

Title:	Allied Health Professionals - Credentialing	Page 1 of 4
Policy No:	1 MS.007	Effective Date: 9/29/2017

I. SCOPE

DMC Medical Affairs, DMC Medical Staff and Clinical Departments.

II. OBJECTIVE

To define the credentialing process for Allied Health Professionals and specific rules for Allied Health Professionals privileged through the Medical Staff credentialing process.

III. DEFINITIONS

1. Allied Health Professionals (AHP) include employees of the Detroit Medical Center (DMC) and non-DMC employed practitioners. AHP's are not members of the Medical Staff but may request certain privileges through the Medical Staff structure. Any AHP desiring to provide services to patients that are customarily provided by the Medical Staff must be credentialed through the Medical Staff credentialing process as defined in Section 2 below.
2. Employees and non-employees of the DMC shall practice under the authority of an approved job description or scope of practice. Qualifications of employed AHPs will be verified through the employment process by the Human Resources Department. An employed AHP requesting privileges outside of the approved job description shall do so through the procedures described in Medical Staff Policy, MS-002 Initial Appointment. Such privileges shall be approved by the Credentials Committee, the Medical Executive Committee (MEC) and the Governing Body. The performance of the employee shall be monitored through the focused and ongoing professional practice evaluation process and through the review process described herein.
3. AHPs eligible to apply for privileges through the Medical Staff credentialing process include individuals who hold an advanced license through the state of Michigan. AHPs under this section include:
 - Certified Registered Nurse Anesthetists (CRNA)
 - Certified Nurse Midwives (CNM)
 - Certified Nurse Practitioners (CNP)
 - Psychologists and Doctoral Scientists (LLP/PhD)
 - Audiologists (AuD)
 - Physician Assistants (PA)
 - Optometrists (OD)
 - Other appropriately trained and licensed AHP's as may be approved by the Governing Body.

IV. PROVISIONS

1. Qualifications, Responsibilities and Prerogatives
 - a. As required by their particular discipline, AHPs shall have satisfactorily completed the requirements of a fully-accredited professional program, and shall meet all educational and training requirements specified by the department to which they are applying.
 - b. AHPs shall hold an advanced license and/or certification required to practice their profession in the State of Michigan as required for their discipline, and shall meet the basic qualifications required by the State Board for that profession.
 - c. AHPs shall meet the responsibilities for continuous licensure and professional liability insurance and all other responsibilities described in the Medical Staff Bylaws, Article III, Section 7.
 - d. AHPs possessing a Federal DEA license to prescribe controlled substances listed in Schedule 2 through 5 must be authorized to prescribe controlled substances by their DMC sponsoring physician as evidenced by the completion of the "Delegation of Prescriptive Authority for Controlled Substances to Mid-Level Practitioners".

Title:	Allied Health Professionals - Credentialing	Page 2 of 4
Policy No:	1 MS.007	Effective Date: 9/29/2017

- e. PAs must have both a Michigan Controlled Substance license and a Federal DEA license. Prescribing restrictions are addressed in the Practice Agreement between the PA and the Sponsoring Physician. The Delegation of Prescriptive Authority is not required.
 - f. AHPs are eligible to serve on Medical Staff, department, service and hospital committees.
 - g. AHPs shall attend meetings of the department and service to which they are assigned, as required.
2. Sponsoring Physician
- a. The services of an AHP must be engaged by a Member of the Medical Staff either as a DMC-employee, an employee of the practitioner or his medical group. The Medical Staff Member shall be identified as the "Sponsoring Physician." Fully licensed Psychologists (Ph.D.) shall not be required to identify a Sponsoring Physician.
 - b. Any member of the Active or Affiliate Staff is eligible to sponsor an AHP, and in doing so shall assume total responsibility for the performance of any AHP used by him. An AHP may have more than one Sponsoring Physician, and the Sponsoring Physician may sponsor more than one AHP, as defined by law. The Sponsoring Physician(s) must hold an appointment in the same department/specialty in which the AHP is applying to practice.
 - c. In the case of Advanced Practice Nurses (APN), as part of the privileging process, the Sponsoring Physician and the APN shall provide a collaborative agreement which shall describe the medical functions, duties, and responsibilities of the APN. In addition, this plan shall address specific departmental requirements for supervision for both routine and emergent situations. The Sponsoring Physician shall provide a list of designated practitioner(s) to supervise the APN in his absence.
 - d. In the case of PAs, as part of the privileging process, the Sponsoring Physician and the PA shall provide a practice agreement which shall define the process and protocols by which the PA and the Sponsoring Physician will provide medical care for their patients. The practice agreement shall describe the protocol for designating an alternative physician when the Sponsoring Physician is unavailable.
 - e. Should the relationship of the AHP and the Sponsoring Physician be terminated, it shall be the responsibility of the Sponsoring Physician to immediately notify DMC Corporate Medical Affairs of the termination. The privileges of the AHP shall be suspended immediately upon receipt of such notification.
 - f. Should the Membership of the Sponsoring Physician be terminated, the privileges of the AHP shall be suspended immediately upon such action.
 - g. In either instance, the AHP shall have thirty (30) days in which to identify an alternate approved Medical Staff Member to assume the responsibilities of Sponsoring Physician. If an alternate Sponsoring Physician is not identified, the privileges of the AHP shall automatically lapse.
3. Bound by Rules and Regulations and Policies
- a. Each AHP, in connection with submitting his application, shall verify by written statement that he has read and understands this Policy governing AHP's and agrees to be subject to and abide by such provisions.
 - b. While within the DMC operating units, all AHP's shall be governed by the general policies of the DMC as well as by specific policies relating to delivery of services and conduct of care by AHP's.
4. Procedure for Approval, Renewal and Revocation

Title:	Allied Health Professionals - Credentialing	Page 3 of 4
Policy No:	1 MS.007	Effective Date: 9/29/2017

- a. Application forms to be used in applying for privileges or renewal of privileges to act as an AHP shall be developed by DMC Medical Affairs and approved by the Governing Body. DMC Medical Affairs shall be responsible for the distribution and processing of the applications.
- b. Upon receipt, the application will be examined for completeness, the information contained therein shall be verified and the application, when complete and verified, will be referred to the Allied Health Professional Executive, Department Chief/Specialist-in-Chief or designee, the Credentials Committee, MEC and the Governing Body.

