ANAHEIM REGIONAL MEDICAL CENTER (ARMC)
RULES AND REGULATIONS
REGARDING
ALLIED HEALTH PROFESSIONAL

Definition ........................................................................................................................................... 2

Allied Health Professionals .................................................................................................................. 2

History and Physicals (H&P) .................................................................................................................. 2

Discharge Summaries ............................................................................................................................. 2

Intensive Care Unit/Critical Care Units (Board 7/27/11) ..................................................................... 3

Application Process ............................................................................................................................... 3

Applications for Allied Health Professionals ....................................................................................... 3

Proctoring .............................................................................................................................................. 3

Reappointment/Re-Appraisal .................................................................................................................... 3

Delay in Obtaining Required Information ............................................................................................. 4

Scope of Services .................................................................................................................................... 4

Leave of Absence ..................................................................................................................................... 4

Request for Leave of Absence ................................................................................................................... 4

Temporary Practice Prerogatives ............................................................................................................. 5

Automatic Suspension ............................................................................................................................. 5

AHP Scope of Practice Guidelines: ........................................................................................................ 5

Physician Assistant ................................................................................................................................. 5

Nurse Practitioner: ................................................................................................................................. 7

Surgical Technician ................................................................................................................................. 8

Registered Nurse First Assistant ........................................................................................................... 9

Biofeedback Technician: ....................................................................................................................... 9

Clinical Research Nurse for Investigational Studies: ......................................................................... 10

Corrective Action .................................................................................................................................... 10

Applicability of the Medical Staff Bylaws ............................................................................................ 11
Definition

Allied Health Professionals (AHPs) are healthcare workers who are authorized to provide patient care services at Anaheim Regional Medical Center (ARMC). These individuals are AHPs, and they shall be governed by the content of these Allied Health Professional Rules and Regulations as well as applicable Medical Staff Bylaws and other pertinent Medical Staff policies. AHPs shall not be eligible for appointment to the Medical Staff or have clinical privileges. AHPs are eligible to apply for practice prerogatives. Nothing herein shall create any vested rights for the AHP to receive or to maintain any practice prerogatives at ARMC.

Allied Health Professionals

AHPs provide medical care to patients under supervision. They are usually employees of a staff physician or provide services pursuant to a contract with ARMC. AHPs are not granted privileges. Instead, AHPs have practice prerogatives setting forth the functions of the AHP. All Allied Health Professionals must be a member of the Allied Health Professional Staff.

The following categories of Allied Health Professionals have been approved by the Medical Staff and the Board of Directors as eligible to submit applications for AHP practice prerogatives:

- Physician Assistant
- Nurse Practitioner
- Surgical Technician
- Registered Nurse First Assistant
- Biofeedback Technician
- Clinical Research Nurse for Investigational Studies

AHPs must function under the direction of a member of the Medical Staff of Anaheim Regional Medical Center who has been granted clinical privileges in the area in which the AHP will practice. The Medical Staff member must agree in writing to assume full legal and medical responsibility for the actions of the AHP. Any patient care services granted under this, and like policies, are contingent upon the continued Medical Staff membership of the supervising or sponsoring physician. Furthermore, it is the responsibility of both the applicant and the supervising or sponsoring physician to notify ARMC, in writing, of any changes in physician supervision or sponsorship, which may occur at any time during the applicant's tenure at ARMC. All AHPs who provide patient care services at ARMC shall, at all times, wear a distinctive name badge identifying the individual.

AHP scope of practice shall be limited to the standards, procedures, and practice prerogatives granted. All AHPs will be accountable to the supervising or sponsoring physician, the Director of the department, and nursing personnel, as applicable. All telephone orders must be received by hospital employees identified to do so as described in the General Rules and Regulations of the Medical Staff and Policies of Medical Records.

History and Physicals (H&P)

Allied Health Professionals under the auspices of the Departments of Surgery, Cardiology and Women’s and Children’s Services are authorized to take an H&P within the scope of their licensure. The H&P must be countersigned within 24 hours by the sponsoring physician. If the H&P is for an outpatient procedure, the H&P must be countersigned 24 hours before the procedure is done. The first 10 cases must be reviewed by the Department Chair or his/her designee. Medical Records must account for any medical record deficiencies in the charts. AHPs may not perform any consultations.

