

**DESERT REGIONAL MEDICAL CENTER**

**ADVANCED PRACTICE  
ALLIED HEALTH PRACTITIONERS**

**RULES & REGULATIONS**

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# DESERT REGIONAL MEDICAL CENTER ADVANCED PRACTICE ALLIED HEALTH PRACTITIONERS RULES & REGULATIONS

## I. INTRODUCTION

It has been agreed by the Governing Board and the Medical Executive Committee that the medical staff organization should be directly involved in the credentialing and privileging process for specific categories of allied health professionals. The Medical Executive Committee (“MEC”) and the Governing Board of Desert Regional Medical Center have identified certain categories of non-physician health care professionals who provide patient care services at Desert Regional Medical Center. These specific categories are defined within this document.

## II. DEFINITIONS

**Advanced Practice ALLIED HEALTH PRACTITIONERS:** The definition of “Advanced Practice Allied Health Practitioners” (hereinafter referred to as “AHP”) in these Rules and Regulations is the same as stated in the Medical Staff Bylaws:

Advanced Practice AHP means an individual, other than a licensed physician, dentist, or podiatrist, who provides direct patient care services in the Medical Center under a defined degree of supervision by a physician medical staff member who has been granted clinical privileges. AHPs exercise judgment within the areas of documented professional competence and consistent with the applicable State Practice Act. AHPs are designated by the Governing Board to be credentialed and privileged through the medical staff organization and are granted practice privileges via mechanisms defined in these AHP Rules & Regulations and the Medical Staff Bylaws and credentialing policies and procedures.

The Governing Board periodically determines the categories of health care professionals eligible to apply for practice privileges as an AHP.

**Committee on Interdisciplinary Practice (“CIDP”):** Means the committee identified in the Medical Staff Bylaws designated responsibility for oversight of privileging for AHPs.

**Independent Contractor:** Means an AHP who is self-employed and not an employee of the Medical Center or a medical staff member.

**Medical Center:** Means Desert Regional Medical Center.

**Medical Staff Services Department (“MSSD”):** Means the department of the Medical Staff which provides administration and support of credentialing and privileging related to AHPs covered in this document.

**Practice Privileges:** Means the permission granted to an AHP to participate in the provision of certain patient care services. Practice privileges are based on the AHPs licensure, education, training, experience, and demonstrated current competence, as well as the limitations defined by Medical Center for operational or risk management reasons. The performance of practice privileges may be subject to supervision requirements as well as limitations on the settings in which the services may be provided and the patient populations to which services may be provided. Privilege forms include any standardized procedures and/or protocols that the AHP has requested and has been determined to be qualified to provide.

### **III. PURPOSE OF THE AHP RULES & REGULATIONS**

In the interest of providing high quality of care at the Medical Center and meeting accreditation standards, and licensing and other regulatory requirements, this document was created to describe how AHPs who are credentialed and privileged via medical staff organization mechanisms are permitted to provide health care services at Medical Center.

It should be noted that there are additional categories of healthcare professionals who provide services at the Medical Center who are authorized via alternative mechanisms, such as through the Human Resources Department of the Medical Center. Separate policies and procedures (such as employment or contractual services policies and procedures) cover those arrangements. The Advanced Practice Rules & Regulations document is limited to describing credentialing and privileging processes for AHPs credentialed via medical staff organization mechanisms.

The Advanced Practice Rules & Regulations (hereinafter referred to as “AHP Rules & Regulations”) establishes guidelines for a process to assess, evaluate and review the qualifications, competency and professional conduct of and quality and appropriateness of care provided by the categories of AHPs covered in the AHP Rules and Regulations.

The AHP Rules & Regulations and all other related policies, procedures, rules, regulations and requirements related to the practice of AHPs at the Medical Center do not constitute a contract of any kind whatsoever and are subject to change at any time without notice to applicants or to AHPs who provide services at Medical Center.

AHPs are not members of the medical staff, and do not have voting privileges at medical staff meetings. AHPs may attend medical staff meetings only when appointed to a committee or department or requested to attend by an authorized representative of the medical staff organization (officer, department chair or committee chair, supervising physician).

#### **IV. AHP CATEGORIES AND PROTOCOL FOR ADDING NEW CATEGORIES**

An Advanced Practice AHP shall not be employed, granted authority to exercise practice privileges or given an application for credentialing unless and until the Governing Board has authorized and approved the provision of such services at Medical Center by the AHP category.

