

**UPMC
POLICY AND PROCEDURE MANUAL**

POLICY: HS-MS0009*
INDEX TITLE: Medical Staff

SUBJECT: Conditions of Practice for Advanced Practice Providers and Allied Health Professionals
DATE: April 1, 2024

This Policy applies to the following United States based UPMC facilities, including any providers who practice therein:

[Check all that apply]

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| <input checked="" type="checkbox"/> UPMC Children’s Hospital of Pittsburgh | <input checked="" type="checkbox"/> UPMC Pinnacle Hospitals |
| <input checked="" type="checkbox"/> UPMC Magee-Womens Hospital | <input checked="" type="checkbox"/> Harrisburg Campus |
| <input checked="" type="checkbox"/> UPMC Altoona | <input checked="" type="checkbox"/> West Shore Campus |
| <input checked="" type="checkbox"/> UPMC Bedford | <input checked="" type="checkbox"/> Community Osteopathic Campus |
| <input checked="" type="checkbox"/> UPMC Chautauqua | <input checked="" type="checkbox"/> UPMC Carlisle |
| <input checked="" type="checkbox"/> UPMC East | <input checked="" type="checkbox"/> UPMC Memorial |
| <input checked="" type="checkbox"/> UPMC Hamot | <input checked="" type="checkbox"/> UPMC Lititz |
| <input checked="" type="checkbox"/> UPMC Horizon | <input checked="" type="checkbox"/> UPMC Hanover |
| <input checked="" type="checkbox"/> Shenango Campus | <input checked="" type="checkbox"/> UPMC Muncy |
| <input checked="" type="checkbox"/> Greenville Campus | <input checked="" type="checkbox"/> UPMC Wellsboro |
| <input checked="" type="checkbox"/> UPMC Jameson | <input checked="" type="checkbox"/> UPMC Williamsport |
| <input checked="" type="checkbox"/> UPMC Kane | <input checked="" type="checkbox"/> Williamsport Campus |
| <input checked="" type="checkbox"/> UPMC McKeesport | <input checked="" type="checkbox"/> Divine Providence Campus |
| <input checked="" type="checkbox"/> UPMC Mercy | <input checked="" type="checkbox"/> UPMC Cole |
| <input checked="" type="checkbox"/> UPMC Northwest | <input checked="" type="checkbox"/> UPMC Somerset |
| <input checked="" type="checkbox"/> UPMC Passavant | <input checked="" type="checkbox"/> UPMC Western Maryland |
| <input checked="" type="checkbox"/> Main Campus | |
| <input checked="" type="checkbox"/> Cranberry | |
| <input checked="" type="checkbox"/> UPMC Presbyterian Shadyside | |
| <input checked="" type="checkbox"/> Presbyterian Campus | |
| <input checked="" type="checkbox"/> Shadyside Campus | |
| <input checked="" type="checkbox"/> UPMC Western Psychiatric Hospital | |
| <input checked="" type="checkbox"/> UPMC St. Margaret | |
| | |

Provider-based Ambulatory Surgery Centers

- UPMC Altoona Surgery Center
- UPMC Children’s Hospital of Pittsburgh North
- UPMC St. Margaret Harmar Surgery Center
- UPMC South Surgery Center

Free-Standing Ambulatory Surgery Facilities:

- UPMC Hamot Surgery Center (JV)
- Hanover SurgiCenter
- UPMC Specialty Care York Endoscopy
- Susquehanna Valley Surgery Center

- UPMC Center for Reproductive Endocrinology and Infertility
- UPMC Digestive Health and Endoscopy Center
- UPMC Surgery Center – Carlisle
- UPMC Surgery Center Lewisburg
- UPMC Pinnacle Procedure Center
- UPMC West Mifflin Ambulatory Surgery Center
- UPMC Community Surgery Center
- UPMC Leader Surgery Center
- West Shore Surgery Center (**JV**)

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POLICY ON THE CONDITIONS OF PRACTICE FOR ADVANCED PRACTICE PROVIDERS AND ALLIED HEALTH PROFESSIONALS

1. SCOPE OF POLICY

This Policy applies to Advanced Practice Providers and Allied Health Professionals practicing at a Participating UPMC Hospital. For purposes of this Policy, the specific Participating UPMC Hospital where the Policy is being applied (e.g., the hospital where an Advanced Practice Provider is rounding on a patient) will be referred to as “the Hospital” and any individuals or committees referenced in the Policy will refer to individuals and committees at the same Hospital. The types of Advanced Practice Providers and Allied Health Professionals currently approved to practice at a Participating UPMC Hospital by the Hospital Board will be maintained in the local Medical Staff Office.