AHPs under the auspices of the Department of Medical Services are not allowed to perform H&Ps.

Discharge Summaries

Nurse Practitioners under the auspices of the Departments of Cardiology, Surgery and Women’s and Children’s Services may dictate discharge summaries. Discharge summaries must be countersigned by the supervising physician(s) within fourteen (14) days of discharge.

Nurse Practitioners under the auspices of the Department of Medical Services are not allowed to dictate discharge summaries.
Physician Assistants under the auspices of the Departments of Cardiology, Surgery and Women’s and Children’s Services may dictate discharge summaries. Discharge summaries must be countersigned by the supervising physician(s) within fourteen (14) days of discharge.

Physician Assistants under the auspices of the Department of Medical Services are not allowed to dictate discharge summaries.

**Intensive Care Unit/Critical Care Units (Board 7/27/11)**

Nurse Practitioners and Physician Assistants, under the auspices of the Departments of Surgery and Women’s & Children’s Services, are authorized under their scope of practice to round in the Intensive Care Units at the request of their supervising physician. The supervising physician is required to countersign the AHP’s records within 24 hours.

Under the auspices of the Departments of Medicine and Cardiology, the AHPs may not round, complete histories and physicals or consultations in the ICU, CVU, or CVOU without their supervising physician present.

**Application Process**

The Medical Executive Committee will recommend to the Board of Directors its approval of a list of categories of AHPs eligible to apply. AHP categories not on the list will not be provided an application. They shall apply to the MEC and to the Board for adoption of their category. Prerogatives and responsibilities of AHPs shall be detailed in their Practice Prerogatives or these Rules & Regulations.

**Applications for Allied Health Professionals**

All applications for AHPs shall be complete, legible, and in writing, and shall be signed by the applicant and shall be submitted on a form supplied by the ARMC Medical Staff Services Office. The application shall require the following information:

- The applicant’s professional qualifications, education, work experience, request for practice prerogatives, and signature of the supervising or sponsoring physician;
- Current California licensure or certification where appropriate;
- Professional liability insurance in the amount of at least one million dollars ($1M) per occurrence/three million dollars ($3M) aggregate per year;
- Application fee set by Medical Executive Committee;
- Must have their primary residence and office within a proximity to ARMC that assures an ability to appropriately respond to patient care needs commensurate with their professional services.

The completed application will be submitted through the Medical Staff Office and upon completion of the application process, to the Interdisciplinary Practice Committee (IDP) for review and recommendations to the Credentials Committee for forwarding to the Medical Executive Committee and the Board of Directors for final determination.

**Proctoring**

Each AHP initially appointed or granted new practice prerogatives shall be subject to a period of proctoring of at least six (6) cases, which shall be the first six cases seen at Anaheim Regional Medical Center by the AHP. Proctoring shall be performed by an ARMC Medical Staff Member or another qualified AHP with similar qualifications. Generally, proctoring shall consist of retrospective case review. Those AHPs who exercise surgery practice services shall be observed concurrently during surgery. No more than three (3) of the proctor forms may be submitted by the supervising/sponsoring medical staff member. Those proctor reports will be submitted to the Credentials Committee. Other specific proctoring requirements may be noted under each scope of practice.

**Reappointment/Re-Appraisal**

AHPs shall have a biennial (2-year) reappointment. A biennial reappraisal summarizing the performance of these individuals must be presented to the Interdisciplinary Practice Committee for review and recommendation to the Credentials Committee to be forwarded to the Medical Executive Committee and the
Board of Directors for final determination of clinical competence and continued practice prerogatives.

