

**DAYTON CHILDREN'S HOSPITAL**  
**ALLIED HEALTH PROFESSIONAL MANUAL**

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# Allied Health Professional Manual

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## ALLIED HEALTH

Professional, technical, non-physician/non-dentist medical personnel may perform services for patient care and examinations as indicated and under appropriate supervision by member/members of the professional staff. The professional staff member shall have ultimate responsibility for patient care. The Allied Health Professional's duties and functions will depend upon their education, training, experience and competence in their respective fields.

Allied health personnel at Dayton Children's Hospital will be divided into two broad categories. The first includes those dependent health care providers who are licensed and who are granted permission to treat patients at DCH, under the supervision of their sponsoring physician/dentist. This group includes (but is not limited to) apheresis nurses, dental hygienists, scrub techs, perfusionists, hemodialysis nurses, transplant nurses. These individuals will function under a job description.

Allied health personnel in this category provide care to patients under the direct supervision of a physician or dentist. The Allied Health Professional Supervisory Committee (AHPSC) will review completed applications and supporting documents for this category. Once approved by the AHPSC, the individual will be notified of their approval to function at DCH, under the job description approved by the AHPSC. These AHPs shall be governed by the terms of employment (applicable to any DCH employee) or to the employing agency/physician/dentist (non-DCH employee). The process established to govern hearing and appeal rights for those AHPs who are privileged at DCH, does not apply to those AHPs who are granted permission to practice at DCH. A separate process applies to Allied Health Professionals, granted permission to practice and is summarized in this policy.

The second group of Allied Health Professionals is credentialed, privileged and reappointed through a professional staff process that has been reviewed and approved by the Board of Trustees. That process must, at a minimum:

1. evaluate the candidate's credentials
2. evaluate the candidate's current competence
3. include a focused professional practice evaluation at eight months after initial appointment; the APRN/PAs must be granted full privileges at this time.
4. include an ongoing professional practice evaluation every eight months as a process of quality improvement
5. include peer review
6. require communication with and input from individuals and committees, including Professional Staff Executive Committee, to make informed decisions regarding the applicant's request for privileges

This group includes (but is not limited to) Advanced Practice Registered Nurses (APRN) including nurse practitioners (certified and neonatal), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA) and physician assistant (PA). These individuals will function under a job description or scope of practice. If required by law, a standard of care arrangement is also necessary. It is the responsibility of the APRN/PA, if required, to obtain and keep current a Certificate to Prescribe (CTP) or Certificate to Prescribe - Extern (CTP-E) as well as a current DEA.

Prescriptive authority provisions must be specified in the Standard of Care Arrangement.

This group of Allied Health Professionals assumes considerable responsibility for the care of patients at DCH, in accordance with the state laws governing their practice and the applicable rules and regulations of DCH. Since Ohio law does not recognize these individuals as “independent licensed practitioners”, they are not identified as such for these documents.

The AHPSC will develop, review, revise and approve all forms and letters required for appointment and reappointment.

## **QUALIFICATIONS**

### **I. An Allied Health Professional who is seeking privileges shall:**

- a. show that a significant portion of his/her practice involves the care of children
- b. present evidence of current, valid professional liability insurance, the limits of which shall not be less than \$1,000,000 per occurrence of primary and/or excess coverage (may be personal or that of the sponsoring physician/dentist)
- c. comply with and conform to such criteria for determination of professional competence, as established by DCH:
  - a) documentation of education, training and experience, when required
  - b) documentation of licensure and certification, when applicable
  - c) documentation of certificate of authority, when applicable
  - d) copy of current CPR training
  - e) evidence of current training in OSHA, as mandated by DCH and within the past 12 months
  - f) evidence of training in universal precautions, as mandated by DCH and within the past 12 months
  - g) current job description or scope of practice (whichever is applicable)
  - h) DCH specific safety education packet
  - i) no record of exclusion or preclusion from participation in Medicare or Medicaid programs
  - j) no record of conviction of any felony or of any misdemeanor relating to the practice of your profession, other health care-related matters, third-party reimbursement, violence or controlled substances violations
  - k) documentation of a supervision agreement between the allied health professional and the supervising/employing physician/dentist, when applicable
  - l) satisfaction of all eligibility qualifications as related to the area of practice, and as deemed necessary by the governing board at DCH
  - m) maintenance of a current CTP or CTP-E as well as a current DEA certificate for APRNs who prescribe, maintenance of prescriptive authority for those PAs who prescribe as well as a current DEA.
  - n) a current and acceptable photograph must be provided at the time of initial appointment, and if necessary, a current and acceptable photograph must be provided at the time of reappointment.
  - o) at the time of initial appointment, a copy of a valid picture identification issued by a state, federal or regulatory agency is required for applicant identification (i.e. state drivers license).
  - p) documentation of a National Provider Identification number when applicable.
  - q) Fingerprint and Criminal Background Checks (refer to Policy in Allied Health Professional Manual).

## **QUALIFICATIONS**

- II. An Allied Health Professional who is seeking permission to practice shall:
- a. show that a significant portion of his/her practice involves the care of children
  - b. present evidence of current, valid professional liability insurance, the limits of which shall not be less than \$1,000,000 per occurrence of primary and/or excess coverage (may be personal or that of the sponsoring physician/dentist)
  - c. comply with and conform to such criteria for determination of professional competence, as established by DCH:
    1. documentation of education, training and experience, when required
    2. documentation of licensure and certification, when applicable
    3. copy of current CPR training
    4. evidence of current training in OSHA, as mandated by DCH and within the past 12 months
    5. evidence of training in universal precautions, as mandated by DCH and within the past 12 months
    6. current job description or scope of practice (whichever is applicable)
    7. DCH specific safety education packet
    8. no record of exclusion or preclusion from participation in Medicare or Medicaid programs
    9. no record of conviction of any felony or of any misdemeanor relating to the practice of your profession, other health care-related matters, third-party reimbursement, violence or controlled substances violations
    10. documentation of a supervision agreement between the allied health professional and the supervising/employing physician/dentist, when applicable
    11. satisfaction of all eligibility qualifications as related to the area of practice, and as deemed necessary by the governing board at DCH
    12. a current and acceptable photograph must be provided at the time of initial appointment, and if necessary, a current and acceptable photograph must be provided at the time of reappointment.
    13. at the time of initial appointment, a copy of a valid picture identification issued by a state, federal or regulatory agency is required for applicant identification (i.e. state drivers license).
    14. documentation of a National Provider Identification number when applicable.
    15. Fingerprint and Criminal Background Checks (refer to Policy in Allied Health Professional Manual).

## **RESPONSIBILITIES**

A Privileged Allied Health Professional shall:

1. not be eligible for professional staff membership
2. be assigned as a staff affiliate to an appropriate clinical department subject to department policy and procedures, when applicable
3. carry out his/her professional activities subject to such departmental policies and procedures
4. participate actively in departmental functions to which he/she is appointed/assigned including committee service, peer review activities, educational activities etc.
5. be a voting member, if appointed to a professional staff committee
6. comply with the corporate bylaws of DCH, as well as relevant policies and procedures
7. be entitled to a process for hearing and appeals (granted privileges at DCH), as defined in a subsequent policy entitled Hearing and Appeal Rights for Allied Health Professionals Privileged to Practice at DCH
8. All appointees to the Allied Health Professional Staff will be required to attend an educational session on the EPIC Clinical Information System (CIS) and successfully pass the proficiency exam.

