily rounds may be performed independently by the AHP/APP with supervision. The Supervising Physician is attributed to the encounter.
 - b. The Supervising Physician shall document AHP/APP supervision on a daily basis in the Electronic Medical Record (EMR).
 - c. The Supervising Physician shall be involved in discharge planning. The AHP/APP may not independently discharge patients from the hospital.
 - d. The Supervising Physician shall practice in the same specialty as the AHP/APP and hold like privileges as defined by federal and state regulations.
 - e. Physician supervision exceptions may exist for AHP/APPs practicing in Psychiatry and the Emergency Department, for CRNAs, and for CNMs. The exceptions will be defined in the delineation of privileges.
14. The Credentials Committee establishes entry level of supervision at the time of initial appointment. Level of expertise shall be Novice, Intermediate or Expert and is monitored by Medical Affairs.
15. In those locations where clinical departments exist, it is the responsibility of the clinical department with approval of the Credentials Committee and Medical Executive Committee to evaluate the AHP/APP's clinical competence and scope of practice. This recommendation will be forwarded to MRC prior to final ratification by the Governing Board. The AHP/APP will then be subject to the same form of clinical review as the Supervising Physician. Where there are no departments, the Credentials Committee and the MEC will perform this evaluation.
16. Reappointment Process: Each AHP/APP shall be reviewed for reappointment on a biennial basis. Upon request, each AHP/APP shall submit a completed reappointment application form, including requested clinical privileges, to the Medical Affairs Department. This application shall also include a signed statement by the Supervising Physician where one exists, attesting that the AHP/APP is competent and qualified to perform the privileges being requested, and that supervision will include professional and legal responsibility for all services provided by the AHP/APP while under his/her supervision. In circumstances where there is insufficient data available or no Supervising Physician, a peer recommendation will be obtained. Peer recommendations are obtained from an AHP/APP in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice. In situations where there is no available AHP/APP of the same discipline with personal knowledge of the AHP/APP; it is acceptable for a physician whose qualifications include, or who has personal knowledge of the AHPs/APPs spectrum of practice to provide a peer recommendation.

VIII. PROCEDURE:

1. An application for AHP/APP privileges shall be initiated by the Supervising Physician and submitted to the Medical Affairs Department. Each application shall include the AHPs/APPs education, background, training, experience and any licensure, certification and malpractice liability insurance documentation commensurate with that required by the Bylaws and completed delineation of privileges. The application, including a statement that the Supervising Physician will accept full responsibility for the professional and ethical conduct of the AHP/APP while working in the hospital, shall be signed by the Supervising Physician, unless an exemption to this policy has been granted in which case the MEC will assume the responsibility.