Reappointment/Reappraisal Process: required documentation for AHPs shall include; but not be limited to the information that is required from the applicant (see Applications Section, above), and the following:

- Practice Prerogatives (signed by physician supervisor or sponsor)
  (If Additional Practice Prerogatives are requested, documentation of training and/or experience are required in order to apply and require approval)
- AHP-provided activity log listing patients seen by the AHP at Anaheim Regional Medical Center for the previous two years will be submitted with the reappointment application. The log shall contain, at a minimum, the patient name, Medical Record number, and date of service.
- Findings of relevant quality improvement activities with a minimum of six charts reviewed, or a peer reference/supervising physician reference letter.

Delay in Obtaining Required Information
In the event there is undue delay in obtaining required information, the Coordinator will request assistance from the applicant. It shall be the applicant's obligation to obtain the required information or assure that it is submitted and received by the Hospital.

If all information required for the initial application process or to the reappraisal process is not submitted by the applicant within sixty (60) days of receipt of the application/reappplication, it will be considered void and no further processing will take place. The application/reappplication will be filed as administratively incomplete.

Failure of an applicant to adequately respond to a request for assistance will result in termination of the application/reappplication process. The applicant then has the burden of producing adequate information and resolving any doubts about the data. In the event AHP status so expires for failure to respond, the procedures set forth in the Grievance process shall not apply.

Scope of Services
Only those patient care service categories specifically stated in the Allied Health Rules and Regulations and practice prerogatives may be considered. Clinical activities in any field other than those specifically authorized by the Board of Directors are expressly prohibited.

Leave of Absence
Individuals appointed to the Allied Health Professional Staff who must temporarily cease practice in this community, may, for a good cause, be granted a leave of absence by the Board of Directors for a definitely stated period of time not to exceed one (1) year. A Leave of Absence which lasts longer than one (1) year shall constitute a voluntary resignation of Allied Health Professional Staff appointment and practice prerogatives unless written request is made by the Allied Health Professional for an exception to be made by the Board of Directors upon recommendation of the Medical Executive Committee. During the period of time of the leave, the Allied Health Professional staff appointee's ability to utilize ARMC prerogatives and responsibility are suspended.

Request for Leave of Absence
A request for a Leave of Absence shall be made to the Interdisciplinary Practice Committee and shall state the beginning and the ending dates of the requested leave. The request shall be transmitted to the Credentials and Medical Executive Committees for recommendation and the Board of Directors for approval.

At the conclusion of the leave of absence, the individual may be reinstated, upon filing a written statement with the Interdisciplinary Practice Committee summarizing the professional activities undertaken during the leave of absence. The individual shall also provide such other information as may be requested by the Chair at that time, including current certification/licensure or other requested documents. All information shall then be forwarded to the Interdisciplinary Practice Committee. After considering all relevant information, the committee shall then make a recommendation regarding reinstatement to the Credentials and Medical Executive Committees, which shall, thereafter, make a recommendation to the Board of Directors for final action.
If the leave of absence was for medical reasons, the appointee must submit a report from his/her attending practitioner indicating that the applicant is physically and/or mentally capable of resuming exercising the practice prerogatives requested. The appointee shall also provide such other information as may be requested by the ARMC or any applicable committee at that time. All information shall then be forwarded to the appropriate committee. After considering all relevant information, the Committee shall then make a recommendation regarding reinstatement to the Medical Executive Committee, which shall, thereafter, make a recommendation to the Board of Directors for final action.

**Board of Directors Action.** In acting upon the request for reinstatement, the Board of Directors may approve reinstatement and/or may limit or modify the clinical services to be extended to the individual upon reinstatement.

**Temporary Practice Prerogatives**
Temporary practice prerogatives will be granted to meet the needs of patients, rather than for the convenience of the AHP.

Only upon the written concurrence of the Chief of Staff and the Chair of the Interdisciplinary Practice Committee, the Chief Executive Officer or designee may grant temporary practice prerogatives. Temporary practice prerogatives shall automatically terminate at the end of the designated period, unless earlier terminated or affirmatively renewed or extended as provided herein.

**Automatic Suspension**
Any Allied Health Professional (AHP) who fails to renew any license, certificate, registration or permit required by the position he/she holds, shall have his/her practice prerogatives to care for patients at ARMC suspended immediately and automatically upon the date of expiration and throughout its term.