## APPLICATION PROCEDURE

1. All Allied Health Professionals shall obtain an application from the office administrator for Allied Health Practice/designee at DCH. The appropriate application will be sent to the applicant. A completed application must be returned. Failure to provide the required information will deem the application incomplete and prevent any further action by the professional staff services office/designee, until the application is complete. Failure to complete an application within 180 days shall be considered as a formal withdrawal of the application, unless additional time is granted by the professional staff office/designee (with documented approval of at least one member of the AHPSC).
2. Once the completed application is received, the contents of the application will be verified and appropriate supportive documentation will be collected. For those Allied Health Professionals seeking “permission to practice”, the completed application will be reviewed by a minimum of three members of the AHPSC. If approved by the three reviewers, then the applicant will be so notified. Following the original approval for permission to practice at DCH, renewal of the permission to practice shall occur every two years (24 months). A written summary of the AHPSC recommendations will be forwarded to Professional Staff Executive Committee, for its information. If the Allied Health professional is denied “permission to practice” due to an incomplete application, there is no access to the Hearing and Appeal rights process.
3. Those individuals, who are seeking privileges at DCH, will also have their completed application processed by the professional staff services office/designee. Once the supportive documents are completed, the application will be presented to the AHPSC for review and approval. A minimum of three members of the AHPSC must approve the application. The three members who review the completed application are The Vice President for Medical Affairs/designee, The Vice President for Patient Care Services/designee and Clinical Nurse Specialist for Hospital Operations/designee. If the application is complete and if it meets all of the following criteria, the applicant is deemed a candidate for appointment and privileges;
  - a. The applicant has successfully completed the appropriate educational program with no disciplinary action during the educational program
  - b. The applicant has not changed practice location more than four times in the past 10 years (staff serving on active duty with the Uniformed Services can be exempted, at the discretion of The Vice President for Patient Care Services/designee
  - c. All information is easily verified
  - d. All references are completed and received within a reasonable time frame
  - e. All references contain only favorable information, including unqualified recommendations for appointment and clinical privileges
  - f. If the applicant has any malpractice claims/settlements, The Vice President for Medical Affairs/designee, the Vice President for Patient Care Services/designee and the CNS for Hospital Operations/designee must review the claims/settlements in light of what is reasonable for the specialty in question. If the number or nature of the claims/settlements is deemed to be unusual by any of the reviewers, alternate review of the application is required (see below)
  - g. There have been no involuntary terminations, limitations, reductions, denials or loss of appointment or privileges at any other hospital or entity, including licensing bodies
  - h. No member of the professional staff has raised any questions about the applicant’s qualifications
  - i. Review of information which seeks to confirm the ability of the applicant to perform the privileges requested and to meet the responsibilities of the appointment to the Allied Health Professional Staff fails to identify any concerns or questions
  - j. The applicant’s professional career and employment history is unremarkable in nature and free of any unexplained gaps

- k. The applicant has submitted a reasonable request for privileges based upon his/her education, training, experience and competence
  - l. The applicant has no record of conviction of any felony or of any misdemeanor relating to the practice of your profession, other health care-related matters, third-party reimbursement, and violence or controlled substances violations (except for minor traffic violations)
  - m. Available information suggests that the applicant is able to relate to others in a harmonious and collegial manner
  - n. The NPDB report and the AMA master file report fail to identify any problems
  - o. There exists no current or previously successful challenge to any license or registration
4. The applicant's name is forwarded to the Professional Staff Executive Committee for review and comment. The President and Chief Executive Officer/designee grants final approval of the request for privileges. The Board of Trustees is notified of the action taken by the CEO.
  5. In the event that an applicant fails to meet any one or more of the standards in Section 3, a through o, the application for appointment and privileges will be reviewed as follow:
    - a. The application will be reviewed by the entire Allied Health Professional Supervisory Committee
    - b. The application will be reviewed by the full PSEC
    - c. The application will be reviewed by the full Board of Trustees.
    - d. Following a recommendation by the Board of Trustees, the applicant will be notified of the decision of the Board or if the health status form is returned and the questionnaire reveals a disability, the reviewing individual will contact the applicant to determine if additional information is needed or a medical examination is required (refer to Credentialed Practitioner Health Policy)

### **Allied Health Staff Policy on Fingerprinting and Criminal Background Checks**

As part of the initial privileging/permission to practice process for allied health staff at Dayton Children's Hospital, all new members of the allied health staff shall undergo fingerprinting and an initial criminal background check. The fingerprinting will be done by the security staff at Dayton Children's and submitted to the Ohio Bureau of Criminal Identification and Investigation for processing. For individuals who have lived in Ohio for the preceding five years, a BCII check will be done. If the individual has lived outside of the state of Ohio in the last five years, an FBI background check will be completed as well. Completion of the fingerprinting and criminal background check is required for the initial application to be deemed complete for allied health professional staff committee review and approval. Otherwise the application will be considered incomplete.

If the criminal background check identifies any positive results, this information will be provided to the Allied Health Staff office for inclusion into the applicant's file. The Vice President for Hospital Operations and/or the Vice President for Medical Affairs will meet with the applicant and share the results of the background check. Once the interview is completed, the results will be provided to the Allied Health Professional Supervisory Review Sub-Committee for their review and action. At the present time, there are no plans to repeat criminal background checks. The cost of the initial fingerprinting and criminal background check, as well as subsequent background checks for employed staff will be the responsibility of the hospital, community staff will be billed to the professional staff office.

In the event that a allied health professional staff member has undergone fingerprinting and a criminal background check at the time of initial employment in the immediate area (such as with the military, Wright State University Boonshoft School of Medicine, another health care facility), the allied health professional staff member can provide documentation of the results (dated within six months of application for appointment) to the Allied Health Professional staff office from the employing organization. If these results are not available, then the process will be repeated at the

discretion of Dayton Children's. An acceptable alternate source of information must be provided prior to the initial appointment or the expiration date of the current reappointment, or the application will be deemed incomplete, preventing definitive action by the appropriate committees. With approval of this policy, all current Allied Health professional staff members grant permission to the Allied Health professional staff office to complete a criminal background check on them by using their social security number as the primary identifier.

Any allied health professional staff member can request a criminal background check be repeated on another member, if he/she becomes aware of probable cause. This request will be reviewed by and approved by the Chair of the Allied Health Supervisory Committee and/or the Vice-President for Medical Affairs.

*Reference:*

*Section 2151.86 of the revised Code of the State of Ohio requires that any entity that "employs or appoints" any person who provides out-of-home care to a child shall conduct a criminal records check of the person responsible for the child's care. This applies to individuals who are "appointed" to the staff of a children's hospital.*

**Health Status/Acceptance of Privilege**

All Allied Health Professionals shall obtain an application from the office coordinator for Allied Health Practice/designee at DCH. The appropriate application will be sent to the applicant. A completed application must be returned. Failure to provide the required information will deem the application incomplete and prevent any further action by the professional staff services office/designee, until the application is complete. Failure to complete an application within 180 days shall be considered as a formal withdrawal of the application, unless additional time is granted by the professional staff office/designee (with documented approval of at least one member of the AHPSC).

Once the completed application is received, the contents of the application will be verified and appropriate supportive documentation will be collected. For those Allied Health Professionals seeking "permission to practice", the completed application will be reviewed by the AHPSC. If approved by the committee, then the applicant will be so notified. Following the original approval for permission to practice at DCH, renewal of the permission to practice shall occur every two years (24 months). A written summary of the AHPSC recommendations will be forwarded to the professional staff executive committee, for its information.

Those individuals, who are seeking privileges at DCH, will also have their completed application processed by the professional staff services office/designee. Once the supportive documents are completed, the application will be presented to the AHPSC for review and approval. A minimum of three members of the AHPSC must approve the application. It will then be submitted to the professional staff executive committee for review and comment (including the Standard of Care Arrangement when applicable). The President and Chief Executive Officer (designee) grants final approval of the request for privileges.

The applicant shall receive a letter from the CNO/designee that the entire credentialing process has been completed and the Board of Trustees has approved his/her application for appointment and clinical privileges and outlining the responsibilities of APRN appointment (AHPSC Manual). The letter will inform the applicant that the appointment is conditional and will not become effective until: The applicant signs the letter agreeing to fulfill the responsibilities of the APRN appointment and to abide by the requirements listed in the AHPSC manual. The applicant returns the health status questionnaire which will be reviewed by the CNO/designee and a determination is made that the applicant is able to safely and competently exercise the clinical privileges requested.

## **INTERIM CHANGES IN HOSPITAL APPOINTMENT/PRIVILEGES APRNs/PAs**

During the interim between appointment and reappointment, changes in hospital appointment and/or privileges may be necessary. Examples include: change in the APRN/PA member's appointment category as described in these policies and procedures; automatic relinquishment of clinical and/or admitting privileges; ordinary corrective action; precautionary suspension.

