

**APPENDIX C TO BYLAWS
OF
INGHAM REGIONAL MEDICAL CENTER
PROFESSIONAL STAFF**

SPECIAL POLICY FOR ALLIED HEALTH PROFESSIONALS

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**INGHAM REGIONAL MEDICAL CENTER
PROFESSIONAL STAFF**

SPECIAL POLICY FOR ALLIED HEALTH PROFESSIONALS

ARTICLE I. DEFINITIONS AND GENERAL SCOPE OF PRACTICE

1.1 The defined terms of the Bylaws of the Professional Staff apply equally to this Policy. Allied health Professionals (hereinafter "**AHPs**") are health care providers who are not physicians, podiatrists or dentists but, by virtue of their special training, are able to provide services which are not already available to the institution or its Professional Staff. AHPs may include, but are not necessarily limited to, certified registered nurse anesthetists, physician assistants, surgical technicians, registered nurses, physical therapists, nurse midwives, nurse practitioners and clinical psychologists. AHPs shall be extended delineated Specified Service Authority analogous to Privileges for Professional Staff Members. Those health care providers who are employed by or under contract with Hospital and are credentialed through Hospital employment/contracting mechanisms of the Hospital's Human Resources or Nursing Departments (or equivalent) shall not be considered AHPs under the Bylaws or this Policy. However, Hospital reserves the right to require a classification of health care providers employed by Hospital to be credentialed as AHPs under the Bylaws and this Policy. Such AHP classification shall subject the health care provider to all the rights, responsibilities, and restrictions of AHPs as delineated in the Bylaws and this Policy.

¹1.1.1 A non Ingham Regional Medical Center (Ingham) employed or contracted individual who has access to the medical record only, will be required to sign an access and confidentiality form which will assert that the individual will maintain the confidentiality of the medical record. The physician who is responsible for the non Ingham employed or contracted individual will sign a statement acknowledging that he/she has verified that the individual is not excluded from Medicare or Medicaid, and has not been sanctioned by any public agency or insurance company, has a current license, if applicable, and has no criminal record that would preclude the individual from working in a health care arena.

1.1.2 A non Ingham employed or contracted individual who writes in the medical record will be credentialed pursuant to this section and will be required to sign an access and confidentiality form. In the event that the individual's job functions require that the individual be permitted to write in the medical record prior to the completion of the credentialing process, the Medical Staff Services Department may accept the written assertion by the physician employing the individual, that such is not excluded from Medicare or Medicaid, and has not been sanctioned by any public agency or insurance company, has a current license, if applicable, and has no criminal record that would preclude the individual from working

1.2 SPONSOR

A Sponsor is a Member who shall serve as a reference for the AHP and may provide some guidance for the Hospital for assessing the focused considerations for Specified Service Authority described in 4.2 below.

1.3 SPECIFIED SERVICE AUTHORITY OF NURSE MIDWIVES

Requests for specified service authority from Nurse Midwives shall be processed in the manner specified in Article IV of this Policy. To hold such limited privileges, a Nurse Midwife must have in place:

(a) An approved emergency protocol and backup protocol which sets forth how emergencies and

¹ Approved by Board of Trustees 9/11/03
Bylaws Committee Approved 12/05/05
Joint Conference Approved 12/12/2005
PSEC Approved 1/23/2006
Quarterly Professional Staff Approved 1/24/2006
Board of Trustees Approved 2/21/2006

complications to the condition of the patient mother and infant in utero will be managed (i.e., under what circumstances physician backup shall be called in to manage the patient).

- (b) An approved drug protocol which meets Hospital and Professional Staff requirements for standing orders and sets forth both the type of medications, and the indications for medications, the Nurse Midwife may administer.

Nurse Midwives who are granted limited privileges shall be assigned to the Department of Obstetrics and Gynecology and may admit patients for labor and delivery.

