

MIDLEVEL PROVIDER POLICY	DATE	
Medical Executive Committee Approval:	April 19, 2005	Effective Date: April 19, 2005
Hospital Board of Directors Notified:	May 24, 2005	Last Reviewed: April 19, 2005

PURPOSE: To clarify Saint Michael's Hospital of Stevens Point's position on the conditions under which midlevel providers may function within the hospital.

POLICY: Saint Michael's Hospital of Stevens Point will permit midlevel providers to function under the conditions outlined in this policy.

DEFINITIONS: For the purpose of this policy, the following words or phrases are defined:

- A. "Midlevel provider" means those providers who exercise independent judgment in their area of competence provided that an active medical staff member shall have the ultimate responsibility for patient care **or** those providers who are employees of a service corporation or of a member or members of the medical staff and who routinely perform their duties pursuant to general supervision provided that a medical staff member with clinical privileges to do so shall have the ultimate responsibility for the care of patients admitted to the hospital. (The term "admit" or "admission" for the purposes of patient care means registration of a patient as a hospital patient for the purpose of treatment on either an outpatient or inpatient basis, but does not include registrations solely for the purpose of outpatient laboratory and x-ray diagnostic testing not requiring the presence or supervision of the ordering professional). They include but are not limited to:
1. Individuals with a doctorate in psychology or its equivalent from an accredited college or university, and licensed in the State of Wisconsin;
 2. Individuals with a masters degree in speech pathology or its equivalent from an accredited college or university, and licensed in the State of Wisconsin;
 3. Advanced practice nurses who are nurses registered and licensed under the laws of the State of Wisconsin;
 4. Privately practicing social workers certified by either the National Registry of Health Care Professionals in Clinical Social Work or the National Association of Social Workers Registry of Clinical Social Workers and licensed in the State of Wisconsin;
 5. Privately practicing certified professional counselors, certified AODA counselors, or counselors certified by the Wisconsin Certification Board;
 6. Privately practicing physical therapists licensed by the Wisconsin Physical Therapists Affiliated Credentialing Board; and

7. Physician Assistants licensed in the State of Wisconsin.

For individuals who routinely exercise clinical privileges pursuant to direct supervision or pursuant to a contract, see the hospital's Paramedical Affiliate policy.

- B. "Employer" means (1) a sole proprietor who is a medical staff member of the hospital, and who employs a midlevel provider, (2) a physician who is a medical staff member of the hospital, where the employer of the midlevel provider and the physician is a medical partnership or service corporation, (3) a service corporation that employs a midlevel provider but the midlevel provider is under the direction or supervision of one or more medical staff members, or (4) the hospital when it contracts with a midlevel provider but the midlevel provider is under the direction or supervision of one or more medical staff members.
- C. "Governing body" means the board of directors of the hospital.
- D. "Designated administrative officer" means either the chief executive officer or the president and chief operating officer of the hospital and if not available, then the designee of either of these two officers.
- E. "Executive committee" means the executive committee of the medical staff to which an application from a midlevel provider is referred.

PROCEDURE:

A. QUALIFICATIONS

- 1. The midlevel provider shall be qualified legally, professionally, ethically and by character for the field in which the individual desires midlevel provider status.
- 2. Midlevel providers are not eligible for membership on the medical staff and shall have none of the prerogatives or duties of medical staff membership.
- 3. No midlevel provider applicant is automatically entitled to function in or exercise clinical privileges in the hospital merely because the applicant is licensed or certified to practice in this or any other state, or due to membership in any professional organization, certification by any Board or due to having had or currently having, the right to function in and perform clinical privileges at any other health care facility or in any other practice setting.
- 4. Midlevel providers may be required to annually pay dues as determined by the executive committee.

B. CONDITIONS OF AFFILIATION

1. The midlevel provider must submit and maintain on file at all times current evidence of continued licensure or certification; DEA registration, if applicable; and financial responsibility in at least the amounts determined by Wisconsin Statutes which responsibility may be satisfied by acceptable malpractice insurance coverage and, for those midlevel providers eligible to do so, participation in the Wisconsin Injured Patients and Families Compensation Fund. This requirement may be satisfied by submitting copies of the midlevel provider's current license, DEA registration and insurance certificate each time these documents change or are updated.
2. As part of their receipt of clinical privileges, midlevel providers have a continuing obligation to promptly notify the designated administrative officer of, and to provide such additional information as may be requested regarding, each of the following:
 - a. the revocation, limitation or suspension of his professional license or certification or DEA registration, any reprimand or other disciplinary action taken by any state or federal governmental agency relating to his professional license or certification, or the imposition of terms of probation or limitation by any state;
 - b. loss of staff membership, employment or privileges at any hospital or other health care institution, whether temporary or permanent, including all suspensions;
 - c. cancellation or change of professional liability insurance coverage;
 - d. receipt of a quality inquiry letter, an initial sanction notice, notice of proposed sanction or of the commencement of a formal investigation, or the filing of charges regarding health care matters by a Medicare quality improvement organization, the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or any state;
 - e. any criminal conviction or pending criminal charge, and any findings by a governmental agency that the applicant has been found to have abused or neglected a child or patient, or has misappropriated a patient's property;
 - f. any proposed or actual exclusion from any federally funded health care program, any notice to the individual or his representative of proposed or actual exclusion or any pending investigation of the individual from any health care program funded in whole or in part by the federal government, including Medicare and Medicaid;

