

ALLIED HEALTH PRACTITIONER POLICIES AND PROCEDURES

**VALLEY GENERAL HOSPITAL
MONROE, WASHINGTON**

Adopted June 2001

Revised June 2003, June 2005, June 2007, June 2009

ARTICLE I: GENERAL

- 1.1. The Board of Commissioner of Valley General Hospital permits certain types of practitioners to be granted clinical privileges without appointment to the medical staff. Such practitioners must be qualified by academic and clinical or other training to practice in a clinical or supportive role in providing services. All such individuals will provide services only under supervision of a member of the medical staff. The practitioner will provide only those clinical services that are consistent with the privileges granted.
- 1.2. All policies and procedures, as well as any applicable clinical protocols and guidelines governing the practice of individuals granted privileges without membership, must be reviewed and approved by the chairperson of the department in which the practitioner is granted privileges. The expanded nursing role clinical protocols and guidelines must also be reviewed and approved by the medical executive committee and the Board of Commissioners.

ARTICLE II: PRACTITIONERS

- 2.1. Currently, the following categories of practitioners are eligible to provide clinical services consistent with this policy so long as a supervision agreement is in place with an Active medical staff member of VGH:
 - 2.1.1. Nurse practitioners
 - 2.1.2. Physician assistants
 - 2.1.3. Certified registered nurse anesthetists
 - 2.1.4. Psychologists
 - 2.1.5. Optometrists
 - 2.1.6. Registered Nurse First Assistants
 - 2.1.7. Physician Assistant – Surgical Assistant

ARTICLE III: QUALIFICATIONS

- 3.1. To be eligible to provide clinical services, an applicant must:
 - 3.1.1. Be a graduate of a recognized and accredited school in his or her discipline
 - 3.1.2. Be legally qualified to practice in the given discipline in Washington
 - 3.1.3. Have demonstrated clinical competence in his or her discipline consistent with the requested scope of services
 - 3.1.4. Meet the specific qualifications and requirements established by the Hospital
 - 3.1.5. Meet the same malpractice insurance coverage amounts and conditions as required for medical staff members of the Hospital if not employed by the hospital
 - 3.1.6. Agree to abide by the rules, policies and procedures of the Hospital.

ARTICLE IV: APPLICATION

- 4.1. Applications for clinical privileges without medical staff membership will be processed in the same extent and the same manners as applications for clinical privileges with medical staff membership, as described by current medical staff bylaws, policies and procedures.

**ARTICLE V: PRACTITIONERS EMPLOYED BY PHYSICIAN MEMBERS
OF THE MEDICAL STAFF**

- 5.1. Practitioners employed by physician members of the medical staff must submit a statement by their employer or co-signed by a member of the medical staff concurring with the request for permission to provide services. The statement must confirm that the medical staff member does contract with the practitioner and will, at all times, be responsible for the practice of the practitioner, and, if unavailable, the medical staff member shall designate another member of the medical staff who will assume such responsibility. If the practitioner is employed by a group of physicians, at least one member of the group must submit or co-sign such a statement. If the appointment or privileges of the supervising physician are suspended or terminated, the practitioner's privileges will also be suspended or terminated.

For physician assistants, a copy of a current and approved PA practice plan shall be maintained in the practitioners' files. The approved practice plan shall also serve as the contract between the physician assistant and medical staff member as permission to provide services in Valley General Hospital with consideration that the Board of Commissioners has granted the practitioner membership and/or privileges.

ARTICLE VI: SUPERVISION

- 6.1. The care provided by all individuals granted clinical privileges will be supervised and evaluated through the medical staff quality monitoring and improvement processes.
- 6.2. Allied Health practitioners must have a supervision agreement with an Active medical staff member for quality monitoring and improvement processes.
- 6.2.1. An Active medical staff member may request withdrawal of supervision of an allied health practitioner, if the allied health practitioner has not had any clinical activity at VGH for at least two years since last appointment review. The supervision of the practitioners' clinical privileges and membership shall automatically be placed on hold and reported to MEC until another agreement with an Active medical staff member is obtained.
- 6.2.2. In the event a supervision agreement is not obtained prior to the allied health practitioner's next appointment review, the practitioner's clinical privileges and membership shall automatically terminate.

ARTICLE VII: PROFESSIONAL ETHICS

- 7.1. The professional conduct of each practitioner shall be governed both by the principles of professional ethics established by the profession, by law, and in accordance with the hospital's policy and procedures and medical staff bylaws.