Before a patient is admitted to the service of a Nurse Midwife, the Nurse Midwife must designate a physician Member who holds full (including surgical) Privileges in the Department of Obstetrics and Gynecology as a contact physician for collaborative management of the admitted patient's condition. By making that designation, the Nurse Midwife certifies to the Hospital and Professional Staff that the designated physician has agreed to comply with the Emergency Backup Protocol and the Drug Protocol, and can be at the Hospital in one-half hour or less if a complication develops which is beyond the scope of the Nurse Midwife's capabilities and privileges. A Nurse Midwife may assume management of the patient's care subject to any rules requiring consultation or collaborative management with physicians when presented with a problem or condition outside the scope of the Nurse Midwife's practice. Otherwise a physician shall co-admit and be responsible for management of the care of any medical problems that may be present at the time of admission or that may arise during hospitalization which are outside the scope of the Nurse Midwife Specified Service Authority.

ARTICLE II. INELIGIBILITY FOR PROFESSIONAL STAFF MEMBERSHIP

- 2.1 AHPs shall not be Members of the Professional Staff and, therefore, shall not be eligible to vote or hold office in the Professional Staff organization, nor shall they be entitled to the procedural rights specified in Article VIII and/or the Review Procedures Plan. Procedural rights of AHPs are those specifically provided in this Policy.

ARTICLE III. LICENSURE/REGISTRATION

3.1 LICENSED FIELDS

AHPs practicing in fields requiring license or registration under the Michigan Public Health Code, must have such a license and such other qualifications as may be approved by the PSEC subject to final determination by the Board.

3.2 NON-LICENSED FIELDS

Those AHPs to whom licensure or registration under the Michigan Public Health Code is not applicable will be expected to provide satisfactory proof of basic objective qualifications within their respective fields of specialization. These qualifications shall include, but are not limited to, a degree from an appropriate accredited program, certification or documentation of expertise in the field and references to establish other qualifications as may be approved by the PSEC, subject to final determination of the Board.

ARTICLE IV. APPLICATION AND APPROVAL/RENEWAL OF SPECIFIED SERVICE AUTHORITY

4.1 HOSPITAL FOCUSED CONSIDERATIONS FOR SPECIFIED SERVICE AUTHORITY

- 4.1-1 In addition to the consideration of the professional qualifications and competence of the AHP determination as to whether or not Specified Service Authority shall be granted shall take into account the needs of the Hospital in planning to meet the present and future needs of the Hospital and the

community it services, including the following:

- (a) Maintaining continuity of service;

- (b) Providing new skills as they may be developed by the constant and rapid evolution of medical science;
- (c) Supplying the medical skills and experience necessary for the continued ability of the Hospital or Professional Staff to carry out the programs and projects of the Hospital;
- (d) Delivering quality care in a cost-effective and efficient manner, taking into account the limited resources of the Hospital;
- (e) The Hospital's ability to provide adequate facilities and supportive services for the AHP and his patients;
- (f) The need for the professional skills of the AHP in the Hospital's delivery of care to its patients;
- (g) The existing availability of sufficient services at the Hospital which are an alternative to, superior to, or redundant to the services offered by the AHP;
- (h) Hospital contractual obligations; and
- (i) Hospital organizational planning objectives and goals.

Denial for these reasons is not and will not be considered an expression as to the ability or qualification of the applicant.

4.2 APPLICATION AND APPROVAL

Application for Specified Service Authority for an AHP shall be made on the prescribed form, which shall be submitted, to the CEO. Each application for Specified Service Authority shall be signed by the AHP and the Member who is sponsoring the AHP. If the AHP is an employee or sub-contractor of a Member, the Member must be the Sponsor. An AHP shall apply for delineated Specified Service Authority in the Department of the Professional Staff most closely aligned with the Specified Service Authority requested by the AHP. Typically, but not always, this will be the Professional Staff Department of the AHP's Sponsor in his Member-employer/contractor's department of the Professional Staff. The application form shall be prescribed by the PSEC and shall parallel the format required for Professional Staff applications. The applicant's responsibilities shall be the same as that of an applicant to the Professional Staff as specified in the Bylaws. The CEO, having verified the information, shall forward the application and supporting materials to the Credentials Committee for review and consideration. The Credentials Committee's recommendation, along with the application and supporting materials, will be forwarded to the PSEC for consideration and subsequently to the Board. Action on the application by the Board shall generally be accomplished within ninety (90) calendar days after its receipt of a completed application. An initial grant of Specified Service Authority shall be for no more than one (1) year during which time such authority shall be provisional.

