



**ALLIED HEALTH RULES and REGULATIONS**

**BANNER OCOTILLO MEDICAL CENTER**

**Chandler, Arizona**

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## **ARTICLE I. DEFINITIONS AND CATEGORIES**

### **1.1 Definition**

Allied Health Professionals (AHPs) are individuals who:

- (a) are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital; and
- (b) function in a medical support role to physicians who have agreed to be responsible for such AHPs function consistent with their scope of practice and the facility's delineation of privileges. AHPs are not members of the medical staff.
- (c) **Sponsoring/Supervising Physician:** A physician duly licensed to practice medicine in the applicable state, who is a member in good standing of the Medical Staff with active privileges and who is the primary sponsoring/supervising physician of the dependent AHP in accordance with a supervisory agreement. The sponsoring/supervising physician shall be qualified in the medical areas in which the dependent AHP is to perform and shall be accountable for the dependent AHP. It is the further responsibility of the sponsoring/supervising physician of such dependent AHP to acquaint such dependent AHP with the applicable Rules and Regulations of the Medical Staff and the Medical Center, as well as with appropriate members of the Medical Staff and hospital personnel with whom such dependent AHP shall have contact at the Medical Center. Such sponsoring/supervising Physician shall furnish evidence of professional liability insurance coverage for such dependent AHP. Nothing in these provisions, however, should be construed to relieve the AHP of any responsibility and liability for any of his or her own acts and omissions.
- (d) **Alternate Supervising Physician:** An Alternate Supervising Physician is any physician designated by the Sponsoring Physician to provide supervision in the event that he or she is unable to provide that supervision. The Alternate Supervising Physician shall maintain the same responsibilities as the supervising physician; however, the Supervising Physician shall remain ultimately responsible for the AHP as provided for in the supervisory agreement with the AHP.

### **1.2 Categories**

The following are the categories of AHPs currently authorized to provide services in the Medical Centers:

#### **1.2.1 AHP Categories:**

- a. Non-Physician First Assists
- b. Licensed Social Workers/Crisis Counselors
- c. Private Scrub/Scrub Technologists
- d. Optometrists
- e. Audiologists

**1.2.2 Change in Categories:** The Medical Executive Committee or CEO may recommend the addition or elimination of other categories of AHPs authorized to provide services at the Medical Centers. Any such recommended change in authorized categories of AHPs shall become effective upon Board approval and shall not require formal amendment of these Rules and Regulations.

## **ARTICLE II. QUALIFICATIONS**

### **2.1 General Qualifications**

A statement of qualifications for each category of AHPs shall be developed by the department to which the AHP would be assigned, subject to approval by the Medical Executive Committee and the Board. AHP Staff must satisfy general qualifications outlined in Section 3 of the Medical Staff Bylaws, as applicable.

## **ARTICLE III. PREROGATIVES, OBLIGATIONS, TERMS AND CONDITIONS**

### **3.1 Prerogatives**

The prerogatives of an AHP are to:

- (a) provide such specifically designated patient care services as are granted by the Board upon recommendation of the Medical Executive Committee and consistent with any limitations stated in the Bylaws, the policies governing the AHPs practice in the Medical Center, and other applicable Medical Staff or Medical Center policies;
- (b) serve on committees when so appointed;
- (c) attend open meetings of the staff or the department.

### **3.2 Obligations**

Each AHP shall:

- (a) abide by the basic obligations required under section 3.3 of the Medical Staff Bylaws;
- (b) when requested, attend meetings of the staff, the department, and the section;
- (c) refrain from any conduct or acts that could be reasonably interpreted as being beyond the scope of practice authorized by the Board.
- (d) shall wear an identification badge at all times while at the Medical Center.

### **3.3 Terms and Conditions**

An AHP shall be individually assigned appointment to the clinical department appropriate to his or her professional training and subject to formal periodic review as outlined in the Medical Staff Credentials Manual and disciplinary procedures as outlined below. AHPs shall be responsible and accountable at all time to a supervising physician and shall be under the supervision and direction of a supervising physician.

Any questions concerning the function of an AHP shall be referred to the department of the sponsoring/supervising physician.

## **ARTICLE IV. ADVERSE ACTION REVIEW AND APPELLATE REVIEW, AUTOMATIC AND NONREVIEWABLE ACTIONS**

### **4.1 Adverse Action Review and Appellate Process**

#### **4.1.1 Initiation of Adverse Action Review and Appeal Process**

AHPs who are subject to Adverse Action (other than Nonreviewable or Automatic Actions defined in Sections 4.2 and 4.3) shall be afforded an Adverse Action Review and appeal process in accordance with these Rules & Regulations. Adverse actions or recommendations (Adverse Actions) include: denial of a request to provide any patient care services within the applicable Scope of Practice or revocation, suspension, reduction, limitation or termination of privileges within the applicable Scope of Practice. AHPs are not entitled to due process rights set forth in the Medical Staff Bylaws, and none of the procedural rules set forth therein shall apply.

