Supervision of Allied Health Practitioners

Each Hospital or CAH’s Medical Staff and Governing Board must determine the level of supervision or collaboration and scope of practice required for each type of Allied Health Practitioner providing healthcare services at the Hospital or CAH and the scope of services each type of Allied Health Practitioner may provide at the Hospital or CAH. Allied Health Practitioners include, but are not limited to, Physician Assistants (PA), Advance Registered Nurse Practitioners (ARNP), Certified Registered Nurse Anesthetists (CRNA), Certified Nurse Midwives (CMN), Clinical Nurse Specialists (CNS), Clinical Psychologist, Clinical Social Worker, Registered Dietician or Nutritional Professional.

Other types of licensed healthcare professionals have a more limited scope of practice and are generally not eligible for hospital medical staff privileges, unless their permitted scope of practice in their State makes them comparable to the above types of practitioners. Physicians and non-physician practitioners may be granted medical staff privileges to practice at the hospital by the Governing Board for practice activities authorized within their State scope of practice without being appointed a member of the medical staff.

With respect to Certified Registered Nurse Anesthetists (CRNA) supervision, Iowa opted out of the federal supervision requirement in December 2001, Nebraska in February 2002 and Kansas in March 2003.

The type or level of physician supervision and the need for a defined scope of practice and/or collaborative agreement required for an Allied Health Practitioner are in part governed by the applicable practitioner licensure regulations and in part by the Medical Staff Bylaws.

The Medical Staff should carefully review the applicable licensure regulations and ensure that at a minimum of the Medical Staff Bylaws meet the supervision or collaboration requirements stipulated by the applicable licensure regulations. The Medical Staff should then consider what they feel is the appropriate scope of practice for a particular type of Allied Health Practitioner and ensure that the scope of practice is within the capabilities and capacities of the Hospital. Additionally, the Medical Staff should consider what level of supervision or collaboration is appropriate for their Hospital or CAH which may be more stringent than the applicable licensure regulations.

Specialty Allied Health Practitioners may practice at several hospital locations and clinical settings and may have different scopes of practice per location. Example: A Cardiology PA/ARNP assists a Cardiologist during open heart surgery by harvesting veins in Metro Hospital A. This same Cardiology PA/ARNP scope of practice in CAH A would not include assisting at surgery or vein harvesting as CAH A does not have the capability and capacity to perform open heart surgery.

The following are the commonly accepted definitions of supervision:

1. General Supervision: The Allied Health Practitioner may perform the service without a physician being physically present during the performance of the service that is within their defined scope of practice. The Allied Health Practitioner may confer with the physician via radio, telephone or other acceptable electronic communication method. The providers must ensure that HIPAA privacy rules with respect to personal health information or electronic health information are met.
2. Direct Supervision: The Allied Health Practitioner may perform the service but the physician must be immediately available (generally defined as in the Hospital) to furnish assistance and direction throughout the performance of the procedure. The physician does not have to be present in the room.
3. Personal Supervision: The Allied Health Practitioner may perform the service only when the physician in the room during the performance of the procedure.

Once the Medical Staff determines the appropriate level of supervision for a particular type of Allied Health Practitioner, the Medical Staff’s recommendation must be submitted to the Governing Board for approval. If the Governing Board approves the Medical Staff’s recommendation, the Medical Staff must make the appropriate revisions to the Medical Staff Bylaws and privilege forms. These documents, as the recommendation of the Medical Staff, must be submitted to the Governing Board for approval. If the Governing Board approves the Medical Staff’s recommendations, the changes may be implemented. Privilege Forms and Medical Staff Bylaws must align. If general supervision is approved, neither document may require direct supervision. Specific Medical Staff Bylaw education for Allied Health Practitioners and Hospital staff is strongly encouraged.

Notwithstanding the approved level of supervision required for and by a particular category of Allied Health Practitioner, the Centers for Medicare and Medicaid Services (CMS) requires physician oversight and requires that a physician and Allied Health Practitioner jointly review all the medical records of all inpatients cared for by the Allied Health Practitioner and a sampling of the medical records of outpatients cared for by the Allied Health Practitioner on a periodic basis. Frequency is established in the CAH’s quality plan.

The Medicare Critical Access Hospital Condition of Participation interpretative guidelines C-0256- C-0268 offer further explanation of 42 CFR § 485.631 Condition of participation: Staffing and staff responsibilities.