### **A. Automatic Relinquishment of Privileges include:**

1. Failure to complete medical records: Clinical privileges are automatically relinquished and/or suspension from clinical duties occurs, in accordance with the *Policy on Completion of Medical Records by APRNs/PAs*.
2. Failure to be Adequately Insured: The lapse, termination, or reduction in coverage below the required minimum of a practitioner's professional liability insurance, shall result in the automatic relinquishment of clinical privileges. Relinquishment shall continue until the individual provides sufficient evidence of adequate insurance coverage and the Allied Health Professional Supervisory Committee recommends reinstatement of clinical privileges and these privileges are reinstated by the CEO of Dayton Children's Hospital.
3. Action by the State Licensing Agency: The revocation, suspension, relinquishment or restriction of a Practitioner's Ohio State Board of Nursing APRN's License, Ohio State Board of Medical Examiners PA license, or any lapse in licensure, shall result in automatic relinquishment of all clinical privileges. In the event an individual's license is restricted or is partially restricted, the clinical privileges that would be affected by the restriction or partial restriction shall be similarly restricted. When the matter is resolved and the license restored, the staff member may request reinstatement of clinical privileges. The Allied Health Professional Supervisory Committee recommends reinstatement of clinical privileges. These privileges are reinstated by the CEO of Dayton Children's Hospital.
4. DEA Registration: Appointment and clinical privileges shall be automatically relinquished for revocation, expiration, suspension, or placement of conditions or restrictions on a DEA license. The relinquishment takes effect upon notification to the hospital, and continues until the matter is resolved. If these matters cannot be resolved within 180 days, then an automatic resignation from the Allied Health staff will take place. If a nurse practitioner/physician assistant engages in any patient contact at the hospital after the revocation, etc., without notifying the hospital of the revocation, then the relinquishment is deemed to be permanent.
5. Criminal Activity: Any practitioner who is indicted on a felony charge shall notify the VP/CNE for Patient Care Services within 48 hours. Failure to do so shall constitute automatic relinquishment of clinical privileges. Such indictment shall result in relinquishment of clinical privileges unless the VP/CNE of Hospital Operation, the collaborating physician(s) of the APRN's/Medical supervisory physicians of the PA's recommends, and the CEO finds there are compelling reasons not to do so. Conviction of any felony or of any misdemeanor involving violations of law pertaining to controlled substances, illegal drugs, Medicare, Medicaid, or medical or health insurance fraud or abuse, or violence, or a plea of guilty or nolo contendere to charges pertaining to the same shall result in automatic relinquishment of all clinical privileges.
6. Failure to provide information pertaining to an individual's qualifications for appointment, reappointment or clinical privileges, in response to a written request from the Allied Health Professional Supervisory Committee, the Professional Staff Executive Committee, the CEO or any other committee authorized to request such

information. The automatic relinquishment stands until the information is provided. For the purpose of this section, "required information" shall mean: (1) physical or mental examination reports; (2) information necessary to explain any investigation, professional review action, or resignation from another health care facility; (3) information pertaining to professional liability actions.

7. Failure to attend a special conference when there is an apparent or suspected deviation from standard clinical practice involving any individual. Unless the individual is excused from the conference, failure to attend results in automatic relinquishment of all clinical privileges or the portion of the individual's clinical privileges as may be directed. The relinquishment remains in effect until the matter is resolved.
8. Medicare and Medicaid Participation: termination, exclusion, or preclusion by government action from participation in the Medicare or Medicaid programs shall result in automatic relinquishment of all clinical privileges. In the event the individual's participation is not fully reinstated by the expiration of the current appointment term, the individual will be deemed to have resigned from their position at that time.

As is the case with precautionary suspension, the collaborating physician or his/her designee is responsible to provide for alternative medical coverage or consultation for the patients of the affected staff member still in the hospital at the time of suspension. The wishes of the patient and/or family shall be considered in the selection of the alternative practitioner. If any automatic relinquishment extends for more than 180 days, the individual shall be deemed to have resigned from their position at that time.

### **TEMPORARY PRIVILEGES**

When appropriate, the Chief Executive Officer/designee may grant temporary clinical privileges for a limited period of time on the recommendation of the chairperson of the Allied Health Professional Supervisory Committee/designee, after consultation with the Allied Health Professional Supervisory Committee (if applicable). The VP for Hospital Operations/Designee or VP for Medical Affairs/Designee and President, CEO/Designee must sign the form to grant temporary privileges. Temporary privileges should not be granted to applicants on a routine basis, but may rarely be necessary to fulfill an important patient care need. Temporary privileges may be granted when deemed necessary to avoid significant undue hardship to the hospital, the professional staff or to patients. There are at least three specific sets of circumstances in which temporary privileges could be considered:

1. When there is an important patient care need that requires an authorization to practice, temporary privileges could be granted for: 1) provision of services to patients who, without the allied health professional would not receive services, 2) the purpose of proctoring or teaching another allied health professional, 3) a specific allied health practitioner who has the skills to provide care to patients that currently are not being served by other members of the professional staff. 4) Locum tenens.

### **REQUIREMENTS FOR TEMPORARY PRIVILEGES:**

For temporary privileges as a result of Section A, the following information is obtained and verified:

1. Current licensure
2. Relevant education, training and experience
3. Current competence is demonstrated
4. Ability to perform the privileges requested is confirmed

5. The results of the National Practitioner Data Bank query have been obtained and evaluated
6. A complete application is received
7. Other applicable criteria of the allied health manual are met
8. Malpractice coverage is confirmed
9. The individual agrees in writing to be bound by the applicable bylaws, the policies and procedures and the rules and regulations of the professional staff
10. Photo I.D.
11. Criminal Background Check
12. No current or previously successful challenges to license or registration and has not been subject to involuntary termination of membership or involuntary limitation, reduction, denials or loss of clinical privileges at another facility.

For temporary privileges as a result of Section 2:

The purpose of this section is to allow temporary appointment for those individuals who are awaiting formal action on their completed clean application, by the full board. To be eligible, these applicants must have complied with all of the terms of the application process. Such applications require review and recommendation by the Allied Health Professional Supervisory Committee. The Allied Health Professional Supervisory Committee chair then grants temporary privileges.

For temporary privileges as a result of Section 3:

Refer to the reappointment section in the clinical delineation documents as well as in the allied health professional application. To be eligible, the applicants must have a completed application and complied with all of the terms of the application process.

#### **PROVISIONS OF TEMPORARY PRIVILEGES:**

The granting of any temporary admitting and clinical privileges is a courtesy on the part of the Allied Health Professional Supervisory Committee and the hospital. Neither the granting, denial nor termination of such privileges shall entitle the individual concerned to any of the procedural rights provided in these policies with respect to hearings or appeals.

Temporary privileges shall be granted for a specific period of time as warranted by the situation. In no situation should the initial granting of temporary privileges be for a period exceeding 120 days.

Temporary privileges shall expire at the end of the time period for which they were granted or at any earlier time determined by the Chief Executive Officer, Allied Health Professional Supervisory Committee Chair or Board of Trustees in accordance with the Allied Health Manual.

#### **TERMINATION OR REVISION OF TEMPORARY PRIVILEGES:**

Temporary privileges shall be terminated or revised upon unfavorable recommendation by the Allied Health Professional Supervisory Committee. The President and Chief Executive Officer, or his/her authorized representative, in consultation with the Chairperson of the Allied Health Professional Supervisory Committee or his/her authorized representative, may terminate temporary privileges.

#### **REVISION OF EXISTING PRIVILEGES**

- A. An APRN/PA with existing privileges at Dayton Children's Hospital may choose to revise their clinical privileges. Any request to add to the current menu of privileges shall require the APRN/PA to notify the Allied Health Professional Supervisory Committee, in writing, of the request to expand the current privilege list. The Allied Health Professional Supervisory Committee will then provide the member with the change of privilege status document. The APRN/PA must review the change in status form delineation, indicate the privileges requested, sign and return the forms to the Allied Health Professional Supervisory Committee.

- B. The Allied Health Professional Supervisory Review Sub-Committee will then conduct a basic review of the status of the APRN/PA, including but not limited to:
  - review of compliance with the education and training required for eligibility
  - current status of Ohio license
  - current malpractice declaration page
  - current query to National Practitioner Data Bank
  - review by and recommendation of the collaborating physician or supervisory physician
- C. The request for revision of privileges will be handled as are streamlined appointment or reappointment applications, unless full review by all committees is recommended by any one or more of the following: the collaborating physician, the Allied Health Professional Supervisory Review Sub-Committee, the PSEC or the CEO.
- D. The revised privileges become effective when the appropriate approval process is completed. The CEO/designee will notify the individual.
- E. Any request to delete, modify or relinquish privileges will require an explanation by the practitioner that explains the reasons behind the request. Review and recommendation will be obtained by the collaborating or supervisory physician, before being reviewed by the chairperson of the AHPSC/designee, the entire PSEC, and the CEO (designee). The process for relinquishing privileges is addressed elsewhere in these documents, and takes precedence.