If within ninety (90) days after written warning of the delinquency, the AHP does not provide evidence of required information, the AHP’s prerogatives shall be deemed to be voluntarily relinquished by that member. An Allied Health Professional (AHP) whose membership and/or practice prerogatives have been automatically suspended or terminated pursuant to these provisions shall not be entitled to the grievance process as set forth in Article VIII Practitioner Rights in the Medical Staff Bylaws.

**AHP Scope of Practice Guidelines:**

**Physician Assistant**

**Scope of Practice:**

A. A Physician Assistant (PA), as "Allied Health Professional", may be approved for practice prerogatives by the MEC, and granted practice prerogatives by the Board of Directors.

B. A "Physician Assistant" (PA) is a person who is a graduate of a program of instruction for Physician Assistant recognized and approved by the Physician Assistant Committee of the State of California, licensed by the Physician Assistants Committee, and who has been certified by the National Commission for the Certification of Physician Assistants.

C. The term “Supervising Physician” means any physician currently licensed by the State of California and is a current member in good standing of the ARMC active Medical Staff.

1. The supervising physician has a written delegation of services agreement with the PA, and supplies a copy to the ARMC Medical Staff Office with the application and request for practice prerogatives which shall then be forwarded to the Medical Executive Committee. Duties performed outside of the supervising physician's personal presence and control may not exceed limitations as stipulated in these Rules and Regulations or as developed by the Interdisciplinary Practice Committee and/or the appropriate committee.

2. If the PA works for a group of associated physicians, each physician must be listed as a “supervising physician” and they must agree in writing to assume full legal and medical responsibility for the actions of the AHP.

**Additional Qualifications:**

A. The Supervising Physician shall establish the following in writing, together with any supporting
documentation:
1. That the supervising physician accepts full responsibility for the performance of all professional activities of the PA.

B. The supervising physician shall agree in writing, in a form acceptable to the Credentials Committee, that:
1. The Medical Staff Office shall be immediately notified in the event that the physician's approval to supervise the applicant is revoked, suspended, or otherwise modified by the Medical Board of California.
2. The Medical Staff Office shall be immediately notified if a PA's license has been suspended, revoked, or placed on probation.
3. The Medical Staff Office shall be notified if the applicant discontinues working with the supervising physician, at which moment the PA's ability to practice at the hospital is suspended.
4. There will be full compliance with all Medical Board of California regulations regarding supervision of the PA.
5. The Physician Assistant practice prerogatives are contingent upon the continuing active Medical Staff of the supervising physician.
6. The continued use of a Physician Assistant will be at the discretion of the Medical Staff.
7. Evaluation of a hospitalized patient by the Physician Assistant does not at any time eliminate the required daily visit by the supervising physician.

Conditions and Standards of Practice:
A. Nothing herein should be presumed as authorization to allow for independent practice at ARMC.
B. Nothing herein shall create any vested rights to receive or to maintain any practice prerogatives at ARMC.
C. The supervising physician will be the observer for his/her PA activities as identified under Proctoring.
D. A supervising physician shall be available in person or by electronic means at all times when the PA is caring for patients.
E. Practice prerogatives may be reassessed at any time at the discretion of the Chief of Staff and/or the Credentials Committee.
F. A request for consultation remains a physician to physician contact. A Physician Assistant may not institute a request for consultation.
G. The PA shall practice only under the direction and supervision of a supervising physician. No supervising physician shall supervise more than two (2) PA's at any one time.
H. The Physician Assistant shall perform only those tasks or functions within the scope of practice as described in these Rules & Regulations and as approved by the Interdisciplinary Practice Committee, the supervising physician’s department, the Credentials Committee, the Medical Executive Committee, Board of Directors and those permitted by law for his or her designated specialty as set forth in California Code of Regulation Title 16 Section 1399.500 et seq. In addition, the PA at all times, will act within the scope of practice as set down in the delegation of services agreement, and approved by the Credentials Committee, supervising physician's department, and the Medical Executive Committee.
I. All data, summaries, progress notes, directions or other information entered into the medical record or chart of a patient by a PA shall be countersigned by the supervising physician within twenty-four (24) hours after chart entry.
J. In order to continue the team approach for continuous quality of care, the Physician Assistant will inform and involve ARMC personnel when appropriate.