Categories of AHPs covered by the AHP Rules and Regulations and approved by the Governing Board:

1. Categories of AHPs
  - a. Audiologist
  - b. Certified Registered Nurse Anesthetist (CRNA)
  - c. Clinical Psychologist
  - d. Marriage Family and Child Counselor
  - e. Nurse Practitioner
  - f. Nurse Midwife
  - g. Physician Assistant
  - h. Physician Nurse Liaison
  - i. Surgical Technician

Note: On annual basis the Governing Board shall review the designation of categories for AHPs.

#### **Adding New Categories of AHPs**

It is the policy of Desert Regional Medical Center to give appropriate consideration to the question of whether a given category of AHPs should be permitted to practice at the Medical Center as an Advanced Practice AHP. The question will be addressed by the Interdisciplinary Practice Committee with respect to a particular category if the Desert Regional Medical Center receives a serious expression of interest from the Chief Executive Officer, a member of the Governing Board, or a department of the Medical Staff.

The decision whether to accept or reject an AHP category will rest exclusively with the Governing Board. To assist the Governing Board in making its decision, the Desert Regional Medical Center adopts the procedures in these AHP Rules & Regulations. The procedures are designed to provide the Governing Board with complete information about the relevant issues and to afford all interested persons an opportunity to make their views known. The procedures are intended to serve as guidelines, and may be varied for good cause in any particular case.

## **Procedure**

The Governing Board or Administration, or department of the Medical Staff will refer a request to add an Advanced Practice AHP category to the Interdisciplinary Practice Committee for review and recommendation.

The IDPC will investigate the matter, including soliciting the views of those most directly involved and those able to assist with its inquiry. The IDPC will ordinarily convene a small task force that may include the following individuals/representatives:

- Human Resources representative
- Administration representative
- CNO/designee
- CMO/designee
- Designee of the medical staff organization (appointed by the Chief of Staff)
- Director, Medical Staff Services

The task force may be supplemented as appropriate by member(s) of the AHP category under consideration, any Medical Staff members who might provide supervision, practitioners from related areas, other Medical Center or Medical Staff personnel, representatives from licensing or certification agencies, representatives from professional associations, insurers, or members of the interested public.

The IDPC will review the information and recommendation submitted by the appointed task force and on the basis of its review, the IDPC will make a recommendation to the Governing Board via the Medical Executive Committee to be accompanied by a report setting forth:

- the recommendation and rationale for the recommendation;
- if the recommendation is positive to add a new Advanced Practice AHP category:
  - ✓ the qualifications necessary for successful applicants to the category;
  - ✓ the recommended privilege delineation form (to include type and depth of supervision required, documentation allowed and/or required, criteria for any “special” practice privileges, etc.).

The report will provide information related to any dissenting opinions on the recommendation.

The Governing Board will review the recommendation and report and will render a decision on behalf of the Desert Regional Medical Center.

## **V. BASIC QUALIFICATIONS**

### **Application of Standards**

These standards apply to health care professionals who are accorded Advanced Practice AHP status at the Desert Regional Medical Center and are under the jurisdiction of the Medical Staff. These standards do not apply to health care professionals who are employed by the Desert Regional Medical Center, unless the AHP is in a category covered by the AHP Rules and Regulations.

An individual is deemed included as an Advanced Practice AHP if the individual holds the license of one of the aforementioned categories and is working in a position that requires the license. An individual licensed as a nurse practitioner whose job description is that of an RN, without the requirement for a nurse practitioner license, would not be considered a nurse practitioner for the purposes of these AHP Rules & Regulations.

### **Standards**

In order to qualify for initial and ongoing AHP status at the Desert Regional Medical Center, an AHP shall:

Belong to an AHP category that has been approved to practice at the Desert Regional Medical Center by the Governing Board.

- a. An AHP within an approved AHP category shall not be granted authority to provide patient care services unless the AHP meets all applicable requirements and qualifications as stated in the AHP Rules & Regulations and the applicable AHP Category Privileging Description, and has been granted practice privileges in accordance with the AHP Rules & Regulations.
- b. Only AHPs who continuously meet qualifications as determined under the processes outlined in the AHP Rules & Regulations are eligible to exercise practice privileges at the Desert Regional Medical Center.
- c. Desert Regional Medical Center is not required to grant all prerogatives permitted by the law or requested by an individual.

Meet the following requirements and agreements:

- a. Hold a current, unrestricted license/certificate/appropriate legal credential in a category of AHPs that the Governing board has identified as eligible for privileges.
- b. Possess and document the background, training, experience, judgment, ability, and physical and mental health necessary to demonstrate with sufficient

adequacy that he or she is able to provide professional services as requested and authorized in accordance with generally recognized professional standards of quality and efficiency.