## **EMERGENCY MANAGEMENT CREDENTIALING PROCESS**

### **I. POLICY STATEMENT**

It shall be the policy of Dayton Children’s Hospital (the “Hospital”) to grant emergency privileges when the emergency management plan has been activated, and the organization is unable to handle the immediate patient needs.

### **II. PURPOSE STATEMENT**

It is the purpose of this Policy to outline the process for granting emergency privileges in the event of a disaster or emergent situation that has the potential to impact the ability of the currently credentialed medical staff to provide safe, high-caliber care.

### **III. PROCEDURE**

- A. During disaster(s) in which the emergency management plan has been activated, the following positions may grant emergency privileges when warranted by the nature of the crisis.
  - Chief Executive Officer or his/her designee
  - Vice President for Medical Affairs or his/her designee
  - Administrator on-call
  - Emergency Department physician currently working on the shift when the disaster occurs.
- B. The responsible individual(s) is not required to grant privileges to any individual and is expected to make such decisions on a case-by-case basis at his or her discretion.
- C. The responsible individual is expected to assess the extent of the disaster to determine the potential need for additional professional staff or allied health support. This individual will also need to consider whether the individuals offering support have the skills and competency that will aid in supporting patients involved in the disaster.

D. The individual identified in section III, A or their designee(s) may grant emergency privileges upon presentation of a valid picture ID issued by a state, federal or regulatory agency and any of the following:

- A current picture hospital ID card.
- A current license to practice and a valid picture ID issued by a state, federal or regulatory agency. This may be acquired by accessing the Ohio Board of Nursing via the Internet at <https://license.ohio.gov/lookup/default.asp?division=86> for Physician's Assistants access the Ohio Medical Board at <https://license.ohio.gov/lookup/default.asp>.
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT).
- Identification indicating that the individual has been granted authority to render patient care in emergency circumstances. Such authority having been granted by a federal, state or municipal entity.
- Presentation by current hospital or medical staff member(s) with personal knowledge regarding practitioner's identity.

The Professional Staff Office personnel, Quality Resource Management personnel or Administrative Office Coordinators may assume the responsibility for license verification when needed. Primary source verification of licensure will begin as soon as the immediate situation is under control, and if possible will be completed within 72 hours from the time the volunteer practitioner presents to the organization.

E. Supervision of the physicians or allied health members who are granted emergency privileges will be under the direction of the Vice President for Medical Affairs or his/her designee. Until the arrival of the Vice President for Medical Affairs or designee, the Emergency Room physician working on the shift at the time of the event will assume the supervisory role.

F. The supervisor will evaluate the professional performance of the volunteer practitioner. Depending on the nature of the disaster situation, the supervisor will have discretion as to the mechanism utilized for the evaluation process, i.e. direct observation, mentoring or clinical record review.

G. Once the emergent situation that necessitated the granting of these emergency privileges is over, the professional staff office/designee will immediately begin the process of credentialing the APRN, if he or she so desires, using the procedure for granting temporary privileges established by the hospital and professional staff.

## CREDEIALED PRACTITIONER HEALTH POLICY

### Policy Statement

Dayton Children's Hospital and its credentialed practitioner staff are committed to providing patients with quality care. For the purposes of this policy, credentialed practitioner is defined as, but not limited to, physicians, dentists, psychologists, APRNs, CRNA, CNS and PAs. The delivery of quality care can be compromised if a member of the credentialed practitioner staff is suffering from an impairment. Such an impairment could result from a physical, psychiatric, emotional or other condition. The credentialed practitioner has an obligation to protect patients from harm. Therefore, the credentialed practitioner in collaboration with organizational leaders have designed a process that provides education about credentialed practitioner health, addresses prevention of physical, psychiatric and/or emotional illness, and facilitates confidential diagnosis, treatment and rehabilitation of a credentialed practitioner staff member who suffers from a debilitating condition.

The purpose of this process is assistance and rehabilitation, rather than discipline, to aid a credentialed practitioner staff member in retaining or regaining optimal professional functioning, consistent with protection of patients. Credentialed practitioner staff members who are suffering from an impairment that affects their ability to practice are encouraged to voluntarily bring the issue to Professional Staff Health Committee so that appropriate steps can be taken to protect patients and to help the credentialed practitioner staff member to practice safely and competently. To the extent possible, and consistent with quality of care concerns, Professional Staff Health Committee will handle impairment matters in a confidential fashion. Professional Staff Health Committee shall keep the Chief Executive Officer, the chair of the professional staff, the chair of the credentials and nominating committee and the chair of the Allied Health Professional Supervisory Committee apprised of matters under review.

If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that a credentialed practitioner is unable to safely perform the privileges he or she has been granted, the matter is forwarded to medical staff or allied health leadership for appropriate corrective action that includes strict adherence to any state or federally mandated reporting requirements.

Process design should include mechanisms for the following:

1. Education of the medical staff and other organization staff about illness and impairment recognition issues specific to credentialed practitioner;
2. Self-referral by a credentialed practitioner and referral by other organization staff;
3. Referral of the affected credentialed practitioner to the appropriate professional internal or external resources for diagnosis and treatment of the condition or concern;
4. Maintenance of the confidentiality of the credentialed practitioner seeking referral or referred for assistance, except as limited by law, ethical obligation, or when the safety of a patient is threatened;
5. Evaluation of the credibility of a complaint, allegation, or concern;
6. Monitoring of the affected credentialed practitioner and the safety of patients until the rehabilitation or any disciplinary process is complete; and
7. Reporting to the medical staff or allied health leadership instances in which a credentialed practitioner is providing unsafe treatment.

Professional Staff Health Committee shall recommend to the Allied Health Professional Supervisory Committee, professional staff credentials and nominating committee, Professional Staff Executive Committee and the chief executive officer additional educational materials beyond this policy that address credentialed practitioner health and emphasize prevention, diagnosis and treatment of physical, psychiatric and emotional illness. Such educational material should be offered to credentialed practitioner staff members in an appropriate format.

Credentialed practitioner staff members who are suffering from an impairment that affects their ability to practice are encouraged to voluntarily bring the issue to Professional Staff Health Committee so that appropriate steps can be taken to protect patients and to help the credentialed practitioner staff member to practice safely and competently.

To the extent possible, and consistent with quality of care concerns, Professional Staff Health Committee will handle impairment matters in a confidential fashion. Professional Staff Health Committee shall keep the Chief Executive Officer, the chair of the professional staff, the chair of the credentials and nominating committee and the chair of the Allied Health Professional Supervisory Committee apprised of matters under review.

#### Mechanism for Reporting and Reviewing Potential Impairment

If any individual has a concern that a member of the credentialed practitioner staff may be impaired in any way that may affect his or her practice at Dayton Children's Hospital, a written report shall be given to the Chief Executive Officer, the chair of the professional staff, the chair of the credentials and nominating committee, The Vice President for Medical Affairs, the chair of the AHPSC or any member of Professional Staff Health Committee. The report shall include a factual description of the incident(s) that led to the concern.

If, after discussing the incident(s) with the individual who filed the report, the Chief Executive Officer, the chair of the professional staff, the chair of the credentials and nominating committee, the chair of the AHPSC and/or any member of Professional Staff Health Committee believes there is enough information to warrant a review, the matter shall be referred to Professional Staff Health Committee.

Professional Staff Health Committee shall act expeditiously in reviewing concerns of potential impairment that are brought to its attention. As part of its review, Professional Staff Health Committee may meet with the individual(s) who prepared the report.

If Professional Staff Health Committee has reason to believe that the credentialed practitioner staff member is or might be impaired, it shall meet with the credentialed practitioner staff member. At this meeting, the credentialed practitioner staff member should be told that there is a concern that he or she might be suffering from an impairment that affects his or her practice. The credentialed practitioner staff member should not be told who filed the initial report, but should be advised of the nature of the concern.

As part of its review, Professional Staff Health Committee may request that the credentialed practitioner staff member be evaluated by an outside organization and have the results of the evaluation provided to it. Consent for the release of information to Professional Staff Health Committee is attached as appendix A.

Depending upon the severity of the problem and the nature of the impairment, the options available to Professional Staff Health Committee include but are not limited to:

- a) Recommend that the credentialed practitioner staff member voluntarily take a leave of absence, during which time he or she would participate in a rehabilitation or treatment program to address and resolve the impairment;
- b) Recommend that appropriate conditions or limitations be placed on the credentialed practitioner staff member's practice;
- c) Recommend that the credentialed practitioner staff member voluntarily agree to refrain from exercising some or all privileges at Dayton Children's Hospital until rehabilitation or treatment has been completed or an accommodation has been made to ensure that the credentialed practitioner staff member is able to practice safely and competently;
- d) Recommend that some or all of the credentialed practitioner staff member's privileges be suspended if the credentialed practitioner staff member does not voluntarily agree to refrain from practicing at Dayton Children's Hospital.

