

Title: Accepting Orders for Hospital Outpatient Services from Non-Privileged Providers Medical Staff Policy

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Location: Saint Joseph Regional Medical Center (SJPMC); Mishawaka and Plymouth		Department: Medical Staff Services (14001_80012), Plymouth-Medical Staff Affairs

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I. SCOPE:

This policy applies to Saint Joseph Health System (Mishawaka and Plymouth campuses) (“Hospital”).

II. PURPOSE:

The purpose of this policy is to establish Hospital policy regarding accepting orders for outpatient services from practitioners who have not been privileged or credentialed by the Hospital’s Medical Staff.

III. DEFINITIONS:

A. **“Outpatient Restorative and Diagnostic Services”** shall mean those therapeutic services (*e.g.*, physical/occupational/speech/wound therapy and port care) or diagnostic services (*e.g.*, imaging services, laboratory testing) provided by the Hospital, either on-campus or off-campus at provider-based entities, that are not inpatient services.

“Outpatient Infusion Services” shall mean those therapeutic services for providing medications, biologicals, transfusion services, fluid/electrolyte/parenteral nutrition infusions, etc. provided by the Hospital at the on-campus Infusion Centers that are not inpatient services.

B. **“Order,”** for purposes of this policy, shall mean an order for Outpatient Services that satisfies the requirements of the following policies:

1. Imaging policy – Qualified Orders, Refusal, and Order Priorities
2. Standing Laboratory Test Orders
3. Medication Orders

C. **“Practitioner”** shall mean a doctor of medicine (MD), doctor of osteopathy (DO), doctor of dental surgery (DDS), doctor of dental medicine (DMD), doctor of podiatric medicine (DPM), doctor of optometry (OD), chiropractor (DC), physician assistant (PA), nurse practitioner (NP), clinical nurse specialist (CNS.), certified registered nurse anesthetist (CRNA), or certified nurse midwife (CNM), provided that such person holds a license to practice recognized by the jurisdiction where he or she saw the patient.

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- D. “**Non-Privileged Practitioner**” shall mean a Practitioner who has not been privileged or credentialed by the Hospital’s Medical Staff.

IV. POLICY:

Hospital will accept orders or referrals for Outpatient Infusion Services from Non-Privileged Practitioners, provided that a Practitioner writing such an order has collaborated with, or, transferred care during the reception of services to a responsible, accepting member of the Active, Consulting or Affiliate Medical Staff, or designee, who has accepted the responsibility for the patient (documented in writing and available in the patient's medical record), for the care of the patient he/she is referring for services, is acting within his/her scope of practice under state law, and has not been excluded from participation in any federal or state health care program. This statement is to assure that a safe transition is accomplished if complications from the infusion were to occur resulting in the need for additional services, including possible hospitalization.

Advance Practice Nurses and Physician Assistants currently appointed and credentialed by the Medical Staff and SJHS Residents and Fellows may utilize any and all Outpatient Services through their association with a Collaborative/Supervising Physician member of the Active Medical Staff providing that the Physician meets the above noted requirements.

Outpatient clinical documentation must be completed at the initiation of the Infusion Treatment services to document the medical necessity of the treatment planned and Informed Consent for the infusion. This may be accomplished via a short-form H&P, an outpatient note with required elements of a short-form H&P, or a hospital note from a recent inpatient stay which meets the requirements.

Outpatient Restorative and Diagnostic Services may be ordered by Non-Privileged Practitioners by the completion of a valid order and upon meeting the qualification criteria stipulated in Section V.B. Procedure, below.

V. PROCEDURE:

- A. Completion and transmission (via fax or electronically) of a valid "Outpatient Services Order Form" (see attached) [Accepting Orders for Hospital Outpatient Services from Non-Privileged Providers - FORM](#)

- B. Process upon receipt of Order

Upon receipt of an Order, designated Hospital personnel shall:

1. Verify the Practitioner’s licensure where he or she provides care to the patient, in accordance with the current Medical Staff Office Credentialing procedure. Indiana Verification website: <https://mylicense.in.gov/EVerification/Search.aspx>
2. Verify the Practitioner's National Provider Identifier (NPI) number in accordance with current Medical Staff Office credentialing procedure. Verification website: <https://npiregistry.cms.hhs.gov/>

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3. Verify that the Practitioner has not been excluded from participation in any federal or state health care programs, in accordance with the terms of the current Medical Staff Office Credentialing procedure. Verification website: <https://exclusions.oig.hhs.gov/>
4. To the extent there is a question about whether the Order is within the Ordering or Accepting Staff Practitioner's scope of practice, a consult with the Medical Staff Office will serve to resolve this concern. After verification of the above, and subject to the stipulations in Section IV. Policy, the Hospital will accept the Non-Privileged Practitioner's order for Outpatient Services.