- c. Submit to such physical and/or mental examination(s) or provide verification of health status as may be required to verify the AHPs ability to fully meet his/her responsibilities and/or to perform the requested practice privileges.
- d. Adhere strictly to generally recognized standards of professional ethics.
- e. Be capable of working cooperatively with others in furtherance of high quality patient care and efficient Desert Regional Medical Center operations.
- f. Report to the Medical Staff Services Department immediately any action taken affecting licensure, certification, registration or DEA registration, including, but not limited to, probation, restriction, suspension, termination and voluntary or involuntary relinquishment of same.
- g. Abide by all applicable state and federal laws regulating health care providers, as well as the rules and regulations and all other lawful standards, policies and rules of the Desert Regional Medical Center.
- h. Discharge functions assigned by the Medical Executive Committee, including, but not limited to, quality improvement, peer and professional review, patient care monitoring, utilization review, case management and other responsibilities, including assignment to committees.
- i. Maintain in continuous force professional liability insurance covering the exercise of all requested practice privileges, in not less than \$1 (one) million per occurrence and \$3 (three) million in the aggregate, or such other sum as may from time to time be established by the Governing Board upon recommendation of the Medical Executive Committee. Professional liability insurance must be held with an insurance carrier approved by the State Insurance Commissioner to conduct business in the State of California, or the Practitioner may demonstrate membership in a Physician's cooperative acceptable to the Governing Board, as defined in Section 1280.7 of the California Insurance Code, with the same minimum amounts of coverage. (AHPs who are employed by Desert Regional Medical Center will have professional liability insurance coverage as part of their employment.)
- j. Pay a non-refundable application fee, the amount of which is determined by the Medical Staff. (AHPs who are employed by the Medical Center will be exempt from this requirement.)
- k. Meet any specific requirements established by the IDPC, the applicable department, the Medical Executive Committee or the Governing Board for his or her category of AHP.
- l. Meet the conditions of any applicable contract with Desert Regional Medical Center.
- m. Not be excluded from participation in any federally funded health care program, including Medicare or Medi-Cal.
- n. Agree to identify self to patient and public as an Allied Health Practitioner by wearing an approved Desert Regional Medical Center identification badge at all

times, and if not employed by the Desert Regional Medical Center to not represent themselves as such.

- o. Agree to complete patient records in accordance with Desert Regional Medical Center requirements.
- p. Agree to participate in and complete annual safety and other required in-services.
- q. Agree to comply with all Desert Regional Medical Center policies and procedures and regulations of the Joint Commission, Title 22 and other state and federal regulations as applicable.
- r. Agree to utilize Desert Regional Medical Center resources appropriately.
- s. Agree to comply with the Desert Regional Medical Center Medical Staff Code of Conduct Policy.

## **VI. CREDENTIALING AND PRIVILEGING PROCESS**

### **Eligibility for Application**

AHPs must be credentialed in accordance with this document. In order to be credentialed, AHPs must complete an AHP application form. Only those AHPs who meet the following eligibility criteria shall be provided with an application:

- a. Practices within a category of AHPs approved by the Governing Board;
- b. Has been offered employment by Desert Regional Medical Center, is an employee of a physician member of the medical staff organization, or is sponsored by a physician member of the medical staff organization (sponsorship applies to independent contractors);
- c. Through a screening process, appears to meet licensing, certification, registration, as applicable, education, training and experience requirements of the applicable AHP category and of applicable sections of the Medical Staff Bylaws or related documents;
- d. Has not been excluded from any federal health program, including Medicare and Medi-Cal.

### **Demonstration of Qualifications**

At all times, the AHP is responsible for demonstrating the following qualifications:

- a. Continued employment by the Desert Regional Medical Center or a relationship (employment or sponsorship) by a physician member of the medical staff organization.
- b. Requisite professional education and training, licensure and/or certification, and registration, as applicable.
- c. Demonstrated ability and judgment.
- d. Relevant experience demonstrated by clinical activity.

- e. Current competence to practice his/her profession and perform all requested clinical privileges.
- f. Freedom from any significant physical, emotional or behavioral impairment (including the use of drugs or alcohol) that prevents the AHP from meeting the other qualifications for AHP status and the requested practice privileges.
- g. Acceptable professional claims history and continuous professional liability coverage in prescribed amounts.
- h. Adherence to the lawful ethics of the AHPs profession.
- i. The ability to work cooperatively with others in the organization and with health care professionals in a consistently cordial and productive manner.

