

**LUTHERAN HOSPITAL OF INDIANA  
FORT WAYNE, INDIANA**

**LIMITED PRIVILEGE  
HEALTH PROFESSIONALS MANUAL**

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## **PART I. SPECIFIED PROFESSIONAL PERSONNEL**

### **1.1 Definition**

Specified Professional Personnel (or "Specified Professionals") are certain nonpractitioners who provide independent professional medical services to patients at the Hospital. These individuals must be licensed by the appropriate state licensing authorities. At present, Specified Professional Personnel include only psychologists who otherwise satisfy the requirements of this section. Privileges for Specified Professional Personnel shall be based upon the individual's professional training, experience, and demonstrated competency.

### **1.2 Eligibility Criteria**

Eligibility in general shall be determined on the basis of the following criteria:

- A.** Specified Professional Personnel shall exercise independent judgment within their areas of competence; provided, however, that a member of the Medical Staff shall have ultimate responsibility for patient care and shall supervise and direct the general medical management of each patient under the care of a Specified Professional;
- B.** Specified Professional Personnel shall record reports and progress notes on patients' records and write orders to the extent established by the Medical Staff;
- C.** The Medical Staff shall delineate in its rules and regulations the clinical duties and responsibilities of such Specified Professional Personnel.

### **1.3 Qualifications of Specified Professional Personnel**

Only those Specified Professionals who hold a license, certificate, or other credentials required by applicable state law and satisfy the same basic qualifications required for those eligible for Medical Staff membership are eligible to provide specified professional services in the Hospital. The Credentials Committee may, in consultation with the Chief Executive Officer and the Medical Executive Committee, establish such additional qualifications required of Specified Professional Personnel as are deemed appropriate for patient care purposes.

### **1.4 Procedure for Specification of Services**

#### **1.4.A Position Evaluation and Description**

Written guidelines for the performance of specified services by Specified Professional Personnel will be developed by the Chief Executive Officer and the Medical Executive Committee with input, when applicable, from the practitioner chairman of the clinical service involved. For each category of Specified Professional Personnel, such guidelines must include, without limitation:

- (1) Specification of classes of patients who may be seen;
- (2) Description of the services to be provided, procedures to be performed, and responsibility for medical record completion and ordering of drugs;

- (3) Definition of the degree of assistance that may be provided to Specified Professional Personnel in the treating of patients on Hospital premises and any limitation thereof, including the degree of Specified Professional Personnel or physician supervision required for each service;
- (4) Procedure for admission and discharge of patients for whom Specified Professional Personnel are to provide services.

## 1.5 Prerogatives of Specified Professional Personnel

Specified Professional Personnel have the following prerogatives:

### 1.5.A Provide Specifically Designated Patient Care Services

Provide specifically designated patient care services under the overall supervision or direction of the chairman of the Surgery Service or other clinical service chairman as deemed appropriate by the Chief Executive Officer and the Medical Executive Committee; however, the responsibility of the practitioner providing supervision or direction is limited to that set forth in Section 1.8 of this manual.

### 1.5.B Write Orders to Extent Specified

Write orders only to the extent specified in the Medical Staff Rules and Regulations or the position description required under Section 1.4.A(2) of this Section, but not beyond the scope of the Specified Professional's license, certificate, or other legal credential.

### 1.5.C Attend Clinical Service, Hospital, Staff Education Programs

Attend, upon request and without vote, Staff, Hospital, and clinical service education programs and clinical meetings related to their disciplines or where their special training and knowledge are desirable.

### 1.5.D Other Prerogatives

Exercise such other prerogatives as the Credentials Committee, with the approval of the Medical Executive Committee, may accord them in general or as a specific category of Specified Professional Personnel.

## 1.6 Obligations of Specified Professional Personnel

### 1.6.A Basic Responsibilities

Specified Professional Personnel must meet the same basic qualifications and obligations as required for Medical Staff members, or as applicable to the Specified Professional Personnel's field of practice

1.6.B Appropriate Responsibility

Retain appropriate responsibility within their area of professional competence for the continuous care and supervision of each patient in the Hospital for whom they are providing services, or arrange a suitable alternate for such care and supervision.

1.6.C Quality Management Program

Participate as appropriate in the quality management program activities, supervise new appointees of the same profession during the provisional period, and discharge such other functions as may be requested by the Medical Executive Committee.

1.6.D Malpractice Insurance

Specified Professional Personnel shall carry in force malpractice insurance equal to that required of Medical Staff members or as deemed appropriate by the Medical Staff Executive Committee, and, if permitted by law, meet the requirements of I.C. 16-9.5, et seq, to be qualified health care providers.

1.7 Applications

Applications and credentials concerning specified professional privileges shall be submitted and processed in the same manner as that prescribed for Medical Staff members in the Credentials Committee Procedure Manual.