**ARTICLE VIII: SUSPENSION, MODIFICATION,
TERMINATION OF PERMISSION TO PROVIDE SERVICES**

- 8.1. Each practitioner may be subject to discipline and corrective action, and his or her permission to provide selected clinical services may be suspended, modified, or terminated consistent with hospital and medical staff bylaws, policies and procedures. If the practitioner is a hospital employee, the hospital's existing progressive discipline policy will be applied. For all practitioners granted privileges without medical staff membership, in the event an action is taken that is adverse to the practitioner as defined in section 9 of this policy, the practitioner may request an appeal consistent with section 9 of this policy.

ARTICLE IX: APPEAL OF ADVERSE ACTION

- 9.1. **Triggering events:** The following recommendations or actions shall, if deemed adverse under section 9.2 below, entitle the practitioner to an appeal under timely and proper request:
- 9.1.1. Denial or restriction or requested clinical privileges
 - 9.1.2. Reduction of clinical privileges
 - 9.1.3. Suspension of clinical privileges
 - 9.1.4. Revocation of clinical privileges
- 9.2. **When deemed adverse:** A recommendation or action listed in section 9.1 above is adverse only when it has been:
- 9.2.1. Recommended by the Medical Executive Committee to the Board of Commissioners; or
 - 9.2.2. Taken by the Board of Commissioners under circumstances in which no prior right to request an appeal existed.
- 9.3. **Notice of adverse recommendation or action:** The Chief Executive Officer (CEO) or his/her designee shall promptly give the practitioner special notice of an adverse recommendation or action taken pursuant to section 9.2. The notice shall:
- 9.3.1. Advise the practitioner of the recommendation or action and of his or her right to request an appeal pursuant to the provisions of this policy
 - 9.3.2. Specify that the practitioner has thirty (30) days after receiving the notice within which to submit a request for an appeal
 - 9.3.3. Indicate that the right to the appeal may be forfeited if the practitioner fails, without good cause to appear at the scheduled appeal
 - 9.3.4. State that as part of the appeal the practitioner involved has the right to receive an explanation of the decision made and to submit any additional information the practitioner deems relevant to the review and appeal of this decision
 - 9.3.5. State that upon completion of the appeal, the practitioner involved has the right to receive a written decision of the hospital, including a statement of the basis of the decision.

- 9.4. **Request for appeal:** The practitioner has thirty days after receiving notice under section 9.3 to file a request for an appeal. The request must be delivered to the CEO either in person or by certified or registered mail.
- 9.5. **Waiver by failure to request an appeal:** A practitioner who fails to request an appeal within the time and in the manner specified in section 9.4 waives his or her right to an appeal to which he or she might otherwise have been entitled. Such waiver applies only to the matters that were the basis for the adverse recommendation or action triggering the notice referenced in section 9.3 above.
- 9.6. **Appeal procedure:** When a practitioner requests an appeal, the appeal shall consist of a single meeting attended by the practitioner, the CEO, Medical Director and the President of the Medical staff. During this meeting, the basis of the decision adverse to the practitioner which gave rise to the appeal will be reviewed with the practitioner, and the practitioner will have the opportunity to present any additional information the practitioner deems relevant to the review and appeal of the decision. Following this meeting, the CEO, Medical Director, and President of the Medical Staff will make a recommendation to the Board which will then determine if the adverse decision will stand, be modified, or be reversed. The practitioner will receive a written decision of the Hospital stating the result of the appeal and the basis of the decision.
- 9.7. **Sole remedy:** This appeal process will be the sole remedy available to a practitioner who qualifies for this appeal who experiences an adverse decision as defined in section 9.2 above.
- 9.8. **Practitioner's right to legal counsel:** Nothing in this plan shall be deemed to deny a practitioner the right to engage or be advised by legal counsel. However, participation by legal council at the appeal meeting shall be at the sole discretion of the hospital.
- 9.9. **Hospital's right to legal counsel:** Nothing in this plan shall be deemed to deny the Hospital to engage or be advised by legal counsel at their sole discretion.

ADOPTED by the Medical Staff of Valley General Hospital:

APPROVED IN FILE

President of the Medical Staff, Valley General Hospital

June 4, 2009

Date Signed

Medical Director, Valley General Hospital

Date Signed

APPROVED by the Board of Commissioners, Public Hospital District No. 1 of
Snohomish County dba Valley General Hospital:

APPROVED IN FILE

Board of Commissioners, Valley General Hospital

June 30, 2009

Date Signed

APPROVED IN FILE

Board of Commissioners, Valley General Hospital

June 30, 2009

Date Signed

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June 30, 2009

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