## **Application Process**

### **Duration:**

Initial and renewed privileges may be approved for a time period not to exceed 24 months. Evaluations will be conducted by the supervising physician on an annual basis.

### **AHPs Employed by the Desert Regional Medical Center:**

Advanced Practice AHPs are informed by the Human Resources Department of the Desert Regional Medical Center that employment as an AHP is contingent upon successful completion of the credentialing/privileging process administered by the medical staff organization of the Desert Regional Medical Center.

AHPs will be instructed by Human Resources of the Desert Regional Medical Center to contact the Medical Staff Services Department to obtain an AHP application and other application materials as quickly as possible because the credentialing/privileging process normally is lengthier than the employment process.

If the AHP begins employment prior to completion of the credentialing process, the AHP cannot exercise the requested practice privileges (including functioning under standardized protocols/procedures) until the credentialing process has been successfully completed. During this interim period, the AHP may function as an RN (for APRNs), subject to policies and procedures of Human Resources.

### **AHPs Employed or Sponsored by a Physician Member of the Medical Staff Organization:**

AHPs will be instructed to obtain application materials from the Medical Staff Services Department.

### **Verification Procedures and Evaluation and Decision-Making Process**

Verification procedures will be carried out by the Medical Staff Services Department in accordance with the procedures defined in the Medical Staff Bylaws and Rules and Regulations and credentialing policies and procedures.

The steps outlined in the Medical Staff Bylaws/Rules and Regulations are applicable to the credentialing process for AHPs. The applicable medical staff department chair shall determine the qualifications of the AHP. The IDPC will submit a recommendation to the MEC with recommendation for approval to the Governing Board.

**MEDICAL RECORD ENTRIES:** For each category of AHP it shall be determined whether or not they may make entries in the medical record and whether countersignatures are required and by whom. The signature of the supervising physician alone is sufficient for reports dictated by AHPs.

**ADULT CRITICAL CARE UNITS:** An Allied Health Practitioner can not do the initial assessment of the patient – history and physical or consultation. The attending physician needs to write a separate, independent progress note on the patient every day. AHPs may write progress notes in the chart to document their participation in the patient's care. The AHP can not write orders in the adult critical care units. They may take and write a verbal order from the attending physician. They may perform procedures in the Adult Critical Care Units in accordance with their Standardized Procedures.

**AHPs Employed by the Desert Regional Medical Center:** The Human Resources Department of the Desert Regional Medical Center will be informed by the Medical Staff Services Department as soon as possible if an unfavorable recommendation is made by the IDPC, or the MEC.

#### **Procedure for Requesting Additional Practice Privileges or Prerogatives**

- a. An AHP may request additional practice privilege(s) at any time by filing a written request, together with supporting documentation.
- b. The procedures for evaluation of a request for additional practice privilege(s) or prerogatives shall be identical to those set forth above for initial granting of practice privileges.

#### **Temporary Practice Privilege(s)**

- a. Temporary practice privileges may be granted by the Chief Executive Officer in accordance with Joint Commission standards under the same circumstances and requirements as defined in the Medical Staff Bylaws. The variation is that the request for temporary privileges must be reviewed and recommended for approval by the applicable Department Chair and recommended approval by the IDPC's chair/designee,
- b. The Chief Executive Officer or the Chief of Staff may, at any time, suspend or terminate an AHP's temporary practice privilege(s).

## **VII. CREDENTIALS FILES AND PERSONNEL FILES**

Each AHP will have a credentials file that is maintained by the MSSD. AHPs employed by the Medical Center will also have personnel file maintained in accordance with the Medical Centers' policies and procedures.

## **VIII. SUPERVISION AGREEMENTS**

AHPs must have a designated primary physician supervisor or sponsor acceptable to the medical staff and in good standing.

The primary physician supervisor/sponsor must agree to participate as requested in the evaluation of competency (i.e., during and at the conclusion of the initial focused professional practice evaluation, at the time of annual review and reappointment and, as applicable, at intervals between reappointment, as necessary) of the AHP(s) who he/she supervises or sponsors. Ongoing Professional Practice Evaluations (OPPE) will be performed every six months. OPPE is the continuous evaluation of the practitioner's professional performance in order to identify and resolve any potential problems with a practitioner's performance.