GENESIS HEALTH SYSTEM
ALLIED HEALTH PROFESSIONALS AND ADVANCED PRACTICE PROFESSIONALS

2. Following verification of all documents and receipt of requested reference letters, the completed application shall be forwarded for evaluation and verification of the AHPs/APPs qualifications as follows:
 - a. Davenport Campus: Route to the primary Clinical Department Chair of the Supervising Physician, to the Chief Nursing Officer (APRN Only), and to the Credentials Committee Chair for evaluation and verification of the AHPs/APPs qualifications-
 - b. Silvis Campus: Route to Chief Nursing Officer (APRN Only) and appropriate Section Chief/Department Chair for evaluation and verification of the AHPs/APPs qualifications
 - c. Aledo Campus: Route to Chief Nursing Officer (APRN Only) and Credentials Chair
 - d. DeWitt Campus: Route to Chief Nursing Officer (APRN Only), Medical Staff President/Credentials Chair and MEC Secretary
3. Recommendations from the appropriate parties as outlined in Procedure 2, shall be forwarded to the Credentials Committee (if applicable to the entity) for recommendation to the Medical Executive Committee (MEC), which shall make final recommendation to the Board of Directors regarding requested privileges.
4. Novice AHP/APP:
 - a. There will be direct supervision by the Supervising Physician or expert AHP/APP. The Supervising Physician or expert AHP/APP is physically present within the hospital/facility, on the same campus and is immediately available to provide direct supervision.
 - b. The Supervising Physician will co-sign the EMR daily. The patient is seen and examined every 24 hours by the Supervising Physician.
 - c. The requirement to move to the intermediate level includes satisfactory completion of Focused Professional Practice Evaluation (FPPE). Application for change in level of supervision shall be requested by the Supervising Physician and approved by the Department Chair and the appropriate Peer Review Committee.
 - d. For the GMC-Davenport Emergency Department:
 - i. The AHP/APP will have completed at least 500 hours (approximately three (3) months full time) of Emergency Department experience prior to move to Intermediate level.
 - ii. In addition to satisfactory completion of the FPPE, application for change in level of supervision shall be requested by the Department Chair and approved by the appropriate Peer Review Committee.
 - iii. All charts will be co-signed by a supervising physician or Expert AHP/APP.
5. Intermediate AHP/APP:
 - a. There will be indirect supervision with direct supervision available by the Supervising Physician or Expert AHP/APP. The Supervising Physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone, and/or electronic modalities, and is available to provide direct supervision per the Medical Staff Rules and Regulations. The Supervising Physician shall be available to respond within 15 minutes and can be directly available within 30 minutes when needed.
 - b. The Supervising Physician will co-sign the EMR daily. The patient is seen and examined by the Supervising Physician every 24 hours.
 - c. The requirement to move to the Expert level includes completion of at least one full year of full-time practice in their current specialty. FPPE and Ongoing Professional Practice Evaluation (OPPE) have been satisfactorily completed. Application for change in level of supervision shall be requested by the Supervising Physician and approved by the Department Chair and the appropriate Peer Review Committee.
 - d. For the GMC-Davenport Emergency Department:
 - i. The AHP/APP will have completed an additional 1000 hours (approximately six (6) additional months) for a total of 1500 hours or nine (9) months of Emergency Department experience prior to move to Expert level.
 - ii. In addition to satisfactory completion of FPPE and OPPE, application for change in level of supervision shall be requested by the Department Chair and approved by the appropriate Peer Review Committee.

GENESIS HEALTH SYSTEM
ALLIED HEALTH PROFESSIONALS AND ADVANCED PRACTICE PROFESSIONALS

- iii. All charts will be co-signed by the supervising physician for cases that require consultation as outlined in the Emergency Department Advanced Practice Professional Privilege Delineation.
6. Expert AHP/APP:
 - a. There will be indirect supervision with direct supervision available by the Supervising Physician. The Supervising Physician is not physically present in the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities and is available to provide direct supervision per the Medical Staff Rules and Regulations. The Supervising Physician shall be available to respond within 15 minutes and can be directly available within 30 minutes when needed.
 - b. The Supervising Physician will co-sign the EMR. The patient is seen and examined by the Supervising Physician within 24 hours of admission or consultation, then at least every third calendar day thereafter, or more frequently dependent on the patient's clinical condition. The Supervising Physician will participate in the discharge plan.
 - c. The AHP/APP may follow their Supervising Physician's patients without Supervising Physician visits if the Attending Physician is seeing the patient daily. The Attending and Supervising physician must mutually agree.
 - d. The AHP/APP's Supervising Physician will be available by telephone.
 - e. For the GMC-Davenport Emergency Department:
 - i. All charts will be co-signed by the supervising physician for cases that require consultation as outlined in the Emergency Department Advanced Practice Professional Privilege Delineation.
7. Physician co-signature indicates agreement with documented findings and plan of care of the AHP/APP. If supervising physician documents AHP/APP supervision in another form, co-signature of the AHP/APP's note is not required.
8. AHPs/APPs are not members of the Medical Staff and the right of fair hearing or appellate review specified in the Medical Staff Bylaws do not apply.
9. If the recommendation from the MEC is for denial or revocation of requested privileges, the AHP/APP and the Supervising Physician (where applicable) will be notified. The AHP/APP and Supervising Physician (where applicable) may appeal this recommendation to the MEC at a special meeting, to be convened within thirty (30) working days of the notification. The MEC then offers an opinion on the appeal, and notifies the AHP/APP and the Supervising Physician (where applicable) within five (5) working days of the special meeting outcome. This recommendation is considered final, and will be forwarded to the Board of Directors for final action.
10. Concerns over the provision of care by AHPs/APPs will be referred to the appropriate Section Chief/Departmental Chair where such exist. If they do not, concerns will be referred directly to the MEC. The Supervising Physician will also be notified (where applicable). Investigation of such concerns will be handled in accordance with the Medical Staff Peer Review Policy and will include a review of the Nursing Internal Affairs' investigative report if applicable. If the Section Chief/Service Committee believes the concerns are founded, the concern is forwarded to the MEC. The MEC will make a determination of action. If the determination is adverse, the AHP/APP and Supervising Physician (where applicable) will be notified and may appeal under Procedure 8 above, with final recommendation rendered by the MEC and referred to the Board of Directors for final action.
11. Action of the Department Chairperson (where departments exist) may include summary suspension of the AHP/APP privileges until review and recommendation can be made by the MEC at their next regular and sequentially scheduled meeting. The action of the MEC may be to recommend suspension, reduction or termination of the AHP/APP privileges, and the action recommended shall remain in effect pending final action by the Board of Directors. The Chief Executive Officer of the Hospital or his/her designee, after consultation with the Supervising Physician (where applicable), or President of the Medical Staff may likewise suspend AHP/APP privileges at any time for due cause pending completion of the above review process.