If the Professional Staff Health Committee recommends that the credentialed practitioner staff member participate in a rehabilitation or treatment program, it should offer to assist the credentialed practitioner staff member in locating a suitable program.

If the credentialed practitioner staff member agrees to abide by the recommendation of Professional Staff Health Committee, a confidential report will be made to the Chief Executive Officer the chair of the professional staff and the chair of the allied health professional supervisory committee. In the event there is concern by the Chief Executive Officer, the chair of the professional staff and the chair of the allied health professional supervisory committee that the action of Professional Staff Health Committee is not sufficient to protect patients, the matter will be referred back to Professional Staff Health Committee with specific recommendations on how to revise the action or it will be referred to the professional staff executive committee for an investigation.

### Reinstatement

Upon sufficient proof that a credentialed practitioner staff member who has impairment has successfully completed a rehabilitation or treatment program, Professional Staff Health Committee may recommend that the credentialed practitioner staff member's clinical privileges be reinstated. In making a recommendation that an impaired credentialed practitioner staff member be reinstated, Professional Staff Health Committee must consider patient care interests as paramount.

Prior to considering a recommendation to reinstate the credentialed practitioner staff member, he/she will provide Professional Staff Health Committee with a letter from the physician overseeing the rehabilitation or treatment program. (A copy of a release from the credentialed practitioner staff member authorizing this letter is attached as appendix B). The letter must address the following:

- a) The nature of the credentialed practitioner staff member's condition;
- b) Whether the credentialed practitioner staff member is participating in a rehabilitation or treatment program and a description of the program;
- c) Whether the credentialed practitioner staff member is in compliance with all of the terms of the program;
- d) To what extent the credentialed practitioner staff member's behavior and conduct need to be monitored;
- e) Whether the credentialed practitioner staff member is rehabilitated;
- f) Whether an after-care program has been recommended to the credentialed practitioner staff member and a description of the after-care program; and
- g) Whether the credentialed practitioner staff member is capable of resuming medical practice and providing continuous, competent care to patients.
- h) Any other item deemed appropriate by Professional Staff Health Committee

Before recommending reinstatement, Professional Staff Health Committee may request a second opinion on the above issues from an appropriate resource of its choice.

Assuming that all of the information received indicates that the credentialed practitioner is capable of resuming care of patients, the following additional precautions shall be taken before the credentialed practitioner's clinical privileges are reinstated:

- a) The credentialed practitioner must identify at least one practitioner who is willing to assume responsibility for the care of his or her patients in the event of the credentialed practitioner's inability or unavailability; and
- b) The credentialed practitioner staff member shall be required to provide periodic reports to Professional Staff Health Committee from his or her attending physician or appropriate professional, for a period of time specified by the committee, stating that the credentialed practitioner is continuing rehabilitation or treatment, as appropriate, and that his or her ability to treat and care for patients in the hospital is not impaired. Additional conditions may also be recommended for the credentialed practitioner's reinstatement.

The final decision to reinstate a credentialed practitioner staff member's clinical privileges must be approved by the Chief Executive Officer in consultation with the chair of the professional staff, chair of the allied health professional supervisory committee and the chair of the credentials and nominating committee.

The credentialed practitioner staff member's exercise of clinical privileges at Dayton Children's Hospital shall be monitored by the chair of the Allied Health Professional Supervisory Committee or by a member of the credentialed practitioner staff appointed by the chair of the department. The nature of that monitoring shall be recommended by Professional Staff Health Committee in consultation with the chair of the professional staff, and the chair of the allied health professional supervisory committee.

If the credentialed practitioner has an impairment related to substance abuse, the credentialed practitioner staff member must, as a condition of reinstatement, agree to submit to random alcohol or drug screening tests at the request of the Chief Executive Officer, the chair of the professional staff, the chair of the allied health supervisory committee or any member of Professional Staff Health Committee.

In the event of any apparent or actual conflict between this policy and the bylaws, rules and regulations or policies and procedures of the professional staff or Dayton Children's Hospital, including the investigation, hearing and appeal sections of those documents, the provision of this policy shall control.

#### Commencement of an Investigation

Dayton Children's Hospital and the credentialed practitioner staff believe that Professional Staff Health Committee, to the extent possible, can best deal with issues of impairment. If, however, Professional Staff Health Committee makes a recommendation, including a recommendation for an evaluation or a restriction or limitation of privileges, and the credentialed practitioner refuses to abide by the recommendation, the matter shall be referred to the chair of the allied health professional supervisory committee for an investigation to be conducted pursuant to the professional/allied health staff policies and procedures.

#### Documentation and Confidentiality

The original report and a description of any recommendations made by Professional Staff Health Committee shall be included in the credentialed practitioner's credentials file. If, however, the review reveals that there was no merit to the report, the report should be destroyed. If the review reveals that there may be some merit to the report, but not enough to warrant immediate action, the report shall be included in the credentialed practitioner's credentials file and the credentialed practitioner's activities and practice shall be monitored until it can be established whether there is an impairment that might affect the credentialed practitioner's practice. The credentialed practitioner shall have an opportunity to provide a written response to the concern about the potential impairment and this shall also be included in his or her credentials file.

The Chief Executive Officer or the chair of the allied health professional supervisory committee shall inform the individual who filed the report that follow-up action was taken.

Throughout this process, all parties should avoid speculation, conclusions, gossip, and any discussions of this matter with anyone other than those described in this policy.

If at any time it becomes apparent that the matter cannot be handled internally, or jeopardizes the safety of the credentialed practitioner staff member or others, the Chief Executive Officer may contact law enforcement authorities, governmental agencies, or other appropriate regulatory agencies. All requests for information concerning the impaired credentialed practitioner shall be forwarded to the Chief Executive Officer for response.

Nothing in this policy precludes immediate referral to Professional Staff Executive Committee (or to the board of trustees) or the elimination of any particular step in the policy in dealing with conduct that may compromise patient care.

Appendix A – Consent for Release of Information Pertaining to Evaluation

I hereby request that \_\_\_\_\_ (the facility/physician evaluator) provide Dayton Children’s Hospital and the Allied Health Supervisory Professional Staff Health Committee with all information relevant to your evaluation of my ability to care for patients safely, to competently fulfill the responsibilities of credentialed practitioner appointment and to relate cooperatively to others at Dayton Children’s Hospital.

I also request that Dayton Children’s Hospital and the Professional Staff Health Committee provide \_\_\_\_\_ (the facility/physician evaluator) with a copy of any information which it believes supports the need for the evaluation and any other information that \_\_\_\_\_ (the facility/physician evaluator) might request.

I release from liability and grant absolute immunity to, and agree not to sue, \_\_\_\_\_ (the facility/physician evaluator) and Dayton Children’s Hospital and its Professional Staff Executive Committee, Allied Health Professional Supervisory Committee, (and any credentialed practitioner involved in reviewing my practice) for providing the information set forth above.

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SIGNATURE OF CREDENTIALLED PRACTITIONER

\_\_\_\_\_  
DATE

Appendix B – Consent for Release of Information from Treating Health Care Professional

I hereby request that \_\_\_\_\_ (health care professional overseeing treatment) provide Dayton Children’s Hospital and its Professional Staff Health Committee with information pertaining to my rehabilitation or treatment program. Specifically, this information should include:

- a) the nature of my condition;
- b) whether I am participating in a rehabilitation or treatment program;
- c) whether I am in compliance with all of the terms of the program;
- d) to what extent my behavior and/or conduct needs to be monitored;
- e) whether I am rehabilitated;
- f) whether an after-care program has been recommended for me and, if so, a description of the after-care program; and
- g) whether I am capable of resuming medical practice and providing continuous, competent care to patients.

I also request that \_\_\_\_\_ provide Dayton Children’s Hospital and its Professional Staff Health Committee with periodic reports relating to my ongoing rehabilitation or treatment and my ability to treat and care for patients at Dayton Children’s Hospital.

I release from liability, grant absolute immunity to and agree not to sue \_\_\_\_\_ for providing the information set forth above.