#### **4.1.2 Notice of Adverse Recommendation or Action**

Within fifteen (15) days after Adverse Action is taken against an AHP, the AHP and his/her supervising/sponsoring physician shall be notified in writing of the specific reasons for the Adverse Action and the AHPs rights per these Rules and Regulations.

#### **4.1.3 Request for Review of Adverse Recommendation or Action**

The AHP may request an Adverse Action Review following the procedure set forth in these Rules and Regulations. If the AHP does not deliver a written request for an Adverse Action Review to the Chief Executive Officer within ten (10) days following the receipt of the notice of the Adverse Action, the Adverse Action shall be final and non-appealable.

#### **4.1.4 Composition of the Review Committee**

The Medical Staff Department to which the AHP is assigned or departmental committee consisting of at least three members of the Department and a Nursing Administration representative and Chief Medical Officer will consider the request and serve as the Review Committee.

#### **4.1.5 Notice of Time and Place for Review**

The AHP shall be given ten (10) days prior written notice of the time, place and date of

the Adverse Action Review and a list of witnesses, if any, who will be called to support the Adverse Action.

**4.1.6 Statements in Support**

The Medical Staff Representative and the AHP shall be entitled to submit a written statement in support and/or to introduce all relevant documentation by supplying two (2) copies of the statement and/or documentation to the Medical Staff Services Office at least five (5) days prior to the review.

**4.1.7 Rights of Parties**

During the Adverse Action Review, the parties will be given an opportunity to present relevant evidence, call witnesses and make arguments in support of their positions. The AHP, the Hospital and the Medical Staff Representative shall not be entitled to legal counsel at the Adverse Action Review or Appellate Review.

**4.1.8 Burden of Proof**

The Medical Staff Representative has the initial obligation to present evidence in support of the adverse action or recommendation. Thereafter, the AHP has the burden of demonstrating, by a preponderance of the evidence, that the adverse action or recommendation lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

**4.1.9 Action on Committee Review**

Upon completion of the review, the Review Committee shall consider the information and evidence presented, make a recommendation, which shall include the basis therefore, and forward it to the Chief of Staff. The AHP and the Medical Staff Representative shall be provided with a copy of the Committee's recommendation.

**4.1.10 Duty to Notify of Noncompliance**

If the AHP believes that there has been a deviation from the procedures required by this Adverse Action Review Plan or applicable law, the AHP must promptly notify the Chief of Staff of such deviation, including the Adverse Action Review Plan/Allied Health/Advanced Practice Professionals Rules and Regulations or applicable law citation. If the Chief of Staff agrees that a deviation has occurred and is substantial and has created demonstrable prejudice, he/she shall correct such deviation. The AHP will be deemed to waive any procedural deviation that he/she has not raised promptly with the Chief of Staff pursuant to this section.

**4.1.11 Request for Appellate Review**

If the AHP is dissatisfied with the Committee's recommendation, he/she may submit a written request for an Appellate Review, provided that the Chief Executive Officer receives such request within ten (10) days following the AHP's/APP's receipt of the Committee's recommendation. The request must identify the Grounds for Appeal and must include a clear and concise statement of the facts in support of the request. Grounds for Appeal include: that the Adverse Action Review failed to comply with these Rules and Regulations or applicable state law and that such noncompliance created demonstrable prejudice or that the Review Committee's recommendation was not supported by substantial evidence. If the request for an Appellate Review is not requested properly and/or timely, the Committee's recommendation shall become final and non-appealable. For appeals based upon procedural errors, notice of noncompliance must have been properly given.

**4.1.12 Appellate Review before the Medical Executive Committee**

Upon a proper and timely request for an Appellate Review, an appeal shall be held by the Medical Executive Committee or a subcommittee thereof consisting of at least three (3) members. The AHP shall be given at least five (5) days prior written notice of the time, place and date of the Appellate Review. At the appeal, the parties shall be allowed to present written and/or oral arguments as to why the Committee's recommendation should be reversed or modified.

**4.1.13 Final Determination by the Medical Executive Committee**

The Medical Executive Committee shall make a final determination on the Adverse Action, which shall be provided to the parties. The decision of the Medical Executive Committee shall not be subject to further appeal. The final decision will be submitted to the Medical Staff Subcommittee of the Board.