IX. REFERENCES:

American Association of Nurse Anesthetists (AANA), www.aana.com/crna/qualifications.asp
American Academy of Physician Assistants, March 18, 2005, www.aapa.org
American Nursing Association White Paper "Advanced Practice Nursing in Iowa"
Ophthalmic Medical Personnel
Iowa Board of Nursing, www.state.ia.us/nursing_practice.html
Iowa Chapter 327, Practice of Physician Assistants
Illinois Chapter 225, 225 ILCS 95, Physician Assistant Practice Act of 1987
Illinois Chapter 225, ILCS 65, Nursing and Advanced Practice Nursing Act
National Council of State Boards of Nursing (NCSBN.org) <https://ncsbn.org/aprn.htm>

X. SUPERSEDES:

Ancillary Personnel - GMC-DeWitt
Allied Health Professionals - GMC, Davenport & Silvis
Allied Health Professionals – GMC, Aledo

XI. CROSS REFERENCE:

Genesis Medical Centers Medical Staff Bylaws
Genesis Health System Rules and Regulations
Genesis Health System Developing Privilege Criteria Policy
Genesis Health System Focused Professional Practice Evaluation Policy
Genesis Health System Ongoing Professional Practice Evaluation Policy
Genesis Health System Peer Review Policy

XII. ENDORSEMENTS:

Genesis Medical Center Davenport Credentials Committee - 11/20/14, 6/04/15, 8/06/15, 11/16/15, 10/05/17, 5/3/19, 6/09/22
Genesis Medical Center Aledo Medical Executive Committee - 1/13/15, 6/09/15, 7/14/15, 10/13/15, 10/10/17, 5/14/19, 6/14/22
Genesis Medical Center Davenport Medical Executive Committee - 2/11/11, 5/13/11, 12/12/14, 6/12/15, 7/10/15, 11/13/15, 10/13/17, 5/10/19, 6/10/22
Genesis Medical Center DeWitt Medical Executive Committee - 3/4/2011, 5/3/11, 2/3/15, 6/02/15, 8/04/15, 10/06/15, 10/03/17, 5/07/19, 6/07/22
Genesis Medical Center Silvis Medical Executive Committee - 2/14/11, 5/9/11, 1/12/15, 6/08/15, 7/13/15, 10/12/15, 10/09/17, 5/13/19, 6/13/22
Medical Review Committee - 3/24/11, 5/26/11, 2/26/15, 6/25/15, 8/27/15, 11/19/15, 10/26/17, 5/23/19, 6/30/22
Genesis Health System Board of Directors - 3/5/15, 7/02/15, 9/03/15, 12/03/15, 11/2/2017, 6/06/19, 7/07/22