2. STANDARDS OF PRACTICE FOR THE UTILIZATION OF ADVANCED PRACTICE PROVIDERS IN THE HOSPITAL SETTING

- (a) Advanced Practice Providers are permitted to function in the Hospital setting in collaboration with and under the supervision and oversight of the Supervising/Collaborating Physician (or physician designee) who is a member of the Medical Staff with clinical privileges. As a condition of being granted appointment, all Advanced Practice Providers specifically agree to abide by the standards of practice set forth in this Section. In addition, as a condition of being permitted to utilize the services of Advanced Practice Providers in the Hospital, all Medical Staff members who serve as Supervising/Collaborating Physicians (or their physician designee) to such individuals also specifically agree to abide by the standards set forth in this Section.
- (b) The following standards of practice apply to the functioning of Advanced Practice Providers in the Hospital setting:
 - (1) Exercise of Clinical Privileges.
 - (i) Advanced Practice Providers: Advanced Practice Providers may exercise those clinical privileges that have been granted to them pursuant to their approved delineation of clinical privileges.
 - (ii) Supervising/Collaborating Physicians: Supervising/Collaborating Physicians (or their physician designee) must be available by phone, email, or other modality to respond in a timely manner to the Advanced Practice Provider or to others caring for the patient.

(2) Admitting Privileges.

- (i) Advanced Practice Providers: With the exception of Certified Nurse Midwives (“CNM”), Advanced Practice Providers are not granted admitting privileges. However, an Advanced Practice Provider may write admission orders on behalf of their Supervising/Collaborating Physicians.
- (ii) Supervising/Collaborating Physicians: With the exception of admission orders by a CNM, the Supervising/Collaborating Physician (or their physician designee) must review and co-sign all admission orders made by an Advanced Practice Provider on their behalf.

(3) Consultations.

- (i) Advanced Practice Providers: An Advanced Practice Provider may respond to consultation requests directed to their Supervising/Collaborating Physician. They are also encouraged to discuss the patient with their Supervising/Collaborating Physician, when appropriate, unless there is an agreement between the two that the Supervising/Collaborating Physician will always be contacted.
- (ii) Supervising/Collaborating Physicians: If specifically requested by the individual requesting the consultation, the Supervising/Collaborating Physician should also be available to provide either an in-person or technology assisted consultation.

(4) Emergency On-Call Coverage.

- (i) Advanced Practice Providers: An Advanced Practice Provider may respond on behalf of their Supervising/Collaborating Physician:
 - When contacted directly by Emergency Department personnel and requested to do so; or
 - When requested by their Supervising/Collaborating Physician after the Supervising/Collaborating Physician has discussed the patient with Emergency Department personnel.
- (ii) Emergency Department Personnel: It shall be within the sole discretion of the Emergency Department personnel caring for the patient whether it is appropriate to contact an Advanced Practice Provider prior to contacting the Supervising/Collaborating Physician. If it is not deemed appropriate, the Emergency

Department personnel will directly discuss the patient with the Supervising/Collaborating Physician and reach agreement regarding the patient's care, including the role of the Advanced Practice Provider in that care.

(iii) Supervising/Collaborating Physicians: The Supervising/Collaborating Physician (or their physician designee) must respond to all calls from the Emergency Department that are specifically directed to them in a timely manner. They must also assess (either in person or via telemedicine) any patient when requested to do so by an Emergency Department physician.

(5) Calls Regarding Supervising/Collaborating Physician's Hospitalized Inpatients.

(i) Advanced Practice Providers: An Advanced Practice Provider may respond on behalf of their Supervising/Collaborating Physician to calls from Hospital personnel seeking assistance regarding the Supervising/Collaborating Physician's hospitalized inpatients. They are also encouraged to discuss the patient with their Supervising/Collaborating Physician, when appropriate.

(ii) Supervising/Collaborating Physicians: The Supervising/Collaborating Physician (or their physician designee) may be asked to personally respond to a call from the floor or special care units after the Hospital personnel seeking assistance has discussed the patient with the Supervising/Collaborating Physician (or physician designee) and reached an agreement regarding the patient's care.

(6) Inpatient Rounds for Attending Physicians.

(i) Advanced Practice Providers: An Advanced Practice Provider may perform inpatient rounds on behalf of their Supervising/Collaborating Physician. They are encouraged to discuss the patient with their Supervising/Collaborating Physician, when appropriate.

(ii) Supervising/Collaborating Physicians: The Supervising/Collaborating Physician (or their physician designee) who is designated as the Attending Physician may also be asked by Hospital personnel to round on the patient, either via an in person or technology assisted visit.