All requests for AHP privileges (or Scope of Practice) are subject to biennial review and approval, as appropriate, by AHP Executive or other individuals, the Department Chief/Specialist-in-Chief or designee, and by the Credentials Committee, the MEC, and the Governing Body.

- c. Once a completed application has been received and the information contained therein has been verified according to Medical Staff Policy MS-004 Temporary Privileges, temporary privileges may be granted to fill an important patient care need, pending the MEC and JCC approval, by the following:
 - 1. Nursing manager or other AHP Executive or appropriate manager; and
 - 2. Department Chief or designee; and
 - 3. Chief of Staff or President of the Medical Staff; and
 - 4. Administrative representative.
- d. The AHP shall hold only temporary approval until the recommendation has been reviewed and acted upon by the Credentials Committee, the MEC, and the Governing Body.
- e. The respective department(s) in which the AHP performs privileges shall monitor the performance of the AHP and shall regularly report such monitoring activities to any appropriate clinical improvement committee.
- f. Each AHP authorized to perform privileges within the DMC shall be subject to reappraisal in the same manner as Medical Staff appointees, as described in Medical Staff Policy. The Sponsoring Practitioner shall participate in the evaluation of the performance of the AHP. Any AHP whose privileges have expired or are not renewed may not provide any services in the DMC.
- g. The privileges of an AHP may be revoked at any time, after consultation with the Sponsoring Practitioner, by the President of the DMC, the Chief of Staff of a Hospital in which the AHP practices, the Chief of Service, the Chair of the Credentials Committee or the President of the Medical Staff when, in the opinion of such individual, the failure to take action might in any way result in a threat to the safety, health or welfare of any patient or other person or to the orderly administration of the DMC. The AHP may be notified prior to the withdrawal or modification of privileges, but in any event, written notice of the reason for the withdrawal or modification of privileges shall be provided to the AHP.
- h. For DMC-employed AHP's, violation of Human Resources Policy, professional practice code and practicing beyond the scope of practice are also reasons for removal of privileges.
- i. If the Credentials Committee recommends the denial, non-renewal or revocation of the privileges of any AHP, that recommendation will be presented to the Medical Executive Committee at its next scheduled meeting. If the adverse recommendation is upheld by the Medical Executive Committee, the AHP will be informed by DMC Corporate Medical Affairs. The AHP may then request a personal meeting with the Credentials Committee. A written request must be delivered to the Chair of the Credentials Committee in care of DMC Corporate Medical Affairs within ten (10) days after receipt of the notification of the action of which he wishes to complain. The Credentials Committee may, in its sole discretion, meet with the AHP and discuss his situation in person. The AHP shall not be entitled

Title:	Allied Health Professionals - Credentialing	Page 4 of 4
Policy No:	1 MS.007	Effective Date: 9/29/2017

to be accompanied to such meeting by any individual other than his Sponsoring Practitioner. After such meeting the Credentials Committee may maintain, reverse or modify its recommendation, and will forward such recommendation to the MEC. The AHP shall not be entitled to any further hearing or appeal or other proceeding.

- j. If the AHP's privileges have been terminated, he/she must wait at least one (1) year before requesting privileges again.
- k. Failure of an AHP applicant to submit the required credentialing documentation upon request will have their application considered a voluntary withdrawal.
- l. Failure of an AHP staff member to submit the required reappointment form and supporting documentation upon request will be considered a voluntary resignation. The AHP's employer or Sponsoring Physician (DMC and non-DMC) will be notified of their non-compliance prior to their voluntary resignation being sent to the Credentials Committee. In the case of DMC employees, DMC Human Resources will also be notified.

V. ADMINISTRATIVE RESPONSIBILITY

The President of the Medical Staff has responsibility and authorization for enforcement, interpretation of, or exception to this policy.

APPROVAL

This policy has been approved and is duly authorized by Detroit Medical Center, Children's Hospital of Michigan, Detroit Receiving Hospital, Harper/Hutzel Hospital, Huron Valley-Sinai Hospital, Rehabilitation Institute of Michigan, and Sinai-Grace Hospital. The posting of the policy on the DMC intranet signifies that is in full force and effect.

KEY Search Words

THIS POLICY: is/has been: (check one)

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CHANGES/REVISIONS: List Changes Here

- Added language regarding best efforts to provide AHP advance notice of privilege withdrawal

Supersedes	March 2017	Next Review Date	September 2018
Origination Date	January 2002	History - Review/Revision Dates	January 2002, September 2004, March 2008, April 2012, March 2017, September 2017
Related Tenet Policy (ies) #'s			
Retired		Incorporated into or Replaced by Tenet Policy	
Name of Committee / Title of person(s) responsible for this policy's review and approval process	Corporate Director, CVO/Corporate Medical Affairs		