



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

LICENSED INDEPENDENT PRACTITIONER STANDARDS OF PRACTICE AND SUPERVISION

Effective Date: June 5, 2020

Policy: MS-05

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I. PURPOSE: To provide standard of practice for psychiatric and primary care Licensed Independent Practitioners at Montana State Hospital (MSH) to ensure compliance with State and Federal regulations.

II. POLICY:

- A. The policy of this hospital is to ensure all practitioners, physician and non-physician (§482.12(a)(1)) as defined by Sec. 1861 [42 U.S.C. 1395x] subsection (r)(1) and subsection (aa)(5) are working in collaboration (as defined in subsection (aa)(6)) to provide care in accordance with the standard of practice required under CFR §482.62. Provisions of this policy will apply to all Licensed Independent Practitioners.
- B. It is further the policy of this hospital that all Licensed Independent Practitioners, in addition to collaborating with Medical Staff, shall be appropriately supervised by the Medical Director.
- C. The Medical Director will ensure all patient care delegated by a doctor of medicine or osteopathy to other qualified professional personnel for the diagnosis and treatment of severe psychiatric illness is within the extent recognized under State law or the State's regulatory mechanism and follows the special provisions applying to psychiatric hospitals as outlined in CFR §482.60.

III. DEFINITIONS:

- A. **Medical Staff:** All physicians, dentists, physician assistants, and advanced practice registered nurses and/or clinical nurse specialists holding licenses issued by the State of Montana who are employed or contracted by MSH, and who have been granted privileges to practice their profession at MSH.
- B. **Licensed Independent Practitioner:** An active, provisional or part-time physician or APRN and/or CNS who attends to the care of the patients at MSH.
- C. **Physician:** A doctor of medicine or osteopathy, doctor of dental surgery or dental medicine, doctor of podiatric medicine, or doctor of optometry, legally authorized

to practice within the State where the hospital is located and providing services within their authorized scope of practice. CFR §482.12(a)(1).

- D. **Non-physician practitioners:** Nurse practitioners, clinical nurse specialists, and physician assistants practicing either in collaboration with or under the supervision of a physician as outlined by the State board responsible for licensing and setting the scopes of practice for all three specialties. Sec.1861(s)(2)(K)(ii).
- E. **Nurse Practitioner:** A licensed RN also holding a current Montana APRN license using the title of APRN and practicing in the certified role and population focus of a Certified Nurse Practitioner (CNP) or Clinical Nurse Specialist (CNS) under ARM §24.159.1413, Advanced Practice Nursing Title following State guidelines for expanded abilities as outlined in ARM §24.159.1406, APRN Practice.
- F. **Physician Assistant:** A member of the health care team, licensed by the Montana State Board of Medical Examiners, providing medical services which may include but are not limited to examination, diagnosis, prescription of medications, and treatment, under the supervision of a licensed physician. Provisions for practice and supervision outlined in ARM 24.156.1622, Supervision of Physician Assistant, guide specific supervision requirements for the PA.

IV. RESPONSIBILITIES:

- A. **Hospital Administrator:** Ultimately responsible for Licensed Independent Practitioner standards of practice and supervision. Serves as the approving official in the employment of Licensed Independent Practitioners within delegated authority prescribed by the Governing Body and Medical Staff recommendations.
- B. **Medical Director:** In charge of all aspects of the clinical treatment program and supervises the activities of the Medical Staff.
Responsibilities include:
 - 1. Oversight of APRNs and/or CNSs.
 - 2. Generating annual performance appraisals for each member of the Medical Staff.
 - 3. Recommending clinical privileges for each member of the Medical Staff.
 - 4. Assuring each member of the Medical Staff practices within the scope of privileges granted.
 - 5. Serving as a member of the Quality Improvement Committee, serving as a hospital leader in the ongoing planning, measurement, assessment, and improvement of activities carried out for key hospital functions through the Performance Improvement System.
 - 6. Assuring adherence to the Medical Staff Bylaws, Rules and Regulations.

7. Assessing and recommending off-site sources for medical services not provided by MSH.
8. Developing and implementing policies and procedures applicable for the Medical Staff.
9. Recommending to the Hospital Administrator a sufficient number of qualified competent staff.

- C. **Quality Improvement Director:** Ensures the monthly utilization review process occurs. The Quality Improvement Director will analyze the utilization review data and report to the Medical Staff meeting on a monthly basis and the Quality Improvement Committee on a quarterly basis.
- D. **Medical Staff:** Conducts utilization review audits on patient charts on a monthly basis. The results of the audits will be reported to the Medical Staff meeting on a monthly basis and to the Quality Improvement Committee on a quarterly basis. The Medical Director will sign off on the audits and any deficiencies will be reported to the Governing Body.
- V. **PROCEDURE:** Medical oversight and supervision for all non-physician practitioners in accordance with standard of practice under the CMS Standard of Practice B-tag 099 special provisions for psychiatric hospitals is integrated into the diagnosis and treatment of all mentally ill persons at MSH through daily team meetings, chart and patient reviews, and assessment on each unit in the hospital. Additional supervision and oversight is provided through regularly scheduled medical staff meetings, phone support, and as-needed consults.

Method of Supervision:

1. *Medical staff meetings* (with oversight by the Medical Director of all clinical and professional activities) meets at least monthly to maintain standard (§482.22(a)); review challenging clinical situations and patient/provider concerns from each unit; make recommendations based on professional standards, clinical judgment and scope of practice; participate in the development of hospital policies regarding patient care services; and ensure adherence to the current Medical Staff Bylaws Rules & Regulations.
2. *On-call services* are provided by both a psychiatric Licensed Independent Practitioner and a primary care Licensed Independent Practitioner each shift outside of working hours, back-up consultation is available by phone via the Medical Director or assigned designee.
3. *Quality improvement (QI)* department ensures the monthly utilization review process occurs. The Quality Improvement Director will analyze the utilization review data and report to the Medical Staff meeting on a

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monthly basis and the Quality Improvement Committee on a quarterly basis.

- VI. REFERENCES:** Social Security Act 1861 [42 U.S.C. 1395x] subsection (r)(1), (aa)(5), (aa)(6), CMS Tag B099, §482.60, CFR §482.62, §482.12(a)(1), §482.22, MT Code ARM §24.159.1406, §24.159.1412, §24.159.1413, §24.159.1470, §24.156.1622, MSH Medical Staff Bylaws Rules & Regulations.
- VII. COLLABORATED WITH:** DPPHS Office of Legal Affairs, Medical Director, Medical Staff, and Director of Quality Improvement.
- VIII. RESCISSIONS:** MS-05, *Licensed Independent Practitioner Standards of Practice and Supervision* dated February 17, 2017.
- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 307-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Medical Director.
- XII. ATTACHMENTS:** None.

Signatures:

Kyle Fouts
Hospital Administrator

Thomas Gray, MD
Medical Director