3. STANDARDS OF PRACTICE FOR THE UTILIZATION OF ALLIED HEALTH PROFESSIONALS IN THE HOSPITAL SETTING

- (a) Allied Health Professionals are permitted to function in the inpatient Hospital setting in collaboration with and under the supervision and oversight of the Supervising/Collaborating Physician. As a condition of being granted permission to practice at the Hospital, all Allied Health Professionals specifically agree to abide by the standards of practice set forth in this Section. In addition, as a condition of being permitted to utilize the services of Allied Health Professionals in the Hospital, all Medical Staff members who serve as Supervising/Collaborating Physicians to such individuals also specifically agree to abide by the standards set forth in this Section.
- (b) The following standards of practice apply to the functioning of Allied Health Professionals (“AHPs”) in the inpatient Hospital setting:
 - (1) Admitting Privileges. AHPs are not granted inpatient admitting privileges and therefore may only admit patients in collaboration with and under the supervision of the Supervising/Collaborating Physician.
 - (2) Consultations. AHPs may only provide patient consultations in collaboration with and under the supervision of the practitioners’ Supervising/Collaborating Physicians. An AHP may gather data and order tests; however, the Supervising/Collaborating Physician must personally perform the requested consultation within the required time frame.
 - (3) On-Call Coverage. AHPs may not participate in on-call coverage.
 - (4) Inpatient Rounds. AHPs may participate in inpatient rounds.
 - (5) Invasive Procedures. AHPs may perform invasive procedures only under the Hospital-approved level of oversight by the Supervising/Collaborating Physician. When performing invasive procedures, AHPs must function under the supervision of their Supervising/Collaborating Physicians and in accordance with their written collaboration and/or supervision agreements.

4. OVERSIGHT BY SUPERVISING/COLLABORATING PHYSICIAN

- (a) Any activities permitted to be performed at the Hospital by an Advanced Practice Provider or Allied Health Professional shall be performed only in collaboration with or under the supervision or direction of a Supervising/Collaborating Physician.
- (b) Advanced Practice Providers and Allied Health Professionals may function in the Hospital only so long as they have a current, written supervision or collaboration agreement with a physician who is currently on the Medical Staff at the Hospital. In addition, should the Medical Staff appointment or clinical privileges of the

Supervising/Collaborating Physician be revoked or terminated, the clinical privileges of the Advanced Practice Provider or the scope of practice of the Allied Health Professional shall be automatically relinquished (unless the individual will be supervised by another Supervising/Collaborating Physician appointed to the Medical Staff).

- (c) Except as set forth below, the Supervising/Collaborating Physician shall be notified of a concern related to clinical competence, performance, and/or professional conduct that involves any Advanced Practice Provider or Allied Health Professional with whom the physician has a supervisory or collaborative relationship. Notification to the Supervising/Collaborating Physician is not required, or may be delayed, if the Medical Staff Leaders conducting the review determine that notification would be inconsistent with a fair and effective review. Without limiting the foregoing, the Supervising/Collaborating Physician will be copied on all correspondence that an Advanced Practice Provider or Allied Health Professional receives from the Medical Staff Leaders and/or may be invited to participate in any meetings or interventions. The Supervising/Collaborating Physician shall maintain all such information in a confidential manner.

5. RESPONSIBILITIES OF SUPERVISING/COLLABORATING PHYSICIAN

- (a) Physicians who wish to utilize the services of an Advanced Practice Provider or Allied Health Professional *who is not an employee of the Hospital* specifically agree to the following:
 - (1) notify Medical Staff Services of this fact in advance and must ensure that the individual has been appropriately credentialed in accordance with the Medical Staff Credentials Policy or with applicable Human Resources policies and procedures before the Advanced Practice Provider or Allied Health Professional participates in any clinical or direct patient care of any kind in the Hospital;
 - (2) provide, or to arrange for, professional liability insurance coverage for the Advanced Practice Provider or Allied Health Professional in amounts required by the Board. The insurance must cover any and all activities of the Advanced Practice Provider or Allied Health Professional in the Hospital. Evidence of such coverage will be provided as a part of the Advanced Practice Provider or Allied Health Professional credentialing; and
 - (3) provide the Hospital with notice of any revisions or modifications that are made to any supervision or collaboration agreement that may be required by the state. This notice must be provided to Medical Staff Services within three days of any such change.

- (b) All Physicians who utilize the services of an Advanced Practice Provider or Allied Health Professional in the Hospital must abide by the applicable standards of practice listed above.
- (c) The number of Advanced Practice Providers or Allied Health Professionals acting under the supervision of one Supervising/Collaborating Physician, as well as the care they may provide, will be consistent with any applicable state statutes and regulations and any other policies adopted by the Hospital. The Supervising/Collaborating Physician will make any appropriate filings with the relevant state board regarding the supervision and responsibilities of the Advanced Practice Provider or Allied Health Professional, to the extent that such filings are required, and shall provide a copy of the same to Medical Staff Services.