#### **4.2 Automatic Suspension or Limitation**

Automatic suspension or limitation shall be immediately imposed under the conditions outlined in 6.7 of the Medical Staff Bylaws.

##### **4.2.1 Failure to Maintain a Supervising/Sponsoring Physician**

An AHP who fails to maintain a supervising/sponsoring physician, shall automatically be suspended. If, within 30 calendar days of notification of suspension, another physician with appropriate privileges on the Medical Staff agrees to serve as the supervising/sponsoring physician and is approved by the appropriate licensing agency, if so required, the practitioner shall be reinstated. Failure to make a timely request for reinstatement shall result in automatic relinquishment of membership and privileges.

#### **4.3 Nonreviewable Actions**

Not every action entitles the practitioner AHP to rights pursuant to the Adverse Action Review and Appellate Review. Those types of corrective action giving rise to automatic suspension as set forth in Section 6.7 of the Bylaws are not reviewable under the Adverse Action Review and Appellate Review. Additional occurrences defined as nonreviewable are outlined in Section 6.8 of the Medical Staff Bylaws.

Where an action that is not reviewable (automatic or nonreviewable action) has been taken against an AHP, the affected AHP may request that the action be reviewed and may submit information demonstrating why the action is unwarranted. The Medical Executive Committee, in its sole discretion, shall decide whether to review the submission and whether to take or recommend any action. The affected AHP shall have no appeal or other rights in connection with the Medical Executive Committee's decision.

#### **4.4 Peer Review**

Concerns over the provision of care by AHPs will be referred to the Professional/Peer Review Committee (PRC) and the supervising practitioner will also be notified. The process for peer review will be followed as outlined in the Banner Health Peer Review Policy. If the determination results in an Adverse Action which is not automatic or non-reviewable, the process outlined above will be followed.

### **ARTICLE V. SCOPE OF SERVICE**

#### **5.1 Description**

The scope of service that may be provided by any group of AHPs shall be developed by the appropriate department and representatives of management, if applicable, and subject to the recommendation of the Executive Committee and the approval of the Board. For each group, guidelines must include at least:

- 5.1.1 specifications of categories of patients to whom services may be provided.
- 5.1.2 a description of the scope of services to be provided and procedures to be performed, including any special equipment, procedures, or protocols that specific tasks may involve. The services provided by AHPs must be commensurate with the qualifications and competencies required of medical center employees who perform the same or similar services.
- 5.1.3 medical records documentation requirements are outlined in the Medical Staff Rules and Regulations.

### **ARTICLE VI. CREDENTIALING**

#### **6.1 General**

The procedures for processing applications from AHPs, for reviewing ongoing performance, for periodic reappraisal, and for disciplinary action shall be established by the department, the Medical Executive Committee, and the Board.

An AHP who is or who will be providing professional direct patient care services pursuant to a contract or

employment with the Medical Center, must meet the same appointment qualifications, must be evaluated for appointment, reappointment, and clinical privileges in the same manner, and must fulfill all of the obligations of the assigned category as a non contracted/employed AHP staff member.

**6.2 Processing the Application**

The procedures for processing applications from AHPs are defined in the Medical Staff Credentials Manual and Medical Staff Bylaws.

**6.3 Temporary Privileges**

Temporary privileges may be granted only in the circumstances and under the conditions described in the Medical Staff Bylaws.

**6.4 Disaster Privileges**

In the event of an officially declared emergency or disaster, any AHP may be granted temporary disaster privileges as outlined in the Medical Staff Bylaws.

**ARTICLE VII. OPPE/FPPE**

**7.1 Ongoing Professional Practice Evaluation (OPPE)**

As outlined in the Professional Practice Evaluation Policy. OPPE may also include an annual peer competency evaluation.

**7.2 Focused Professional Practice Evaluation (FPPE)**

- 1) A focused review of the AHPs professional practice will be completed by a peer competency evaluation.
- 2) Monitoring of AHP data for the FPPE may include other quality data as available. Clinical competency, technical skill, judgment, adherence to bylaws, cooperativeness and ability to work with others in a professional manner will be evaluated through the peer review process. Generated variance reports shall be reviewed by the Chair or designee.

**ARTICLE VII. AMENDMENT AND ADOPTION**

**8.1 Amendment**

These General Rules and Regulations of the Allied Health Staff may be amended or repealed, in whole or part, by a resolution of the Medical Executive Committee recommended to and adopted by the Board.

**8.2 Adoption**

Approved and adopted by resolution of the Banner Health Board of Directors on April 9, 2020.