4.3 PROVISIONAL STATUS

Each initial AHP seeking specified service authority shall be initially appointed on a provisional basis for a one (1) year period. While on provisional status the AHP shall be subject to special review. The scope, nature and method for special review shall be determined by the Department Chairman or designee with the concurrence of the PSEC and the Board and may include a partial or total monitoring requirement or written evaluation of the applicant's performance by his Sponsor. If the AHP is required to be monitored, an additional period of no greater than one (1) year may be requested.

4.4 RENEWAL OF SPECIFIED SERVICE AUTHORITY

All AHPs are subject to the reappointment review process in conjunction with their respective Department

every two (2) years upon application to the PSEC on a form which parallels the Reappointment Application for Members. A Reappointment Application for an AHP shall be co-signed by his Sponsor. The renewal of Specified Service Authority will be based, in part, upon written evaluation of the applicant's performance by his Sponsor and physicians who have used his services and the Quality Assessment/Quality Improvement activity of the Department to which he is assigned. All requests for renewal must be submitted on the form prescribed by the PSEC. Providing the information on the appropriate form is the responsibility of the AHP and his Sponsor. The CEO shall verify the information in the Reappointment Application. When the Reappointment Application is complete, the CEO shall forward the application and supporting materials to the Credentials Committee for review and consideration. Once the Credentials Committee's review is complete, its recommendation, along with the application and supporting materials, will be forwarded to the PSEC and subsequently to the Board for consideration. Action on the application by the Board shall generally be accomplished within ninety (90) calendar days after its receipt of a completed application.

4.5 LOSS OF AUTHORITY

In the event that an AHP/Sponsor relationship is terminated, the AHP has sixty (60) days to find another sponsor Member. If no sponsor Member is found within sixty (60) days, the AHP shall automatically and immediately have all Specified Service Authority revoked. Reapplication may be made as described in 4.2.

4.6 INTERIM AUTHORITY

Interim Specified Service Authority may be granted to an AHP in a manner parallel to that set forth for Interim Privileges in the Professional Staff Bylaws.

ARTICLE V. PROFESSIONAL STAFF MEMBERS' OBLIGATIONS

5.1 THE SPONSORING MEMBER AGREES:

- 5.1-1 To accept responsibility for the proper conduct of the AHP within the Hospital and for the AHP's observance of all Bylaws, Policies and Rules of the Hospital and Professional Staff;
- 5.1-2 To abide by all Bylaws, Policies and Rules governing the use of AHPs in this Hospital, including refraining from requesting that the AHP provide services beyond, or that might reasonably be construed as being beyond, his authorized scope of Specified Service Authority in the Hospital;
- 5.1-3 To immediately notify the CEO's office in the event of any of the following occurrences:
 - (a) His approval to supervise the AHP is revoked, limited or otherwise altered by action of a State of Michigan licensing board;
 - (b) Notification is given of the investigation of the AHP by a State of Michigan licensing board;
 - (c) The employment/contract status of the AHP changes or the AHP's authorized scope of practice changes; or
 - (d) The Sponsoring Member's Professional Liability Insurance coverage is changed (i.e., reduced or eliminated) insofar as coverage of the acts of an AHP is concerned.
- 5.1-4 To comply with all applicable regulations of State of Michigan licensing boards with respect to his supervision of the AHP.