- g. settlement of a claim by a payment from an insurance company (or by the applicant or any other party), or any agreement that results in a release from liability being given by a patient to the applicant; and
 - h. receipt of notice of filing of any suit against the individual or submission of a request for mediation alleging professional liability in connection with the treatment of any patient in or at the hospital.
3. As part of their receipt of clinical privileges, or at any other time upon the request of the governing body, the executive committee or the credentials committee, midlevel providers must certify that their current health status does not in any way impair their ability to safely exercise the clinical privileges requested or to care for patients, and the governing body may precondition appointment, reappointment, or the continuing exercise of any or all clinical privileges upon the individual's undergoing a health examination by a physician acceptable to the governing body or upon submission of any other reasonable evidence of current health status that may be requested by the executive committee or governing body. Each initial applicant in the year prior to appointment shall have a complete physical examination that year and at least every 4 years thereafter. The presence of a physical or mental condition which can reasonably be accommodated shall not constitute a bar to the grant of clinical privileges.

C. APPLICATION

- 1. A midlevel provider shall be entitled to function within the hospital and exercise clinical privileges only if application is made, and approval granted pursuant to the hospital's midlevel provider policy.
- 2. Each midlevel provider shall apply to the hospital for the right to function in and to exercise clinical privileges on an application form satisfactory to the credentials committee of the medical staff. The application must be fully completed and signed by the midlevel provider applicant.
- 3. The applicant shall supply information regarding his qualifications, including professional training, experience, and current competence and such other information as is required by the hospital, including a request for specific clinical privileges. All midlevel providers must document the name, title and address of their supervising, sponsoring or collaborating physicians. The supervising, sponsoring or collaborating physicians must be members of the Medical Staff. Advance Practice Nurse Prescribers must complete a Physician Collaboration Agreement.

4. The applicant shall sign a statement acknowledging:
 - a. Any act, communication, report, recommendation or disclosure, with respect to any individual, performed or made for the purpose of achieving and maintaining quality patient care in this or any other health care facility, shall be privileged to the fullest extent permitted by law.
 - b. Such privileges shall extend to members of the medical staff and governing body, the designated administrative officer and any of their designated representatives and to third parties who supply information to or receive information from any of the foregoing authorized to receive, release, or act upon same. For the purpose of this section, the term “third parties” means both individuals and organizations who have supplied information to or received information from an authorized representative of the hospital (including the governing body or the medical staff) and includes but is not limited to agencies, peer review organizations and any other person or entity with relevant information.
 - c. There shall, to the fullest extent permitted by law, be absolute immunity from civil liability arising from any such act, communication, report, recommendation, or disclosure, even where the information involved would otherwise be deemed privileged.
 - d. Such immunity shall apply to all acts, communications, reports, or disclosures performed or made in connection with this or any other health care institution’s activities related to, but not limited to: applications for appointment or clinical privileges; monitoring of the midlevel provider under the monitoring protocol established by the medical staff, periodic reappraisals for reappointment or clinical privileges; corrective action, including suspension; hearings and appellate reviews; medical care evaluations; utilization reviews; profiles and profile analysis; malpractice loss prevention; and other hospital, departmental, service or committee activities related to quality patient care and interprofessional conduct.
 - e. The acts, communications, reports, recommendations and disclosures referred to in this section may relate to an individual’s professional qualifications, clinical competency, character, mental or emotional stability, physical condition, ethics, or any other matter that might directly or indirectly have an effect on patient care.

5. The midlevel provider must agree to abide by the hospital bylaws, by the medical staff bylaws, rules and regulations, where applicable, and these and all other policies and procedures of the hospital.
6. The hospital need not permit the midlevel provider who applies for privileges to perform given procedures and activities within the hospital even though the midlevel provider may be qualified.
7. The medical staff office, upon concurrence of the credentials committee chair, may deny an application for midlevel provider status without forwarding the application to the credentials committee if it determines that the applicant does not hold a valid Wisconsin license or certification, does not have adequate professional liability insurance, is not eligible to receive payment from the Medicare or Medical Assistance program or is barred from providing services under Chapter HFS 12 of the Wisconsin Administrative Code. Applicants who are administratively denied under this section do not have a right to an interview under this policy but may submit evidence to the medical staff office to refute the basis for the administrative denial.