1.8 Special Conditions for Specified Professional Personnel Status Privileges

Requests for clinical privileges from Specified Professional Personnel are processed in the same manner specified in Article III. Surgical procedures performed by Specified Professional Personnel shall be under the overall supervision of the chairman of surgery. All Specified Professional Personnel patients shall receive a basic medical appraisal by a physician member of the Medical Staff. A physician member of the Medical Staff shall also be responsible for the care of any medical problems that may be present at admission or that may arise during hospitalization and shall advise on the risk and effect of any proposed surgical or special procedure on the total health status of the patient. If such physician believes that the risk of the proposed procedures is not medically indicated, then the chairman of surgery will decide the issue in case of dispute. The Medical Staff member is not responsible for the care rendered by the Specified Professional, but only for the medical care and supervision.

1.9 Limitation of Prerogatives

The prerogatives set forth under each membership category are general in nature and may be subject to limitation by special conditions attached to a particular membership, by other sections of the Medical Staff Bylaws (the "Bylaws") and by the Medical Staff Rules and Regulations.

1.10 Appellate Rights of Limited Privilege Health Professionals

1.10.A Limited Privilege Health Professionals, including both Allied Health Professionals and Specified Professional Personnel shall have no appellate rights

relating to the denial of privileges. Appellate rights, as more fully set forth herein, shall be limited only to the suspension or termination of privileges or prerogatives.

1.10.B

A Limited Privilege Health Professional may appeal the suspension or termination of privileges or prerogatives pursuant to the following procedure:

- (1) The Limited Privilege Health Professional must submit a written appeal of a suspension or termination of privileges or prerogatives to the Chief Executive Officer of the Hospital within 10 days of the Limited Privilege Health Professional's receipt of notice of such suspension or termination. Failure to provide a written appeal as herein described shall result in a waiver of the Limited Privilege Health Professional's appeal rights.
- (2) The written appeal shall contain a concise statement of the Limited Privilege Health Professional's reasons for appealing the suspension or termination, and shall describe all material facts which support the Limited Privilege Health Professional's appeal.
- (3) The Limited Privilege Health Professional may retain an attorney or any other counsel to prepare or to assist in the preparation of the written appeal.
- (4) Neither the Limited Privilege Health Professional nor his/her counsel, if any, shall have the unconditional right to make an oral presentation in support of the written appeal to the Chief Executive Officer of the Hospital. At his/her sole discretion, the Chief Executive Officer may agree to hear an oral presentation in support of the written appeal. In addition to, and in his/her sole discretion, the Chief Executive Officer may agree to hear an oral presentation in opposition to the written appeal by a member of the Credentials Committee or that Committee's designee.
- (5) The Chief Executive Officer shall render a decision on the written appeal within 30 days of the later of his receipt of the written appeal or oral arguments in support thereof, if any.
- (6) The Chief Executive Officer's decision shall be final.

## **PART II. ALLIED HEALTH PROFESSIONALS**

### **2.1 Definition**

An Allied Health Professional is an individual who is employed/sponsored by a Medical Staff member and who has been approved to provide specific services under the direct supervision and control of his employer/ sponsor.

### **2.2 Qualifications of Allied Health Professionals**

Only an Allied Health Professional holding a license, certificate, or such other credentials as may be required by applicable state law and who is employed/sponsored by a practitioner having Staff privileges is eligible to provide specific services in the Hospital. The Credentials Committee may, in consultation with the Chief Executive Officer and the Medical Executive Committee, establish additional qualifications required of members of any particular category of Allied Health Professionals.

### **2.3 Procedure for Specification of Services and Evaluation of Application**

#### **2.3.A Position Evaluations and Descriptions**

Written guidelines for the performance of specified services by Allied Health Professionals will be developed by the Chief Executive Officer and the Medical Executive Committee with input, where applicable, from the practitioner-chairman of the clinical service involved. For each category of Allied Health Professionals, such guidelines must include, without limitation:

- (1) Specification that services may only be provided for patients of the Allied Health Professional's employer/sponsor;
- (2) A description of the services to be provided, procedures to be performed, equipment or special procedures or protocols that specific tasks may involve, and responsibility for charting services provided in the patient's medical record;
- (3) Definition of the degree of assistance that may be provided to an Allied Health Professional in the treating of patients on Hospital premises and any limitations thereon, including the degree of practitioner supervision required for each service;
- (4) Each Allied Health Professional must be certified and qualified at all times as a health care provider under the Indiana Medical Malpractice Act (Indiana Code 16-9.5 et seq.). At the time of initial application, a copy of the applicant's certificate of insurance, or that of his employer/sponsor if the applicant is covered thereunder, must be submitted.

### 2.3.B Evaluation of Individual Allied Health Professional Applications

Evaluation of individual Allied Health Professionals' application is detailed in the Credentials Committee Procedure Manual. The steps to be followed are as follows:

- (1) An application for specified services for an Allied Health Professional is completed by the practitioner-employer/sponsor and the Allied Health Professional.
- (2) The completed application is submitted to the Credentials Committee for review. The practitioner-employer/sponsor and the Allied Health Professional may be requested to appear before the Credentials Committee before the Committee's recommendations are forwarded to the Medical Executive Committee.
- (3) An individual Allied Health Professional may render only those services for which he is specifically approved.