ARTICLE VI. AHP'S OBLIGATIONS

6.1 EACH AHP PROVIDING SERVICES IN THE HOSPITAL MUST:

- 6.1-1 Provide patients with care at the level of quality and efficiency recognized as appropriate and required by the Professional Staff and Hospital;
- 6.1-2 Abide by the existing Bylaws, policies and Rules of the Professional Staff, Hospital, the Department to which he is assigned and any additional regulations/policies which may be specifically developed for AHPs;
- 6.1-3 Have a residence and office, where applicable, located sufficiently close to the Hospital in order to enable prompt availability, continuous care to his patients, and to comply with other required Hospital-related responsibilities;
- 6.1-4 Prepare and complete in a timely fashion appropriate portions of all required records for patients he provides services to in the Hospital;
- 6.1-5 Abide by generally recognized standards of professional ethics;
- 6.1-6 Refrain from any conduct or acts that are, or could reasonably be interpreted as being, beyond or an attempt to exceed the scope of practice authorized for him in the Hospital;
- 6.1-7 Be subject to and participate in quality assessment/improvement program activities and in discharging such other functions as may be required from time to time by the PSEC or the Board;
- 6.1-8 When appropriate, attend educational programs of the Professional Staff;
- 6.1-9 Notify the CEO and/or his Sponsor in the event of any investigative action of the AHP by any State of Michigan licensing board; and
- 6.1-10 Immediately reports to the office of the CEO any change in Professional Liability Insurance covering him.

ARTICLE VII. CORRECTIVE ACTION

7.1 CORRECTIVE ACTION

Corrective or Administrative Action may be instituted as to an AHP for any of the grounds that are specified in Article VIII. and the Resolution Process Appendix of the Bylaws.

7.2 HOSPITAL EMPLOYEES

Any Member who reasonably believes that one or more of the grounds set forth in Article VIII and the Resolution Process Appendix of the Bylaws are present with respect to an AHP employed by the Hospital shall report that belief to the office of the CEO. Any action on the foregoing shall be in a manner, which is consistent with established Hospital personnel policies and procedures. The action in accordance with such personnel practices shall be final.

7.3 NON-EMPLOYEES OF THE HOSPITAL

7.3-1 Manner of Initiation

Any two of the following:

- (a) *CEO;*
- (b) *Co-Chiefs;*
- (c) *Co-Chiefs Elect;*
- (d) *Chairman of the Department to which the AHP is assigned; or*
- (e) *Credentials Committee Chairman*

who reasonably believe that the grounds set forth in Article VIII. or Resolution Processes Appendix of the Bylaws are present, may jointly initiate corrective action by suspending the Specified Service Authority of the AHP with a written notice to the AHP of such action, or if immediate action is not required, issuing a written notice of the pendency of the Corrective Action to the AHP. If not involved in the Corrective Action, a copy of the written notice shall be promptly given to the CEO, the Co-Chiefs and, where applicable, the Sponsor of the AHP.

7.3-2 Investigation and Hearing

If there was no previous investigation, within thirty (30) calendar days of a suspension, the PSEC shall appoint a qualified person or persons to conduct an investigation. The result of the investigation will be reported to the PSEC. The PSEC shall then provide an opportunity for the persons initiating corrective action, witnesses to any events and the affected AHP to appear and make informal presentations of the respective positions and/or observations. Minutes shall be kept of this informal hearing.

7.3-3 PSEC Action

Following its investigation, the PSEC shall then make any one or more of the following recommendations:

- (a) *Rejecting Corrective Action with or without issuing a written warning or letter of admonition;*
- (b) *Imposing requirements of consultation;*
- (c) *Issuing a letter of reprimand;*
- (d) *Imposing a probationary period;*
- (e) *Imposing reduction, suspension or revocation of privileges;*
- (f) *Imposing suspension or revocation of AHP status; or*
- (g) *Other action deemed appropriate.*

The report of the investigation, the minutes of any hearing and the recommendation of the PSEC shall then be provided to the affected AHP and the CEO, and the CEO shall promptly provide the AHP with a copy of the decision or recommendation. The affected AHP may request reconsideration and submit a written statement in support to the CEO within thirty (30) calendar days after receipt of the initial reports, minutes and recommendations. If reconsideration is requested, the PSEC shall, within the next thirty (30) calendar days after receipt of the request, deliberate, reconsider its prior recommendation, and either affirm, modify or replace with a copy of its decision upon reconsideration.