D. AFFILIATION

1. After conducting primary and secondary source verification, the medical staff office will forward the information to the applicable department chair for his review and recommendation regarding the requested affiliation and privileges.
2. The completed application, along with the department chair recommendation, will be referred to the Credentials Committee.
3. The midlevel provider applicant may be requested to participate in a preliminary interview with the credentials committee or its delegated representative(s).
4. The credentials committee will investigate the character, qualifications, and standing of the midlevel provider applicant and submit a report of its findings to the executive committee within 45 days of receipt of all necessary and requested applicant information and documentation, recommending that the application be accepted, deferred or rejected and, if acceptance is recommended, recommending which clinical privileges sought should be granted, based on its evaluation of the applicant's training and documented experience.
5. If the executive committee's determination is to approve affiliation and grant clinical privileges, the applicant will be promptly advised of the decision and permitted to commence activities consistent with the clinical privileges granted. The executive committee shall report such action to the governing body. The governing body retains the

prerogative to withdraw approval of such action. Any executive committee action not withdrawn by the governing body within 45 days of the executive committee's report to the governing body is deemed final approval.

6. If the recommendation of the executive committee is adverse to the applicant, either with respect to permission to function in the hospital, or with respect to approval of requested clinical privileges, the designated administrative officer will promptly notify the midlevel provider applicant by special notice. This notice shall state the reasons for such adverse recommendation. The adverse recommendation shall be forwarded to the governing body.
7. The governing body shall consider the application and the recommendations of the executive committee and shall decide whether to accept, defer or reject in whole or in part the application and shall send written notice of its decision through the designated administrative officer to the midlevel provider applicant and the medical staff president. This notice shall state whether or not the application has been approved and to what extent it may have been approved and the particular clinical privileges, if any, authorized.
8. If the governing body's decision is adverse to the midlevel provider applicant, the affected individual will have 10 days from the date of the notice from the governing body to request an informal interview with the governing body regarding the denial. Within 10 days of the interview, the governing body shall make a final decision on the matter and notify the midlevel provider of the decision.
9. The decision of the governing body shall be final and no adverse recommendation of the executive committee or final adverse decision shall entitle any midlevel provider applicant to any hearing or appellate review under the Corrective Action Procedures and Fair Hearing Plan Addendum to the medical staff bylaws.

E. PERIODIC REVIEW

1. The medical staff office will provide each midlevel provider with a renewal application form no more than 120 days prior to the expiration of the individual's current affiliation and privileges. Permission for midlevel providers to exercise clinical privileges in the hospital previously authorized shall be reviewed and recommendations for continued permission made at least every two years. However, a request for review may be made at any time to the executive committee by anyone of the following: any member of the executive committee, the designated administrative officer, or the governing body.
2. Each determination concerning a midlevel provider's continued permission to function in the hospital and to perform authorized procedures and activities shall be based upon the individual's competence, clinical judgment, physical and mental capacity to

perform the activities identified, ethics in conduct, compliance with the rules, regulations, policies and procedures of the hospital and the medical staff bylaws so far as they are applicable, cooperation with the hospital personnel, use of the hospital's facilities, relations with physicians and other affiliates and providers, and continuing education. This delineation of factors to consider does not preclude considering other factors not mentioned in this paragraph.

- F. TEMPORARY PERMISSION. No midlevel provider applicant shall be granted temporary permission to function in the hospital without the applicant first being approved by both the credentials committee and the executive committee.
- G. RESTRICTION OF PERMISSION TO FUNCTION IN THE HOSPITAL OR LIMITATION OF PROCEDURES AND ACTIVITIES.
1. A midlevel provider may have some or all of the approved activities and procedures reduced, restricted, supervised, suspended or terminated in their entirety at any time by any one of the following whenever, in the opinion of the person, it would be in the best interests of patients or the hospital: any member of the executive committee; the designated administrative officer; or the governing body. The midlevel provider will be notified by special notice as soon as reasonably possible after the imposition of any reduction, restriction, supervision requirement or suspension and the reasons for the action.
 2. The midlevel provider will be given the opportunity for an informal review by the executive committee with the provider present with an opportunity to speak.
- H. AUTOMATIC TERMINATION OF PERMISSION TO FUNCTION AND PERFORM PROFESSIONAL PROCEDURES AND ACTIVITIES IN THE HOSPITAL
- The midlevel provider's permission to function and all rights to perform procedures and activities at the hospital shall be automatically terminated without any right to a hearing or review upon the first of the following events to occur:
1. Revocation by the appropriate authorities of the license or certificate of the midlevel provider or the individual's failure to renew the license or certificate.
 2. Termination or denial of permission to function in or perform clinical privileges in the hospital by the governing body in accordance with this policy.
 3. Termination of permission to perform clinical privileges in the hospital under Procedure G.