(a) Standard: Staffing—(1) The CAH has a professional health care staff that includes one or more doctors of medicine or osteopathy, and may include one or more physician assistants, nurse practitioners, or clinical nurse specialists.

(2) Any ancillary personnel are supervised by the professional staff.

(3) The staff is sufficient to provide the services essential to the operation of the CAH.

(4) A doctor of medicine or osteopathy, nurse practitioner, clinical nurse specialist, or physician assistant is available to furnish patient care services at all times the CAH operates.

(5) A registered nurse, clinical nurse specialist, or licensed practical nurse is on duty whenever the CAH has one or more inpatients.

(b) Standard: Responsibilities of the doctor of medicine or osteopathy. (1) The doctor of medicine or osteopathy—

(i) Provides medical direction for the CAH’s health care activities and consultation for, and medical supervision of, the health care staff;

(ii) In conjunction with the physician assistant and/or nurse practitioner member(s), participates in developing, executing, and periodically reviewing the CAH’s written policies governing the services it furnishes.

(iii) In conjunction with the physician assistant and/or nurse practitioner members, periodically reviews the CAH’s patient records, provides medical orders, and provides medical care services to the patients of the CAH; and

(iv) Periodically reviews and signs the records of all inpatients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants.

(v) Periodically reviews and signs a sample of outpatient records of patients cared for by nurse practitioners, clinical nurse specialists, certified nurse midwives, or physician assistants only to the extent required under State law where State law requires record reviews or co-signatures, or both, by a collaborating physician.

(2) A doctor of medicine or osteopathy is present for sufficient periods of time to provide medical direction, consultation, and supervision for the services provided in the CAH, and is available through direct radio or telephone communication or electronic communication for consultation, assistance with medical emergencies, or patient referral.

(c) Standard: Physician assistant, nurse practitioner, and clinical nurse specialist responsibilities. (1) The physician assistant, the nurse practitioner, or clinical nurse specialist members of the CAH’s staff—

(i) Participate in the development, execution and periodic review of the written policies governing the services the CAH furnishes; and

(ii) Participate with a doctor of medicine or osteopathy in a periodic review of the patients’ health records.

(2) The physician assistant, nurse practitioner, or clinical nurse specialist performs the following functions to the extent they are not being performed by a doctor of medicine or osteopathy:

(i) Provides services in accordance with the CAH’s policies.

(ii) Arranges for, or refers patients to, needed services that cannot be furnished at the CAH, and assures that adequate patient health records are maintained and transferred as required when patients are referred.

(3) Whenever a patient is admitted to the CAH by a nurse practitioner, physician assistant, or clinical nurse specialist, a doctor of medicine or osteopathy on the staff of the CAH is notified of the admission.

The Centers for Medicare and Medicaid Services (CMS) have also established specific regulations governing specific diagnostic and therapeutic services which have specific supervision requirements. These specific regulations must be followed in order for the Hospital to be in compliance with the Medicare Conditions of Participation (CoP). For example: Pulmonary and Cardiac Rehabilitation services may only be supervised by a physician. The following are the commonly accepted definitions of supervision:

1. General Supervision: The procedure is performed under the physician or allied health practitioner’s overall direction and control, but his or her presence is not required during the performance of the procedure.
2. Direct Supervision: The physician or allied health practitioner must be immediately available to furnish assistance and direction throughout the performance of the procedure. He or she does not have to be present in the treatment room.
3. Personal Supervision: The physician or allied health practitioner must be in attendance in the room during the performance of the procedures.

Allied Health Practitioner Student: The Hospital or CAH is supportive of Allied Health Practitioner Students. Allied Health Practitioner students may not practice independently and must be accompanied and under the person supervision of a physician member of the Medical Staff or Allied Health Practitioner member of the Medical Staff of the same discipline as the Allied Health Student at all times when performing patient care services. It is not appropriate for an Allied Health Practitioner from one discipline to supervise an Allied Health Practitioner from another discipline. The Allied Health Practitioner student ***may/may not*** make entry into the medical record. No orders written by an Allied Health Practitioner student will be acted on by the Hospital or CAH’s clinical staff unless reviewed and countersigned by a physician or Allied Health Practitioner member of the medical staff.

Policy Approved By:

Medical Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date

Board of Directors: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date