---

SIGNATURE OF CREDENTIALLED PRACTITIONER

\_\_\_\_\_

DATE

Appendix C – Health Status Assessment

CONFIDENTIAL PEER REVIEW DOCUMENT  
HEALTH STATUS ASSESSMENT

Please respond to the following questions based upon your assessment of \_\_\_\_\_'s current health status (if additional space is required, please attach separate sheet):

- 1) Does \_\_\_\_\_ have any physical, psychiatric, or emotional condition that could affect his/her ability safely to exercise the clinical privileges set forth on the attached list and/or perform the duties of appointment, including response to emergency call?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide the diagnosis/diagnoses and prognosis:

\_\_\_\_\_

- 2) Is \_\_\_\_\_ currently taking any medication that may affect either clinical judgment or motor skills?

YES \_\_\_\_\_ NO \_\_\_\_\_

- 3) Is \_\_\_\_\_ currently under any limitations concerning activities or workload?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

- 4) Is \_\_\_\_\_ currently under the care of a health care professional?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please identify: \_\_\_\_\_

\_\_\_\_\_

- 5) In your opinion, is any accommodation necessary to permit \_\_\_\_\_ to exercise privileges safely and/or to fulfill medical/allied health staff responsibilities appropriately?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain any such accommodation: \_\_\_\_\_

\_\_\_\_\_

DATE

SIGNATURE OF PHYSICIAN/APRN/PA EVALUATOR

**PROCESS FOR DETERMINING NEED FOR A NEW CLASS OR SERVICE OF ALLIED HEALTH PROFESSIONALS**

1. Review of Need:
  - (a) Whenever an Allied Health Professional requests to the ability to practice at the Dayton Children's Medical Center, and the Board has not already approved the class of practitioner that can practice at the Medical Center, the Chief Executive Officer will appoint an ad hoc committee to evaluate the need for that class of Allied Health Professionals. The ad hoc committee will report to the Professional Staff Executive Committee, which will make a recommendation to the Board for final action.
  - (b) As part of the process of determining need, the Allied Health Professional will be invited to submit information about the nature of the proposed practice, the reason access to the Medical Center is sought, and the potential benefits to the community of having such services available at the Medical Center.
  - (c) The ad hoc committee may consider the following factors when making a recommendation as to the need for the services of this class of Allied Health Professional:
    - (1) the nature of the services that would be offered;
    - (2) any state license or regulation which outlines the specific patient care services and/or activities that the Allied Health Professional is authorized by law to perform;
    - (3) any state "nondiscrimination" or "any willing provider" laws that would apply to the Allied Health Professional;
    - (4) the patient care objectives of the Hospital including patient convenience;
    - (5) the community's needs and whether those needs are currently being met or could be better met if the services offered by the Allied Health Professional were provided at the Hospital;
    - (6) the type of training that is necessary to perform the services that would be offered and whether there are individuals with more training currently providing those services;
    - (7) the availability of supplies, equipment, and other necessary Hospital resources;
    - (8) the need for, and availability of, trained staff to support the services that would be offered; and
    - (9) the ability to appropriately supervise performance and monitor quality of care.
2. Additional Recommendations:
  - (a) If the ad hoc committee makes a recommendation that there is a need for the particular class of Allied Health Professional at the Hospital, it will also recommend:
    - (1) any specific qualifications and/or training that must be possessed beyond those set forth in this Policy;
    - (2) a detailed description of a scope of practice or clinical privileges;
    - (3) any specific conditions that apply to practice within the Hospital; and
    - (4) any supervision requirements, if applicable.
  - (b) In developing such recommendations, the ad hoc committee will consult the appropriate department chair(s) and consider relevant state law and may contact professional societies or associations. The ad hoc committee may also recommend the number of Allied Health Professionals that are needed.

## **ALLIED HEALTH PROFESSIONAL SUPERVISORY COMMITTEE**

### **Composition**

The Allied Health Professional Supervisory Committee shall be appointed by the Chief Executive Officer. Permanent members of the committee shall include the Vice President for Patient Care Services, the Vice President for Medical Affairs, the Chief of Staff or a designee, The Clinical Nurse Specialist for Hospital Operations, and the Professional Staff Office Representative. Rotating members of the committee, depending on the type of Allied Health Professional being considered, are listed on page twenty-three of this document. The Vice President for Patient Care Services/designee shall serve as the Chair.

### **Duties**

The Allied Health Professional Supervisory Committee shall:

- (a) evaluate and make recommendations to PSEC (for review and approval) and subsequently to the Board (for approval) regarding the need for any new services that could be provided by types of allied health professionals that are not currently permitted to practice in the hospital;
- (b) develop and recommend policies for each type of Allied Health Professional permitted by the Board to practice in the hospital. Such policies shall specify training, education and experience requirements for applicants, the scope of practice or clinical privileges to be granted, any conditions that apply to the practitioners' functioning within the hospital, any ongoing supervision requirements, and malpractice insurance requirements;
- (c) review the qualifications of all Allied Health Professionals who apply for permission to practice in the hospital as well as who seek privileges at DCH, interview such applicants as may be necessary, and make a written report of its findings and recommendations;
- (d) review on an ongoing basis the quality of care provided by AHPs at the hospital; and by overseeing focused and ongoing professional practice evaluation
- (e) review, as questions arise, all information available regarding the clinical competence and/or professional conduct of Allied Health Professionals currently permitted to practice in the hospital, as a result of such review, make a written report of its findings and recommendations.

### **Meetings, Reports and Recommendations**

The Allied Health Professional Supervisory Committee shall meet as often as necessary to accomplish its duties, shall maintain a permanent record of its proceedings and actions, and shall make a report of its recommendations after each meeting to the Board, through the Professional Staff Executive Committee. The chairperson of the committee shall be available to meet with the Board, its committee or the Chief Executive Officer on all recommendations that the Allied Health Professional Supervisory Committee may make.

### **Allied Health Professional Supervisory Committee Membership**

#### Permanent Members:

Vice President for Medical Affairs \*

Chief Nurse Executive \*

Clinical Nurse Specialist, Hospital Operations \*

AHPSC Administrative Assistant

Chair, PSEC/President-information only, no attendance required but if attends votes

#### Rotating Members:

APRN – Hospital based representative \*

APRN – Clinic representative \*

Member at large – Hospital director, community APRN or PA, Hospital PA information only, no attendance\*

Allied Health Professional Supervisory Review Sub-Committee

Vice President for Medical Affairs \*

Chief Nurse Executive \*

Clinical Nurse Specialist, Hospital Operations \*

All rotating members are appointed by Allied Health Professional Supervisory Committee and serve for two years. Rotating membership does not need to be filled for quorum of the Allied Health Professional Supervisory Committee. All members can vote; a quorum of four must be available to hold a vote.

\* Voting member

**Virtual Meetings**

The purpose of a virtual meeting is to facilitate optimum care for patients seen at Dayton Children's Hospital by assuring that APRNs/PAs are credentialed and privileged in their chosen health care specialties in a timely fashion. A new APRN/PA applying for privileges must be approved by the Allied Health Professional Supervisory Committee prior to practicing at DCH. All APRNs/PAs practicing at Dayton Children's Hospital (DCH) must be reappointed prior to the expiration date of their appointment or most recent reappointment. The activation of a virtual meeting will apply only to those APRNs/PAs, who meet the approved criteria for appointment or reappointment.

1. A virtual meeting can be initiated by the VP/CNE for Patient Care Services when circumstances dictate that:
  - a. a new APRN/PA application is completed, there is an urgent need to provide patient care and the Allied Health Professional Supervisory Committee is not scheduled to meet soon enough
  - b. An APRN/PA reappointment request cannot be presented to the Allied Health Professional Supervisory Committee in time for approval, (prior to the expiration date of the current appointment).
2. The coordinator of the Allied Health Professional Supervisory Committee office will contact the members of the executive committee by electronic means (email, etc.), explaining the need to institute a virtual meeting.
3. Allied Health Professional Supervisory Committee members will be asked to respond via email with either an approval or disapproval concerning the appointment/reappointment.
4. Documentation of the virtual meeting (synopsis of the action) will be placed in the Allied Health Professional Supervisory Committee minute's binder.
5. Once Allied Health Professional Supervisory Committee approves minutes, acknowledging the results of the virtual meetings, all e-mail will be destroyed.
6. In the event that a single committee member has questions or concerns, then the application will be presented at a full Allied Health Professional Supervisory Committee meeting.
7. The results of the virtual meeting will be reported at the next scheduled Allied Health Professional Supervisory Committee meeting.

## **Completion of Medical Records by Advanced Practice Registered Nurses/Physician Assistants**

The prompt completion of medical records is of utmost importance for providing quality care. It is also a professionalism competency. Medical record completion is the responsibility of APRNs/PAs (CNS's, CRNAs, CNPs, NNP's) who have provided care.