4. Cancellation or termination of the insurance required by Procedure J of this policy
 5. Conviction of a serious crime, act or offense or pending charges for a serious crime, act or offense as defined in Chapter HFS 12 of the Wisconsin Administrative Code.
 6. A finding by a unit of government that the midlevel provider has abused or neglected a client or misappropriated a client's property.
 7. A determination under the Children's Code that the midlevel provider has abused or neglected a child.
 8. Exclusion from any federally-funded health care program.
- I. THE EXERCISE OF CLINICAL PRIVILEGES – Clinical privileges authorized to be performed by any midlevel provider shall be under the overall supervision of the president of the medical staff or his delegate.
- J. INSURANCE – The midlevel provider shall furnish malpractice insurance or other professional liability insurance satisfactory in form and content to the hospital insuring the midlevel provider as the named insured or an additional insured. The midlevel provider shall provide the hospital proof of insurance coverage. The midlevel provider will give immediate written notice to the hospital if such coverage is modified in any way or terminated.
- K. ETHICS
1. The Code of Ethics as stated in this policy and the ethical and moral principles adopted by the hospital and, to the extent they are consistent, the ethical standards of the State or National Association of the midlevel provider, shall govern the professional conduct of the midlevel provider.
 2. The midlevel provider shall care for patients whom they have admitted, if authorized, or whom they assist a physician in treating or providing care within the scope of the clinical privileges granted to them. In an emergency, however, a midlevel provider shall render care to the individuals according to their ability until such time as an individual with appropriate clinical privileges is available to take over the care.
- L. LIMITS OF CLINICAL ACTIVITIES
1. The services of midlevel providers may be available for patient care through medical staff privileging functions within the scope of their training, skills and abilities. The eligibility and degree of participation of patient care, in general, will be determined on the basis of the following criteria.
 - a. They may exercise independent judgment in their areas of competence, provided that a medical staff member shall

have the ultimate responsibility for the care of patients admitted to the hospital. (The term “admit” or “admission” for the purposes of patient care means registration of a patient as a hospital patient for the purpose of treatment on either an outpatient or inpatient basis, but does not include registrations solely for the purpose of outpatient laboratory and x- ray diagnostic testing not requiring the presence or supervision of the ordering professional).

- b. They may participate directly in the management and care of patients admitted to the hospital under the general direction of the medical staff member responsible for the patient’s medical care.
 - c. They may record reports and progress notes on the patients’ records and write orders for diagnostic testing and treatment to the extent established in the Rules and Regulations of the medical staff, provided that such orders are within the scope of his license, certificate or other legal credential.
 - d. They may not admit or discharge patients at the hospital, except as provided in subsection 2, below.
2. Midlevel providers who are psychologists listed or eligible to be listed in the National Register of Health Service Providers in Psychology will be eligible to apply for privileges to admit, attend and discharge patients for treatment of mental illness, subject to the following:
- a. Patients may be admitted by a psychologist with clinical privileges to do so after the psychologist obtains the concurrence of a physician member of the medical staff, who shall remain responsible for the medical care of each such patient admitted.
 - b. Patients admitted to the hospital by a psychologist with privileges to do so shall be given the same medical appraisal as those admitted for other services. Admission of such patients shall be the dual responsibility of the psychologist and a physician member of the medical staff who has admitting privileges. The physician shall be responsible for the care of any medical problems that may be present on admission or that may arise during the hospitalization of the patient.
 - c. Treatment rendered by a psychologist with privileges to do so shall be under the overall supervision of the medical director of the mental health unit or his designee.
 - d. At the time of admission, the name of the attending physician must appear on the appropriate forms.

- e. Complete records, both psychological and medical, shall be required on each patient and shall be part of the hospital record.
- f. The psychologist may discharge the patient after obtaining the concurrence of the attending physician.

M. MISCELLANEOUS

1. This midlevel provider policy shall at all times be superseded by any statutes of the State of Wisconsin or rules or regulations of the appropriate administrative bodies supervising either the midlevel provider or the hospital that are in conflict with any provision of this policy.
2. If any midlevel provider's permission to function in the hospital has been terminated for any reason, a new application to function within the hospital in compliance with this midlevel provider policy must be filed. No midlevel provider is eligible to reapply until the individual has taken effective action, as determined by the hospital, to correct the conditions that resulted in termination.
3. A decision by the governing body in accordance with this policy is final and the midlevel provider will have no right to a hearing, review or appeal.
4. A midlevel provider who has attended a case that is to be presented for discussion at any medical staff meeting shall be given special notice at least one week prior to the meeting, and shall be required to be present. Unexcused failure to attend such meetings will be referred to the executive committee for appropriate action.

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