Duties and Tasks Which may be Performed by Physician Assistants:
Because the PA practice is directed by a supervising physician, and a PA acts as an agent for that physician, the orders given and the tasks performed by a PA are considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations, in the written delegation of service agreement, or in treatment protocols, the following duties may be initiated only with the prior patient specific order of the supervising physician:
A. Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy and nursing services.
B. Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures, and therapeutic procedures.
C. Initiate arrangement for admissions, complete forms and charts pertinent to the patient’s medical record, and provide services to patients requiring continuing care including following discharge and in accordance with the practice prerogatives.
D. Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.
E. Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging and understanding of, and long term management of their diseases which are directly related to the specialty care of the supervising physician.
F. Initiate and facilitate the referral of patients to the appropriate health facilities, agencies and resources of the community and prepare the appropriate transfer documents.
G. Transmit orally, or in writing on the patient’s medical records, a medication prescription from the supervising physician to a person who lawfully may accept and administer the medication, subject to certain limitations, with prescription transmittal authority.
H. Assist the supervising/sponsoring member of the ARMC Medical Staff with bedside procedures for which the supervising/sponsoring member of the ARMC Medical Staff has privileges.
I. Dressing and redressing of wounds.
J. Assist in Surgery, if granted.

Each department may delineate responsibilities, including procedures specific to the subspecialty involved (unless excluded above), with the approval of the Credentials Committee and Medical Executive Committee.

Medical Records:
A PA may record progress notes. In addition, the supervising physician must record daily progress notes. All entries must be legible, dated and signed with title. The supervising physician must co-sign all entries made by the PA within twenty-four (24) hours.

Nurse Practitioner:
Scope of Practice:
A Nurse Practitioner (NP) may only provide those medical services which he or she is competent to perform and which are consistent with the NP’s education, training, and experience. When applicable, NPs function under standardized procedures (Title 16, Section 1474 Nursing Practice Act, California Code of Regulations) and protocols developed/recommended by the Interdisciplinary Practice Committee, the Credentials Committee, and the Medical Executive Committee and approved by the Board of Directors of ARMC.

The Nurse Practitioner’s (NP) sponsoring/supervising physician shall submit a signed, written request, which describes those tasks and functions that the NP would perform at ARMC. If the NP works for a group of associated physicians, each physician must be listed as a supervising or sponsoring physician and they must agree in writing to assume full legal and medical responsibility for the actions of the NP. The NP may be granted selected authorization to perform the following practice prerogatives at ARMC, but only for patients whose care is the direct responsibility of his or her sponsoring/supervising physician:

A. Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy and nursing services.
B. Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures, and therapeutic procedures.
C. Initiate arrangement for admissions, complete forms and charts pertinent to the patient’s medical record, and provide services to patients requiring continuing care including following discharge and in accordance with the practice prerogatives.

D. Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient.

E. Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging and understanding of, and long term management of their diseases which are directly related to the specialty care of the supervising physician.

F. Initiate and facilitate the referral of patients to the appropriate health facilities, agencies and resources of the community and prepare the appropriate transfer documents.

G. Transmit orally, or in writing on the patient’s medical records, a medication prescription from the supervising physician to a person who lawfully may accept and administer the medication, subject to certain limitations, with prescription transmittal authority.

H. Assist the supervising/sponsoring member of the ARMC Medical Staff with bedside procedures for which the supervising/sponsoring member of the ARMC Medical Staff has privileges.

I. Dressing and re-dressing of wounds.

J. Each department may delineate responsibilities, including procedures specific to the subspecialty involved (unless excluded above) with the approval of the IDP Committee, the Credentials Committee and the Medical Executive Committee.

Medical Records:
A NP may record progress notes. In addition, the supervising physician must record daily progress notes. All entries must be legible, dated and signed with title. The supervising physician must co-sign all entries made by the NP within twenty-four (24) hours.

