

# **Allied Health Professionals Manual**

Version 1.2

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**Mount Carmel New Albany Surgical Hospital  
New Albany, Ohio**

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## **PURPOSE**

The Allied Health Professionals Manual delineates the qualifications required of Allied Health Professionals and the Privileges granted to Allied Health Professionals.

## **REVISION**

This Manual is approved by the Board of Trustees upon recommendation of the Medical Executive Committee. Recommendations for amendment and revision may be forwarded to the Board of Trustees after an affirmative vote of a majority of the Members of the Medical Executive Committee as set forth in the Medical Staff Bylaws of the Mount Carmel New Albany Surgical Hospital (the "Hospital").

## **APPLICATION**

This Manual shall apply to all Allied Health Professionals who apply for or have been granted limited Clinical Privileges to provide patient care under the supervision of a Member of the Medical Staff. All capitalized terms not defined in this Manual shall have the meanings as set forth in the Medical Staff Bylaws.

## **ARTICLE 1**

### **Allied Health Professionals**

#### 1.1. Eligibility

Eligible persons who are not physicians, dentists or podiatrists, but who possess a license or a certificate, or who meet other legal requirements as required by Ohio law in a medically related field to provide direct patient care in a hospital setting, may be granted Clinical Privileges to permit them to practice their professions in the Hospital. Such persons shall include, but not be limited to, Ph.D.s, physicists, speech therapists, audiologists, physician's assistants, nurse practitioners and certified registered nurse anesthetists, nurses and surgical technicians. However, such individuals, while performing duties in the employ of the Mount Carmel New Albany Surgical Hospital, shall be exempt from these provisions.

#### 1.2. Sponsorship

Each applicant for Privileges as an Allied Health Professionals must be sponsored by a Member or a group of Members of the Medical Staff; and if given Privileges to practice in the Hospital as an Allied Health Professional shall be individually assigned to a Medical Staff, Department, or if appropriate, to specific Members of the Medical Staff. Each applicant shall be qualified to assist in the assessment and treatment of disease and/or to assist in medical research and teaching in his or her related field. Each applicant shall possess such additional qualifications and meet such eligibility requirements as the Board of Trustees, acting in consultation with the Departments of the Medical Staff and the Medical Executive Committee (MEC) may from time to time deem essential in order to maintain the proper standards of service and practice in the Hospital.

#### 1.3. Entitlement

No person shall be entitled to Privileges to practice as an Allied Health Professional in the Hospital simply by virtue of the fact that he or she practices in the community, is a Member of a professional organization in his or her field, is a graduate of a training program or school, or is licensed in Ohio. Any grant of Privileges as an Allied Health Professional in the Hospital shall be contingent upon, and any such grant of Privileges shall be commensurate with:

- 1.3.1 Such person's background, training and experience in his or her chosen profession or particular field, as compared to the current standards then prevailing;
- 1.3.2 Such person's demonstrated professional competence and present capabilities in his or her particular field, as compared to the current standards then prevailing; and,
- 1.3.3 Such person's ability to demonstrate that he or she has a continuing ability to provide patient care services within the acceptable standard of care, given the current state of medicine in the allied health fields and consistent with available resources at the Hospital; such person's adherence to the ethics of the profession for which such person holds a

license, certification or other legal qualifications; and such person's willingness to comply with and continuing compliance with Article V of the Bylaws and the Rules and Regulations of the Medical Staff, the Rules and Regulations of the Hospital, the policies of the Medical Staff, and the policies of the Board of Trustees.

1.4. Dues

An annual fee may be charged in accordance with Medical Staff Policy.

## **ARTICLE 2**

### **Limitation of Clinical Privileges**

#### 2.1. Authority

Allied Health Professionals have no authority to admit or co-admit patients to the Hospital, and are not eligible for Medical Staff Membership, to hold Medical Staff office, or to vote on Medical Staff affairs; nor shall they serve on standing committees of the Medical Staff unless specifically authorized by the Board of Trustees; nor are they required to attend Medical Staff meetings.

#### 2.2. Supervision

All services rendered by an Allied Health Professional are subject to the supervision, direction and control of the supervising Medical Staff Member, and subject to the policies, procedures, and restrictions adopted by the Medical Staff Department to which such Allied Health Professional is assigned.

#### 2.3. Employee's Responsibility

2.3.1. Any Member of the Medical Staff who employs an Allied Health Professional shall direct, supervise, control, and be responsible for all of the acts and performance of patient care services rendered in the Hospital by such Allied Health Professional employee.

2.3.2. A Medical Staff Member may be responsible for the supervision of an Allied Health Professional only in those areas where the Member holds similar Clinical Privileges.

#### 2.4. Limitation/Restrictions

Each Allied Health Professional shall comply with all limitations and restrictions imposed by their respective licenses, certifications or other legal qualifications as required by Ohio law.