The primary supervising/sponsoring physician must sign the privileges of the AHP that he/she supervises, in which he/she accepts responsibility for appropriate supervision of the services provided by each AHP under his/her supervision and agrees that the AHP will not exceed the scope of practice defined by law

- ✓ (and for physician assistants – the practice privileges granted to the PA may not exceed any delegation agreement between the supervising physician(s) and the PA).
- ✓ (and for nurse practitioners – any delegation agreement or protocols approved by the supervising physician(s) and the nurse practitioner)

Additionally, the supervising/sponsoring physician agrees to:

- a. Accept full responsibility for the proper conduct of the AHP within the Desert Regional Medical Center, for the AHP's observance of all bylaws, policies and rules and regulations of the Desert Regional Medical Center and Medical Staff, and for the correction and resolution of any problems that may arise.
- b. Be physically present or immediately available to provide guidance when the AHP performs any task or function, except in unexpected life-threatening emergencies.
- c. Maintain ultimate responsibility for directing the course of the patient's medical treatment.

- d. Assure that the AHP provides services in accordance with accepted medical standards and does not exceed the practice privileges granted by the Desert Regional Medical Center.
- e. Provide active and continuous overview of the AHP's activities in the Desert Regional Medical Center to ensure that direction and advice are being implemented.
- f. Be physically available within the Desert Regional Medical Center until the patient is stable in the recovery room following a surgical procedure.
- g. Abide by all bylaws, policies, rules and regulations governing the use of AHPs in the Desert Regional Medical Center, including refraining from requesting that the AHP provide services beyond, or that might reasonably be construed as being beyond, the AHP's practice privileges in the Desert Regional Medical Center.
- h. Indemnify the Desert Regional Medical Center against any expense, loss, or adverse judgment it may incur as a result of allowing an AHP to provide services at the Desert Regional Medical Center or as a result of denying or terminating the AHP's professional services.
- i. Immediately notify the Medical Staff Services Department in the event any of the following occur:
  - 1) The scope or nature of the professional arrangement with the AHP changes.
  - 2) Notification is given of investigation of the AHP or his/her supervision of the AHP by the Medical Board of California, or any other applicable board.
  - 3) His/her professional liability insurance is changed insofar as coverage of the acts of the AHP is concerned.

## **IX. EVALUATION OF PERFORMANCE**

The performance of all AHPs will be evaluated as part of the Desert Regional Medical Center's and medical staff's routine performance improvement processes. Therefore, the AHPs performance will be evaluated, as applicable, and consistent with the Desert Regional Medical Center's and medical staff policies and procedures regarding focused professional practice evaluation and ongoing professional practice evaluation.

Any concerns regarding the quality or appropriateness of care provided by an AHP identified during such review processes shall be referred to an appropriate review committee (which may fall under the review of the IDPC or a medical staff review committee). Any concerns regarding the supervision of an AHP by a physician shall be referred to the appropriate medical staff department or review committee.

In addition, the quality of care provided by AHPs employed by the Desert Regional Medical Center will also be reviewed on an ongoing basis through the employment performance evaluation process of the Medical Center.

## **Reappointment**

Reappointment procedures as defined in the Medical Staff Bylaws and related credentialing policies and procedures are followed for AHPs. This includes data that is gathered for all credentialed medical staff members and AHPs, as applicable to the services provided and available data.

During the reappointment process, the IDPC and Department Chair/designee is permitted access to performance evaluations (maintained in human resources files) that occurred during the previous two-year period of time immediately preceding the reappointment (applicable to Desert Regional Medical Center employed AHPs only). Copies of employment-related performance evaluations are not maintained in credentials files. Peer review data maintained in credentials files (for example, NPDB query) is not available for individuals performing employment-related performance evaluations. Evaluations will be conducted the supervising/sponsoring physician on an annual basis.

## **X. REVIEW OF SPECIFIC CONDUCT OR CARE/CORRECTIVE ACTION**

Whenever the activities or professional conduct of an AHP adversely affects or is reasonably likely to adversely affect patient safety or the delivery of quality patient care or are disruptive to the organization's operations, the matter may be referred to the Interdisciplinary Practice Committee, who shall review the matter or designate an ad hoc or existing peer review body to investigate the matter. The matter may, instead of being referred to the Interdisciplinary Practice Committee, be handled by the employing organization as applicable to Desert Regional Medical Center employed AHPs only.

External third parties may be used by the Interdisciplinary Practice Committee or other Medical Staff committees to conduct all or part of the investigation or to provide information to the investigating body. The investigation may involve an interview of the AHP involved and supervising/sponsoring physician and an interview of other individuals or groups.