6. DETERMINATION OF NEED

- (a) Whenever an Advanced Practice Provider or Allied Health Professional in a category that has not been approved by the Board requests permission to practice at the Hospital, the Board shall refer the matter to the Credentials Committee or appoint an ad hoc committee to evaluate the need for that particular category of practitioner and to make a recommendation to the Medical Executive Committee for its review and recommendation and then to the Board for final action.
- (b) As part of the process of determining need, the individual shall be invited to submit information about the nature of the proposed practice, why Hospital access is sought, and the potential benefits to the community by having such services available at the Hospital.
- (c) The Credentials Committee or ad hoc committee may consider the following factors when making a recommendation to the Medical Executive Committee and the Board as to the need for the services of this category of Advanced Practice Providers or Allied Health Professionals:
 - (1) the nature of the services that would be offered;
 - (2) any state license or regulation which outlines the scope of practice that the type of practitioner is authorized by law to perform;
 - (3) any state “non-discrimination” or “any willing provider” laws that would apply to the type of practitioner;
 - (4) the business and patient care objectives of the Hospital, including patient convenience;
 - (5) the community’s needs and whether those needs are currently being met or could be better met if the services offered by the relevant type of practitioner were provided at the Hospital;

- (6) the type of training that is necessary to perform the services that would be offered and whether there are individuals with more training currently providing those services;
 - (7) the availability of supplies, equipment, and other necessary Hospital resources;
 - (8) the need for, and availability of, trained staff to support the services that would be offered; and
 - (9) the ability to appropriately supervise performance and monitor quality of care.
- (d) If the Credentials Committee or ad hoc committee determines that there is a need for the relevant category of practitioner at the Hospital, the committee shall make recommendations to the Medical Executive Committee and the Board regarding:
- (1) any specific qualifications and/or training that they must possess beyond those set forth in this Policy or the Medical Staff Credentials Policy;
 - (2) a detailed description of their authorized scope of practice or clinical privileges;
 - (3) any specific conditions that apply to their functioning within the Hospital beyond those set forth in this Policy; and
 - (4) any supervision requirements, if applicable.
- (e) In developing such recommendations, the Credentials Committee or ad hoc committee shall consult the appropriate department chair(s) and consider relevant state law and may contact applicable professional societies or associations. The committee may also recommend to the Board the number of Advanced Practice Providers or Allied Health Professionals that are needed in a particular category.

7. RADIOLOGY PRACTITIONER ASSISTANTS (“RPAs”) AND REGISTERED RADIOLOGIST ASSISTANTS (“RRAs”)

For those Participating UPMC Hospitals that have been granted an exception from the Pennsylvania Department of Health:

- (a) RPAs and RRAs will act only under the supervision of radiologists on the Medical Staff, who delegate specific duties to the RPAs or RRAs.
- (b) Under no circumstances will RPAs or RRAs be permitted to act as independent practitioners.

- (c) When an RPA or RRA is performing a delegated medical service, the radiologist who delegated the service shall be present in the facility.
- (d) Additionally, each radiologist who intends to delegate the performance of medical services to an RPA or RRA shall submit a letter stating that the radiologist will delegate these services in compliance with the requirements of the delegation of duties regulation promulgated by the State Board of Medicine at 49 Pa. Code § 18.402.

8. AMENDMENTS

- (a) The Medical Staffs and Board at each Participating UPMC Hospital have independently adopted this Policy as their own by voting to approve it for use at each of their respective facilities. In doing so, the Participating UPMC Hospitals have delegated to the Medical Review Council the authority to develop and adopt amendments to this Policy.
- (b) Notice of any amendments will be provided to the Medical Executive Committees at each Participating UPMC Hospital for their information. Any amendments to this Policy will take effect immediately upon receiving notice of the changes from the Medical Review Council.
- (c) If any Medical Executive Committee has concerns about an amendment, they may bring the concern to the attention of the Medical Review Council. The Medical Executive Committee may also recommend to its Board that the Hospital opt out of this Policy and reestablish its own.

SIGNED: Donald M. Yealy, MD
 Senior Vice President, UPMC and Chief Medical Officer, UPMC Health Services

ORIGINAL: April 1, 2024

APPROVALS:

Policy Review Subcommittee: March 13, 2024
 Executive Staff: March 29, 2024 (effective April 1, 2024)

PRECEDE:

SPONSOR: UPMC Medical Staff Services

*** With respect to UPMC business units described in the Scope section, this policy is intended to replace individual business unit policies covering the same subject matter. In-Scope business unit policies covering the same subject matter should be pulled from all manuals.**