C. Patient Reaction or Emergency

If an outpatient has a reaction, the Ordering Physician is to be contacted for direction, which may include contacting the Primary Care Provider.

If the reaction is more urgent, the staff will utilize current hospital policies and call a Medical Alert, Rapid Response or transfer patient to the Emergency Department as necessary.

D. Exceptions

Orders for the following types of Outpatients Services will not be accepted from Non-Privileged Practitioners. Upon receipt of such an order, designated Hospital personnel shall contact the Practitioner to inform him/her that the Hospital is unable to provide the ordered service.

1. Outpatient chemotherapy may be provided only on the order of Medical Staff members credentialed and privileged to do so

D. Responsible Person

The Chief Medical Officer/Vice President Medical Affairs is responsible for ensuring that: a.) all individuals adhere to the requirements of this policy, b.) these procedures are implemented and followed at the Hospital, and c.) instances of non-compliance with this policy are reported to the Hospital's Chief Medical Officer

E. Auditing and Monitoring

Compliance with this policy will fall under the purview of the Medical Staff Professional Practice Council (Mishawaka) or the Medical Staff Credentialing Committee (Plymouth) as a component of the Clinical Audit process.

F. Enforcement

All Hospital staff and Medical Staff whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this

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policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, including the Medical Staff Bylaws, Rules and Regulations.

VI. REFERENCES:

- A. Credentialing Policy of SJRMC Mishawaka and SJRMC – Plymouth Campus, Inc.
- B. Imaging policy – Qualified Orders, Refusal, and Order Priorities
- C. Standing Laboratory Test Orders
- D. Medication Orders
- E. CMS 482.54 – Conditions of participation: Outpatient services.

References/Standards:

- Policy Origin Date: 12/1/2019
- Review Date: 12/18/2019
- Revised Date:
- Effective Date: 12/18/2019
- Reviewed/Recommended By: Medical Executive Committee
- Policy 224

OUTPATIENT INFUSION ORDERS

Patient Information

Date: _____

Patient: _____ DOB: _____ Patient Male Female

Height: _____ Weight: _____

Address: _____ Allergies: _____

SS: _____ Primary Phone: _____ Alternate Phone: _____

Ordering Practitioner: _____

Address: _____ Office Phone: _____

Community Primary Physician: _____

Address: _____ Office Phone: _____

Diagnosis: ICD-010	Reason for Treatment/Infusion:
	Patient Special Needs/Mobility Concerns:
Medication Name: Medication Dose: Route of Administration: Frequency of Administration: If PRN, parameters for PRN:	Medication Name: Medication Dose: Route of Administration: Frequency of Administration: If PRN, parameters for PRN:

Additional instructions for medication administration:

Additional Orders to be completed during treatment:

Line care orders required for intravenous (IV) medication administration:

- Insert peripheral IV catheters for treatment and discontinue daily post treatment or on _____.
- Insert PICC on _____. Use for ordered treatment and remove on _____.
- Patient has PICC line. Use for treatment and remove PICC on _____, Catheter may be de-clotted with 2mg Cathflo IV PRN during treatment.
- Patient has Port. Access for initiation of treatment. De-access at end of treatment. Port may be de-clotted with 2mg Cathflo IV prn during treatment.

Documents to be sent with order: Most recent Clinical Encounter, Insurance Card, Patient Photo ID

Ordering Physician Signature: _____ Date: _____ Time: _____

Community PCP Physician Notification Provided:

FOR SJRMC USE ONLY – Please initial to indicate completion
Credentialing Verified: _____ Pharmacy Verified: _____ Approved to Schedule: _____ Scheduled: _____