#### 2.5. Hospital Bylaws, Medical Staff Bylaws, Rules & Regulations, and Policies of the Hospital and Medical Staff

Each Allied Health Professional shall abide by the Hospital Bylaws, Medical Staff Bylaws, the Medical Staff Rules & Regulations, the policies of the Medical Staff, and the policies of the Board of Trustees.

#### 2.6. Statements

No Allied Health Professional shall make any statement or take any action that might cause a patient to believe that the Allied Health Professional is a physician, dentist, or podiatrist.

## **ARTICLE 3**

### **Procedure for Granting Privileges**

#### **3.1. Application/Reappointment Application**

An applicant for appointment or reappointment for Privileges in the Hospital as an Allied Health Professional shall file with the Medical Staff Services Office the appropriate completed application form, including a Delineation of Privileges/Scope of Practice form which shall have listed thereon the specific Hospital Privileges requested. All applicants for Allied Health Professional Privileges shall have the burden of providing adequate information and references for proper evaluation of their eligibility and qualifications for the respective Privileges. Any doubts shall be resolved against the applicant.

#### **3.2. Receipt of Application**

Upon receipt of such application and after it has been verified for completeness, the Medical Staff President, the Chairperson of the Credentials Committee, the Chairperson of the Medical Staff Department to which such applicant, if accepted, would be assigned, or the Medical Staff designees of such persons, will proceed to review, and where they deem appropriate, to investigate the qualifications and professional competence of the Allied Health Practitioner applicant. A verified application will be processed by Medical Staff Services and considered complete in a maximum of 120 days. Medical Staff Services will then forward the completed application on to the Credentials Committee, the appropriate Department Chairperson and the Medical Executive Committee for recommendation, and then to the Board for final approval of Scope of Practice/ Privileges. The reappointment application shall be submitted every two years and shall follow the same process for Medical Staff applicants. Allied Health Professionals employed by the Medical Staff (excluding APRNs and PAs) shall have an evaluation/ assessment at the same frequency as hospital employees. The Medical Staff President promptly notifies the applicant of the decision. There shall be no right of appeal of an adverse decision, as provided by Articles II and IV of the Credentials Policy Manual however a rejected applicant may request an interview with the Board of Trustees.

#### **3.3. Reappointment Applications**

Any Allied Health Professional granted Scope of Practice/Privileges to practice in the Hospital must apply on a biennial basis for renewal of his or her Scope of Practice/Privileges following the same procedures as set forth in this Manual.

#### **3.4. Term of AHP Membership and Privileges**

The term for any grant to an Allied Professional of Scope of Practice/Privileges shall be no more than two (2) years, provided that the Scope of Practice/Privileges of any Allied Health Professional may be terminated at any time, with or without cause, by an affirmative vote of the Board of Trustees. There is no right of appeal for the denial of an initial application for Privileges or biennial reapplication for Privileges as an Allied Health Professional, or for the termination of such Privileges, however the denied or terminated Allied Professional may request an interview with the Board of Trustees. No Allied Health Professional shall be entitled to exercise any of the rights, Privileges,

or procedures provided by Articles III and IV of the Credentials Policy Manual. The Scope of Practice/Privileges of an Allied Health Professional shall also terminate automatically if the employment of such Allied Health Professional by a Member of the Medical Staff is terminated for any reason, with or without cause.

## **ARTICLE 4**

### **Procedural Rights**

- 4.1. Notwithstanding any provisions in the Bylaws or Credentials Policy Manual to the contrary, Allied Health Professionals (excluding APRNs and PAs who follow the Medical Staff process) shall not be entitled to the procedural rights of review afforded to Practitioners by the Bylaws or Credentials Policy Manual. In the event of an adverse decision or recommendation pertaining to an Allied Health Professional, the Allied Health Professional shall be informed by the Chief Operating Officer of the recommendation or decision by special notice and shall have thirty (30) days to submit a written request for an interview with the Board of Trustees.
  - 4.1.1. The interview shall be scheduled within thirty (30) days of receipt of a timely request and shall be held by the Board of Trustees. The Allied Health Professional may submit any information prior to or during the interview pertaining to his/her qualifications to exercise the Scope of Practice/Clinical Privileges being requested. The Allied Health Professional may not be accompanied by an attorney. The interview is not a hearing and none of the procedural rules for hearings or as set forth in the Medical Staff Bylaws or Credentials Policy Manual shall apply.
  - 4.1.2. The Board of Trustees may change the recommendation or decision as a result of the interview and, if so, shall give the Allied Health Professional special notice of the decision.

**ARTICLE 5**  
**Adoption and Amendment**

- 5.1. Adoption, amendment and repeal of the Allied Health Professionals Manual and any provision thereof shall be in accordance with the provisions of Article 13.2 of the Medical Staff Bylaws.

This document was approved by:

The Medical Staff

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President of the Medical Staff

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Date

The Board of Trustees:

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President, Mount Carmel New Albany Surgical Hospital  
Board of Trustees

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Date