Qualifications:
In addition to the information outlined under Applications Section, NPs shall provide:

- Specialty certification if applicable: Currently certified or eligible for certification from either the American Nurse’s Association or the American Academy of Nurse Practitioners commensurate with area of practice for which the candidate is applying;
- Nurse Practitioner Furnishing number, issued by the Board of Registered Nursing;
- Evidence of training, education and experience for specialty (i.e., Surgery, Cardiac, Orthopedics, Endoscopy, OB/GYN, Cardiology)
- One year of clinical nursing experience.

Surgical Technician
Scope of Practice:
A Surgical Technologist may apply for the following practice prerogatives to perform the following services under the supervision of his/her supervising/sponsoring physician(s):

A. Prepare the O.R. for Surgery
B. Operate flash sterilizer
C. Assist surgeon in draping the patient
D. Conduct sponge, needle and instrument counts
E. Performance of organization of surgical field
F. Provide case specific supplies, instrumentation and equipment
G. Assist with instrumentation and supplies for surgical case
H. Participate in preference list updates
I. Assist in transportation and positioning of patients as needed
J. Assist with preps as requested

Each department may delineate responsibilities, including procedures specific to the subspecialty involved (unless excluded above) with the approval of the IDP Committee and the Credentials Committee and the Medical Executive Committee.
Supervision:
A Surgical Technician will perform services under the supervision of the OR Manager and/or his/her supervising/sponsoring physician(s).

Certification:
A Surgical Technician shall be certified by the Association of Surgical Technologists or be admissible to sit for the examination.

Qualifications:
A. A Surgical Technologist shall have completed a training program approved by the Association of Surgical Technologists and received a certificate of completion.
B. Have a minimum of one year clinical training and experience in a hospital or outpatient facility accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Registered Nurse First Assistant
Scope of Practice
A Registered Nurse First Assistant (RNFA) is a nursing professional who renders direct patient care during the perioperative period by functioning as first assistant to the surgeon. The RNFA practices an expanded role of perioperative nursing and has acquired knowledge, skills, and judgment necessary to assist the surgeon through supervised practice. He or she must be:
1. licensed as a Registered Nurse in the State of California;
2. document successful completion of an approved RNFA program that includes both didactic and preceptor training;
3. have a current BLS certificate; ACLS recommended;
4. submit letters of recommendation from three (3) surgeons.

In addition to general requirements set forth above, the following specific requirements shall apply to a person applying for AHP status as an RNFA:
1. All other application procedures as outlined herein or in the Medical Staff Bylaws and the Credentials Manual.

Conditions and Standards of Practice
A. The RNFA shall practice only under the direction and supervision of the surgeon.
B. The RNFA may perform the following standardized procedures to do so:
1. Perform technical functions over and above those beyond the scope of a registered nurse.
   The RNFA may assist the surgeon during the following procedures using Standardized Procedures developed pursuant to these guidelines.
   a) Intraoperative retracting
   b) Intraoperative hemostasis
   c) Intraoperative use of surgical instruments
   d) Intraoperative tissue manipulation
   e) Intraoperative tissue suturing
2. In the event the surgeon is unable to complete the operation, with the exception of subcutaneous and skin closure, a qualified physician shall be called to complete the operation, the RNFA will maintain hemostasis.
3. The RNFA will keep the surgical site moistened, as necessary, according to the type of surgery, maintain the integrity of the sterile field and remain at the field until the replacement physician arrives.
4. The RNFA shall not concurrently function as a scrub nurse or as a circulating nurse.

Biofeedback Technician
Scope of Practice:
A Biofeedback Technician may apply for the following practice prerogatives:
- Surface Electromyogram,
- Skin Conduction Response
Temperature Training
Patient Education for Pain & Stress Management Techniques
Dynamic Postural Training

Supervision:
A Biofeedback Technician will perform services under the supervision of the on-site medical staff member.

Qualifications/Certification:
A Biofeedback Technician shall maintain current certification by the Biofeedback Certification Institute of America.