### **Automatic Relinquishment of Privileges**

The privileges and status as an AHP shall terminate immediately, without right to due process, in the event that the employment of the AHP with the Desert Regional Medical Center is terminated for any reason or if the employment or sponsorship of the AHP with a physician member of the medical staff organization is terminated for any reason. Failure to notify the Medical Staff Services Department of changes in sponsorship may constitute grounds for relinquishment of privileges.

## **Suspensions**

Each AHP may be subject to discipline and corrective action. Practice privileges may be suspended, modified, or terminated consistent with the Desert Regional Medical Center and or Medical Staff Bylaws, rules and regulations, policies and procedures, as applicable. If the AHP is a hospital employee applicable fair treatment policies and procedures will be applied. In the event the supervising physician is suspended, then the AHP will not be able to practice until the supervising physician is lifted from suspension. (Note: Dictations done by the AHP require only the signature of the supervising physician.)

## **XI. GRIEVANCE PROCEDURES**

An AHP shall have the right to dispute any action that revokes, suspends, terminates, restricts or reduces the clinical privileges that the AHP has been given permission to provide at Medical Center **unless the action revokes, suspends, terminates, restricts or reduces the practice privileges of an entire classification of AHPs rather than being focused on an individual AHP.**

Exception: AHPs shall not have the right to dispute automatic relinquishment of practice privileges. Automatic relinquishment would occur if the license or other legal credential of the AHP expired or was revoked, if the AHP was excluded from Medicare/Medi-Cal, etc. Automatic termination would occur if the AHP failed to meet the eligibility criteria for his/her category.

Additionally, there is no right to dispute actions taken as a result of failure to following the Desert Regional Medical Center's medical records policies, or failure to maintain professional liability insurance.

### **The AHPs rights of hearing and appeal are as follows:**

Nothing contained in the Medical Staff Bylaws or these AHP Rules & Regulations shall be interpreted to entitle any AHP to the hearing rights set forth in the Medical Staff Bylaws.

Except as otherwise specified in this policy, an AHP may file a grievance to challenge any one or more of the following actions or recommended actions if they are taken for a medical disciplinary cause or reason (meaning that aspect of the AHP's competence or professional conduct that is reasonably likely to be detrimental to patient safety or to the delivery of patient care):

- Denial of AHP staff status or requested practice privileges.
- Denial of AHP reappointment.
- Suspension of AHP staff status or practice privileges for longer than 30 days.
- Termination of AHP staff status or practice privileges.

To challenge the action, the AHP must file a written grievance with the Medical Executive Committee within 15 days of receiving notice of the action. Upon receipt of a grievance, the MEC or its designee shall conduct an investigation that shall afford the AHP the opportunity for an interview not less than 20 and not more than 60 days from the date of receipt of the grievance. Any such interview shall not constitute a hearing as established by the Medical Staff Bylaws and shall not be conducted according to the procedural rules applicable to such hearings. Before the interview, the AHP shall be informed in writing of the general nature and circumstances giving rise to the action, and the AHP may present information relevant thereto at the interview. No attorneys may be present at the interview. A record of the interview shall be made.

Within 15 days following the interview, the MEC or its designee shall make a determination as to whether any action that is the subject of the AHP's grievance is reasonable and warranted. The determination shall be based on the interview and all other information related to the grievance available to it. Based on this determination, the MEC or its designee shall make a final recommendation regarding the challenged action to the Governing Board, which shall be communicated in writing to the subject AHP. The final recommendation shall discuss the circumstances giving rise to the recommendation and any pertinent information from the interview.

Prior to acting on the matter, the Governing Board may, in its discretion, offer the affected AHP the right to appeal to the Board or a subcommittee thereof. Any appeal to the Governing Board or its subcommittee shall consist of a written statement from the AHP, and shall be based on grounds that the MEC's recommendation is unreasonable, inappropriate under the circumstances or not supported by the evidence in the Board's independent judgment. The MEC shall have the opportunity to respond in writing to the AHP's written statement. The length of any written statements shall be in the Governing Board's sole discretion. The Governing Board shall adopt the MEC's recommendation, so long as it is reasonable, appropriate under the circumstances and supported by the evidence. The final decision by the Governing Board shall become effective upon the date of its adoption. The AHP shall be provided promptly with written notice of the final action.

## **XII. RESPONSIBILITY**

It is the responsibility of the Medical Executive Committee of the Medical Staff Organization to assure that this policy is followed.

Approval Dates:  
IDPC: 1/12/10  
MEC: 3/2/10  
GB: 3/18/10