1. APRNs/PAs will be provided with a record of outstanding medical records at Dayton Children's Hospital every week or as available
2. APRNs/PAs are expected to complete medical records prior to 28 days after discharge.
3. Charts become delinquent 28 days after availability of the medical record to the APRNs/PAs.
4. The APRNs/PAs supervisor/collaborating physician will be made aware of the APRNs/PAs who have delinquent charts.
5. APRNs/PAs with delinquent charts will receive a warning letter from the Medical Records Department, giving 13 days within which to complete their records. It is the APRNs/PAs responsibility to complete them. Copies of the warning letter will be forwarded to the APRNs/PAs supervisor/collaborating physician.
6. After 13 days a second warning letter will be sent to the APRN/PA. The second warning letter will give them 13 more days within which to complete their delinquent records or be suspended from clinical duties. Only two letters will be sent.
7. Employed APRNs/PAs will enter the hospital's disciplinary process.
8. If the records are not completed, hospital employed APRNs/PAs will be suspended without pay from clinical duties until the records are completed (with a minimum of one day). Non-hospital employed APRNs/PAs will relinquish their privileges.

The chair of the Allied Health Professional Supervisory Committee can reinstate APRNs/PAs (either hospital or non-hospital employed) for the first two offenses in a two-year appointment period. The third offense in a two-year appointment period will necessitate that the APRN/PA apply for reinstatement through the Allied Health Professional Supervisory Committee.

## **Process for Investigating a Question or Concern and Procedural Rights**

Whenever a concern or question has been raised, or where informal efforts have not resolved an issue, regarding:

1. The clinical competence or clinical practice of any APRN/PA;
2. The care or treatment of a patient or patients or management of a case by any APRN/PA;
3. The known or suspected violation by any APRN/PA of applicable ethical standards or the bylaws, policies, rules or regulations of the hospital or the Allied Health Professional Supervisory Committee, including, but not limited to, the hospital's performance improvement, risk management, and utilization review programs; and/or
4. Behavior or conduct on the part of any APRN/PA that is considered lower than the standards of the hospital or disruptive to the orderly operation of the hospital or its allied health professional staff, including the inability of an APRN/PA to work harmoniously with others.

The VP/CNE for Patient Care Services, appropriate collaborating or supervisory physician, Allied Health Professional Supervisory Committee, Professional Staff Executive Committee or Chief Executive Officer ("CEO") shall make sufficient inquiry to satisfy himself/herself that the concern or question raised is credible. A determination will then be made on whether to refer the matter to the Allied Health Professional Supervisory Committee or to deal with the matter in accordance with the relevant hospital policy. If it is determined to direct the matter to the Allied Health Professional

Supervisory Committee, a written request for investigation shall be prepared, making specific reference to the activity or conduct which gave rise to the request.

### **INITIATION OF INVESTIGATION:**

1. When a concern or question involving clinical competence or behavior has been referred to the Allied Health Professional Supervisory Committee, that committee may discuss the matter with the APRN/PA concerned and shall determine whether to begin an investigation, deal with the matter pursuant to another policy, or proceed in another manner. An investigation shall begin only after a formal resolution of the Allied Health Professional Supervisory Committee to that effect. The Allied Health Professional Supervisory Committee may also, by formal resolution, initiate an investigation on its own motion. If the CEO wishes to begin such an investigation, he/she shall also formally resolve to do so, but may delegate the actual investigation.
2. Should the Allied Health Professional Supervisory Committee determine to conduct an investigation, the Committee Chair shall promptly notify the individual being investigated and explain the manner in which the investigation will be conducted.
3. The Committee Chair shall also promptly notify the CEO in writing of all such requests and investigations and shall keep him/her fully informed of all action taken in connection therewith.

### **INVESTIGATIVE PROCEDURE:**

Upon resolving to initiate an investigation, the Allied Health Professional Supervisory Committee shall meet as soon as possible and,

1. If the concern contains sufficient information to warrant a recommendation for action, the Allied Health Professional Supervisory Committee, at its discretion, may make such a recommendation, with or without a personal interview with the individual being investigated.
2. If there is not sufficient information to warrant a recommendation, the Allied Health Professional Supervisory Committee shall immediately investigate the matter, appoint a subcommittee to do so, or appoint an ad hoc investigating committee consisting of at least three (3) persons, who may or may not hold appointments to the allied health professional staff ("investigating committee"). The investigating committee shall not include: collaborating or supervisory physicians, associates or relatives of the individual being investigated, or physicians, APRNs or PAs who are involved in a known referral relationship with the individual under review or his/her collaborating or supervising physician.
3. The investigating committee shall have the authority to review relevant documents and interview individuals with relevant information. It shall also have available to it the full resources of the allied health professional staff, professional staff and the hospital, as well as the authority to use outside consultants, if needed. The committee may also require a physical and mental examination, including diagnostic testing and testing of blood and/or urine, of the individual being investigated. The examination shall be performed by a physician or physicians satisfactory to the committee, and the committee shall require that the results of such examination be made available for the committee's consideration.
4. The individual being investigated shall have an opportunity to meet with the investigating committee before it makes its report. Prior to this meeting, the individual will be informed of the general questions being investigated. At this meeting, the individual shall be invited to discuss, explain, or refute the questions that gave rise to the investigation. The individual being investigated shall not have the right to be represented by legal counsel at this meeting.

This interview shall not constitute a hearing, and none of the procedural rules provided in this policy with respect to hearings shall apply. A summary of such interview shall be made by the investigating committee and included with its report to the Allied Health Professional Supervisory Committee.

5. Following completion of the investigation, the investigating committee shall provide a written report, which includes its findings, conclusions, and recommendations to the Allied Health Professional Supervisory Committee.
6. If the Allied Health Professional Supervisory Committee appoints an investigating committee, it may accept, modify, or reject the recommendation it receives from the investigating committee.
7. The Allied Health Professional Supervisory Committee will review the report of the investigating committee, make its own formal report and recommendation, and forward such report and recommendation to the CEO.

**RECOMMENDATION:**

1. In acting after the investigation, the Allied Health Professional Supervisory Committee may:
  - a) determine that no action is justified;
  - b) issue a letter of guidance, counsel, warning or reprimand;
  - c) impose terms of probation or monitoring;
  - d) impose conditions for continued appointment;
  - e) impose a requirement for consultation;
  - f) recommend reduction of clinical privileges;
  - g) recommend suspension of clinical privileges for a term;
  - h) recommend revocation of clinical privileges;
  - i) recommend additional training or education;
  - j) make such other recommendations as it deems necessary or appropriate.
2. An individual is entitled to request a hearing whenever the Allied Health Professional Supervisory Committee makes one of the following recommendations: denial of requested clinical privileges, revocation of clinical privileges, and suspension of clinical privileges for 30 days or more (other than a precautionary suspension). No other recommendation shall entitle the individual to a hearing. The VP/CNE for Patient Care Services shall send notice of the recommendation to the individual by certified mail, return receipt requested. The notice shall include a statement of the general reasons for the recommendation and shall advise the individual that he or she may request a hearing. The VP/CNE shall then hold the recommendation until after the individual has exercised or has waived the right to a hearing, after which the VP/CNE shall forward the recommendation of the Allied Health Professional Supervisory Committee, together with all supporting information, to the CEO/designee. The VP/CNE for Patient Care Services shall be available to the CEO/designee to answer any questions that may be raised with respect to the recommendation. If the Allied Health Professional Supervisory Committee makes a recommendation that does not entitle the individual to request a hearing, it will take effect immediately and will remain in effect unless modified by the Board.