7.3-4 Board Action

- (a) If the PSEC's final recommendation, after any requested reconsideration, is for Corrective Action, then the CEO will forward that recommendation and all statements of the AHP, reports, minutes and other supporting documentation to the Board which shall review the record and consider its possible action.
- (b) The AHP may submit to the Board (through the CEO) within thirty (30) calendar days after the final recommendation of the PSEC is provided to him, a written statement setting forth any basis for his opposition to the PSEC's recommendation, which shall be considered by the Board.
- (c) At any step in the process, the PSEC or the Board may refer the matter back to the investigating person or persons with directions for further review and report. The Board may also request the PSEC to conduct further hearings.
- (d) If the Board's proposed action, after review of the PSEC recommendation and supporting documents, would have the effect of substantially changing the PSEC's recommendation, it shall call a meeting with the Joint Conference Committee. Following such meeting, the Board shall then deliberate and take final action.

7.3-5 Notice to the Allied Health Professional

When the Board's action is taken, the CEO shall notify the affected AHP in writing.

7.3-6 Inapplicability of the Review Procedures Plan

The Review Procedures Plan and its requirements shall not apply to AHPs.

ARTICLE VIII. GENERAL PROVISIONS FOR ALLIED HEALTH PROFESSIONALS

8.1 PROFESSIONAL LIABILITY INSURANCE

Each AHP granted Specified Service Authority in the Hospital shall have and maintain in force Professional Liability Insurance in not less than the minimum amounts as shall be periodically determined by the Board in consultation with the PSEC. A record of the current status of Professional Liability Insurance shall be submitted on a yearly basis to the CEO.

Any change in the status of the Professional Liability Insurance of each AHP, including the name of the Professional Liability Insurance carrier and the amount of coverage, shall be reported to the CEO within seven (7) business days of its occurrence. Failure to do so will result in Corrective Action, which may include suspension or termination of Specified Service Authority.

8.2 PHYSICAL AND MENTAL HEALTH QUALIFICATIONS

Each AHP who requests or is granted Specified Service Authority in the Hospital may be required upon request of the PSEC, the Credentials Committee, or the Board to receive a physical or mental health examination. The purpose of the examination(s) is to assist the PSEC or the Board in determining the ability of the AHP to determine whether the AHP is qualified to competently exercise and safely exercise the Specified Service Authority he seeks or holds. If such examination(s) shall be required, the body requesting the examination(s) shall select practitioner(s) to perform such examination(s). The expense for the examination(s) shall be the responsibility of the Hospital. The findings of the examination(s) shall be directly reported to the requesting authorized body.

8.3 FORMS

Forms required for use in connection with AHP Specified Service Authority, renewal requests, corrective action, reports and other applicable matters shall be adopted by the PSEC.

8.4 TRANSMITTAL OF REPORTS

Reports and other information which these Bylaws require the Professional Staff to transmit to the Board shall be deemed so transmitted when delivered to the CEO.

ARTICLE IX. AMENDMENT AND APPLICATION

9.1 AMENDMENT

This Policy may be amended or repealed, in whole or in part, in the same manner that Rules and policies of the Professional Staff may be amended..

9.2 APPLICATION

Any matter subject to review or hearing pursuant to the Professional Staff Bylaws after adoption of this Policy by the Board of Trustees shall be governed by its term; the prior review and hearing procedures shall be deemed superseded by the terms of this Policy.

The foregoing Policy to the Bylaws of the Professional Staff was adopted by the Active Professional Staff Members of the Hospital on the 24th day of January, 2006.

CO-CHIEF OF THE PROFESSIONAL STAFF

CO-CHIEF OF THE PROFESSIONAL STAFF

SECRETARY OF THE PROFESSIONAL STAFF

ADOPTED by the Board of Trustees of the Hospital on the 21st day of February, 2006.

SECRETARY OF THE BOARD

Bylaws Committee Approved 12/05/05
Joint Conference Approved 12/12/2005
PSEC Approved 1/23/2006
Quarterly Professional Staff Approved 1/24/2006
Board of Trustees Approved 2/21/2006

SPAHP 12

Print Date: 2/19/2007