Clinical Research Nurse for Investigational Studies
Scope of Practice:
A Clinical Research Nurse for Investigational Studies may apply for the following practice prerogatives:
- Hemodynamic Monitoring
- Phlebotomy
- EKG
- IV Insertion – venipuncture
- Administration of medication under the IRB study.

Additional Qualifications:
Completion of Basic Arrhythmia Class.

Supervision:
The clinical nurse for investigational studies will perform services under the supervision/sponsorship of the principal investigator.

Corrective Action
Whenever the activities, professional conduct, or professional practice of any AHP are considered to be lower than the acceptable standards or to be disruptive to the operations of the hospital, corrective action against such AHP may be taken by the Chief of the Medical Staff, the Credentials Committee, the Interdisciplinary Practice Committee, the Medical Executive Committee, or the Governing Body, or their designees.

Corrective action may consist of summary suspension of all practice prerogatives performed by the AHP. The Interdisciplinary Practice Committee or the Credentials Committee, as appropriate, shall review the circumstances warranting the corrective action and shall then recommend whatever corrective action it deems appropriate, including written reprimand, probation, suspension, curtailment or termination of patient care services, or restoration of practice prerogatives to the Medical Executive Committee. The Medical Executive Committee will then review the Committee’s findings and recommendations, and shall submit their recommendations to the Board of Directors for final determination.

AHPs shall not be entitled to the hearing and appeals rights provided to members of the Medical Staff pursuant to Article XI of the Medical Staff Bylaws. AHPs shall have the right to challenge any action that would constitute grounds for corrective action under Section 9.7 of the Medical Staff Bylaws (to the extent that such grounds are applicable by analogy to AHPs) by filing a written grievance (i.e. a letter objecting to the recommended action and requesting an interview) with the Interdisciplinary Practice Committee (IDP). Within fifteen (15) days of receipt of such a grievance, the IDP shall initiate a review and conduct an interview of the AHP. In cases of denials of appointment or reappointment, the IDP may delegate the interview to the Credentials Committee. The interview shall include, if possible, the participation of an individual of the same category of AHP as the individual being interviewed. Although such interview shall not constitute a “hearing” as established by Article XI of the Medical Staff Bylaws, and need not be conducted according to the procedural rules applicable to such hearings, the purpose of the interview is to allow both the AHP and the party recommending the action the opportunity to discuss the situation and to present information in support of their respective positions. The affected individual shall be informed of the circumstances giving rise to the proposed
action and may present information relevant thereto to the IDP or Credentials Committee at the interview. The IDP or Credentials Committee shall maintain minutes of the interview. The IDP or Credentials Committee shall make a written final recommendation to the Board, which will be sent by certified mail, registered return receipt, and first class mail to the AHP, and will provide the AHP with an opportunity to submit a written appeal to the Board within ten (10) days after the AHP’s receipt of the final recommendation. If the AHP does not request an appeal to the Board within such period, the final recommendation of the IDP or Credentials Committee shall be affirmed by the Board if, in the independent judgment of the Medical Executive Committee, it is supported by the evidence following a fair procedure. In the appeal (if requested), the AHP may present to the Board written argument relevant to the IDP or Credentials Committee recommendations. After considering the AHP’s written argument, if any, the Board shall make a final decision on the IDP’s or Credentials Committee’s recommendation. The Board shall adopt the recommendation, if, in the independent judgment of the Board, the recommendation is reasonable, appropriate under the circumstances and supported by the evidence following the fair procedure. The final decision by the Board shall become effective on the date of its adoption. The AHP shall be provided promptly with notice of the final action sent by certified mail.

Applicability of the Medical Staff Bylaws

All parts of the Medical Staff Bylaws, including, but not limited to, credentialing and leave of absence policies, shall apply to AHPs, insofar as those procedures are relevant. If the AHP Rules and Regulations contain AHP-specific provisions, those provisions in the AHP Rules and Regulations shall govern.

APPROVAL:

Certification of Adoption and approval:

Interdisciplinary Committee: January 8, 2007

Credentials Committee: January 18, 2007

Medical Executive Committee: July 27, 2009

Board of Directors: July 31, 2009