## **HEARING PROCEDURE:**

1. The individual has 30 days after receipt to request, a hearing in writing. If the individual requests a hearing, it must be held at least 30 days after the notice was received by the individual, unless the individual agrees to hold it sooner.
2. The CEO/designee, after consulting with the Chair of the Allied Health Professional Supervisory Committee, then appoints a hearing committee, which cannot include any relatives, partners or competitors of the individual or his/her collaborating or supervising physician.
3. The CEO/designee appoints a hearing committee chair and/or a presiding officer to maintain decorum, to allow the participants in the hearing to have a reasonable opportunity to be heard, to present evidence (subject to reasonable limits on the number of witnesses and duration of direct and cross-examination), and to deal with legal matters. As an alternative to a hearing committee, a hearing officer can be appointed to perform the functions that would otherwise be carried out by the hearing committee. The hearing officer may not be in direct economic competition with the individual requesting the hearing and shall not act as a prosecuting officer or as an advocate to either side at the hearing. In the event a hearing officer is appointed instead of a hearing committee, all references in the policy to the hearing committee or presiding officer shall be deemed to refer instead to the hearing officer, unless the context would clearly otherwise require.
4. A record of the hearing shall be maintained by a stenographic reporter or by a recording of the proceedings. Copies of the transcript shall be available at the individual's expense. The hearing shall last no more than six hours, with each side being afforded approximately three hours to present its case, in terms of both direct and cross-examination of witnesses. The order of presentation is the Allied Health Professional Supervisory Committee first, then the individual. Both parties shall be entitled to call, examine and cross-examine witnesses, to introduce evidence (subject to reasonable limits), and to be represented by legal counsel. The individual has the burden of demonstrating, by clear and convincing evidence, that the recommendation of the Allied Health Professional Supervisory Committee was arbitrary, capricious or not supported by substantial evidence. The quality of care provided to patients and the smooth operation of the hospital shall be the paramount considerations. The individual and the Allied Health Professional Supervisory Committee shall have the right to prepare a post-hearing memorandum for consideration by the hearing committee, and the hearing committee chair or presiding officer shall establish a reasonable schedule for the submission of such memoranda.
5. Twenty days after the hearing concludes or submission of post-hearing memoranda, whichever is later, the committee (or hearing officer) prepares a report/recommendation and forwards it to the CEO/designee, who then sends the report to the Allied Health Professional Supervisory Committee and the individual.

## **APPEAL PROCEDURE:**

1. Within ten days of the receipt of the report, either party can submit a written request for appeal to the CEO/designee, which must include the reasons for the appeal, including specific facts, which justify an appeal. The grounds for appeal are limited to failure to comply with the due process provisions of the Allied Health Professionals Policy and/or other bylaws or policies of the hospital and/or that the recommendation is arbitrary, capricious or not supported by substantial evidence.
2. If a written request for appeal is not timely submitted, the appeal is deemed to be waived and the recommendation and supporting information shall be forwarded to the Board for final action.
3. If a written request for appeal is timely requested, the CEO/designee forwards the report and recommendation of the hearing committee (or hearing officer), the supporting information and the request for appeal to the Board and the board chair arranges for an appeal.
4. The board chair appoints an appellate review committee and the case is reviewed within 30 days of the request for an appeal. The parties have the right to present a written statement or appeal, and new or additional written information that is relevant and could not have been made available to the hearing committee may be considered at the discretion of the appellate review committee. At the discretion of the appellate review committee, the parties may appear personally to discuss their positions.
5. Once the review is completed, the appellate review committee provides a report and recommendation to the full Board for action, which then makes its final decision. Once the final decision is made, the Allied Health Professional Supervisory Committee and the individual receive notice of the action.

## **APPEALS**

### **PROCEDURAL RIGHTS FOR ALLIED HEALTH PRACTITIONERS GRANTED PERMISSION TO PRACTICE AT DAYTON CHILDREN'S HOSPITAL**

1. In the event that a recommendation is made by the Allied Health Professional Supervisory Committee that the permission previously granted to an Allied Health Professional be restricted, terminated, or not renewed, the individual shall be notified of the recommendation. The notice shall include a general statement of the reasons for the recommendation and shall advise the individual that he or she may request a meeting with the Allied Health Professional Supervisory Committee before its recommendation is forwarded to the CEO.
2. If a meeting is requested, the meeting shall be scheduled to take place within a reasonable time frame. The meeting shall be informal and shall not be considered a hearing. The supervising physician/dentist and the Allied Health Professional shall both be permitted to attend this meeting. However, no counsel for either the Allied Health Professional or the Allied Health Professional Supervisory Committee shall be present.
3. Following this meeting the Allied Health Professional Supervisory Committee shall make its final recommendation to the CEO.

## **HEARING AND APPEAL RIGHTS FOR ALLIED HEALTH PROFESSIONALS PRIVILEGED TO PRACTICE AT DAYTON CHILDREN'S HOSPITAL**

### Right to a Hearing

1. An applicant or practitioner holding privileges to practice at DCH shall be entitled to request a hearing whenever one or more of the following recommendations have been made by the Allied Health Professional Supervisory Committee or the President and CEO.
  - a.. Denial of initial appointment;
  - b. Denial of reappointment;
  - c. Revocation of appointment;
  - d. Denial of requested increased scope of practice;
  - e. Suspension of clinical privileges for 30 days or more.
2. No other recommendations except those enumerated in (#1) of this section shall entitle the individual to request a hearing.

### Notice and Request for Hearing

1. In the event that the Allied Health Professional Supervisory Committee ("the Committee") recommends that privileges be restricted or terminated, the individual shall be so notified by certified mail, return receipt request ("special notice"). The notice shall include a general statement of the reasons for the recommendation and shall advise the individual that he or she may request a hearing before the recommendation is forwarded to the Board for final action.
2. A request for a hearing must be submitted in writing to the CEO within thirty (30) days after receipt of written notice of the adverse recommendation.
3. If a hearing is so requested, the President and CEO shall appoint an ad hoc hearing panel ("panel") composed of up to three (3) individuals (including, but not limited to, individuals appointed to Medical Staff, AHPs, hospital management, individuals not connected to the Hospital, or any combination of these individuals) may appoint a Presiding Officer, who may be legal counsel to the Hospital. The panel shall not include anyone who previously participated in the recommendation, any relatives or practice partners of the AHP, or any competitors of the affected individual.
4. As an alternative to the panel, the President and CEO may instead appoint a Hearing Officer to perform the functions that would otherwise be carried out by the panel. The Hearing Officer shall preferably be an attorney at law. The Hearing Officer may not be in direct economic competition with the individual requesting the hearing and shall not act as a prosecuting officer or as an advocate to either side at the hearing. If the Hearing Officer is an attorney, he or she shall not represent clients who are in direct economic competition with the affected individual. In the event a Hearing Officer is appointed instead of a panel, all references to the panel and Presiding Officer shall be deemed to refer instead to the Hearing Officer.

## Hearing Process

1. The hearing shall be convened as soon as possible and a record of the hearing shall be maintained. At the hearing, a representative of the Committee shall first present the reasons for the recommendation. The AHP may present information, both orally and in writing, to refute the reasons for the recommendation, subject to a determination by the Hearing Officer that the information is relevant. The AHP shall not have the right to present other witnesses unless he or she can demonstrate to the satisfaction of the Presiding Officer that the failure to permit witnesses to appear would be fundamentally unfair. The Hearing Officer shall permit reasonable questioning of all witnesses. The Hearing Officer shall have the discretion to determine the amount of time allotted to the presentation of the parties.
2. Neither the AHP nor the Committee may be represented by counsel at the hearing. The AHP shall have the burden of demonstrating that the recommendation of the Committee was arbitrary, capricious or not supported by credible evidence. The quality of care provided to patients and the smooth operation of the Hospital shall be the paramount considerations.
3. The Hearing Officer shall prepare a written report and recommendation within twenty (20) days after the conclusion of the hearing and shall forward it, along with all supporting information, to the President and CEO. The President and CEO shall send a copy of the written report by special notice to the AHP, the committee and to the Board of Trustees. The CEO shall review the documentation and make a final decision.

## **APPROVAL/AMENDMENT PROCESS**

The Allied Health Professional Supervisory Committee (AHPSC) shall adopt policies and procedures as may be necessary for the proper conduct of the work of Allied Health Professionals at Dayton Children's Hospital. Such policies and procedures shall be a part of the documents of the professional staff. Amendments to the policies and procedures of AHPs may be introduced by any AHP, by the AHPSC or by a member of the Professional Staff Executive Committee (PSEC). Amendments will be submitted to and reviewed by the AHPSC. Proposed amendments will be published electronically for review of any AHP on Dayton Children's Hospital website, before any vote is taken by the AHPSC. After obtaining any input deemed appropriate by the AHPSC, the AHPSC will consider the changes in one of its meetings. Any and all amendments approved by the AHPSC shall be forwarded to the PSEC for review and decision. Once approved by PSEC the changes are forwarded to the appropriate committee(s) and will receive final approval by the Board of Trustees.. Amendments shall become effective upon the approval of the Board of Trustees.

A current version of the policies and procedures of AHPs is maintained on the DCH website for review. Upon direction by the AHPSC or PSEC, written copies of parts or all of these documents will be provided to AHPs.