### 2.4 Prerogatives of Allied Health Professionals

An Allied Health Professional has the following prerogatives:

#### 2.4.A Provide Specifically Designated Services

Provide specifically designated patient care services under the supervision or direction of a practitioner member of the Medical Staff and consistent with the limitations stated in Section 2.3.A of this manual.

#### 2.4.B Write Orders to Extent Specified

Write orders to the extent specified in the Medical Staff Rules and Regulations or the position description required under Section 2.3.A of this Manual, but not beyond the scope of the Allied Health Professional's license, certificate, or other legal credentials.

#### 2.4.C Attend Education Programs

May attend, upon request, Staff, Hospital and clinical service education programs and clinical meetings related to his discipline.

#### 2.4.D Other Prerogatives

Exercise such other prerogatives as the Medical Executive Committee, with the approval of the Chief Executive Officer may accord Allied Health Professionals in general or a specific category of Allied Health Professionals.

### 2.5 Limitation of Prerogatives

The prerogatives set forth under this category are general in nature and may be subject to limitation by special conditions attached to an Allied Health Professional's association with the



Staff, by other sections of these bylaws and related manuals, and by other policies of the Hospital. The prerogatives of the Allied Health Professionals are limited to those for which they have demonstrated the requisite level of education, training, experience, and ability.

2.6 Special Conditions for Allied Health Professional Services

The employing/sponsoring practitioner is responsible for the care rendered by the Allied Health Professional.

2.7 Temporary Permission to Provide Specific Services

Upon receipt by the Medical Staff of a completed application, temporary privileges may be granted the Allied Health Professional by the chairman of the Credentials Committee, the President of the Medical Staff, or by the Hospital's Medical Director.

2.8 Obligations of Allied Health Professional Personnel

The Medical Executive Committee will establish the amount and manner of disposition of annual dues. Dues are payable at the beginning of each new calendar year. Failure, unless excused by the Medical Executive Committee for good cause, to render payment within two months of the start of the new year shall, after special notice of the delinquency, result in automatic suspension of membership, including all prerogatives and provision of services until the delinquency is remedied. The individual's physician sponsor shall be notified immediately of such suspension.

2.9 Appellate Rights of Limited Privilege Health Professionals

2.9.A Limited Privilege Health Professionals, including both Allied Health Professionals and Specified Professional Personnel shall have no appellate rights relating to the denial of privileges. Appellate rights, as more fully set forth herein, shall be limited only to the suspension or termination of privileges or prerogatives.

2.9.B A Limited Privilege Health Professional may appeal the suspension or termination of privileges or prerogatives pursuant to the following procedure:

- (1) The Limited Privilege Health Professional must submit a written appeal of a suspension or termination of privileges or prerogatives to the Chief Executive Officer of the Hospital within 10 days of the Limited Privilege Health Professional's receipt of notice of such suspension or termination. Failure to provide a written appeal as herein described shall result in a waiver of the Limited Privilege Health Professional's appeal rights.
- (2) The written appeal shall contain a concise statement of the Limited Privilege Health Professional's reasons for appealing the suspension or termination, and shall describe all material facts which support the Limited Privilege Health Professional's appeal.
- (3) The Limited Privilege Health Professional may retain an attorney or any other counsel to prepare or to assist in the preparation of the written appeal.

- (4) Neither the Limited Privilege Health Professional nor his/her counsel, if any, shall have the unconditional right to make an oral presentation in support of the written appeal to the Chief Executive Officer of the Hospital. At his/her sole discretion, the Chief Executive Officer may agree to hear an oral presentation in support of the written appeal. In addition to, and in his/her sole discretion, the Chief Executive Officer may agree to hear an oral presentation in opposition to the written appeal by a member of the Credentials Committee or that Committee's designee.
- (5) The Chief Executive Officer shall render a decision on the written appeal within 30 days of the later of his receipt of the written appeal or oral arguments in support thereof, if any.
- (6) The Chief Executive Officer's decision shall be final.

## **PART III. AMENDMENT**

### **3.1 Amendment**

This Limited Privilege Health Professionals Manual may be amended or repealed, in whole or in part, by one of the following mechanisms:

3.1.A A resolution of the Medical Executive Committee recommendation to and adopted by the Board of trustees; or,

3.1.B A resolution of the Medical Staff and confirmed by the Executive Committee, and approved by the Board of trustees.

### **3.2 Responsibilities and Authority**

The procedures outlined in the Bylaws and Hospital Corporate Bylaws regarding Medical Staff responsibility and authority to formulate, adopt, and recommend the Bylaws and amendments thereto, and the circumstances under which the Board of trustees may resort to its own initiative in accomplishing those functions apply as well to the formulation, adoption, and amendment to this Limited Privilege Health Professionals Manual.

## **PART IV. APPROVAL**

Approved by Executive Committee: June 3, 2013

Approved by Board of trustees: June 11, 2013