# TABLE OF CONTENT

**SECTION 1.0  AUTHORIZATION AND CONTROL PROVISIONS** ........................................ 4

1.1 Definitions ......................................................................................................................... 4

1.2 Basic Qualifications Of Allied Health Professionals ......................................................... 4

1.3 Effects Of Other Affiliations ............................................................................................. 5

1.4 Obligation Of Allied Health Professionals ......................................................................... 5

1.5 Terms And Conditions Of Affiliation ................................................................................ 6

1.6 Scope Of Practice .............................................................................................................. 7

1.7 Delegating Medical Staff Members Obligations ............................................................... 8

1.8 Identification ..................................................................................................................... 9

**SECTION 2.0  APPLICATION PROCEDURE** ................................................................. 9

2.1 Application ....................................................................................................................... 9

2.2 Content Of Form .............................................................................................................. 9

2.3 Effect Of Application ....................................................................................................... 11

2.4 Processing The Application ............................................................................................ 11

2.5 Orientation Of The Allied Health Professionals ............................................................ 13

**SECTION 3.0  RE-EVALUATION PROCEDURES** ....................................................... 13

**SECTION 4.0  DISCIPLINARY ACTION** ............................................................................. 14

4.1 Routine Action .................................................................................................................. 14

4.2 Automatic Action ............................................................................................................. 14

4.3 Summary Action .............................................................................................................. 15

4.4 Corrective Action Against Medical Staff Member ......................................................... 15

4.5 Mental or Physical Impairment ......................................................................................... 15

**Allied Health Professional Manual**
SECTION 5.0 RIGHTS OF REVIEW ........................................................................................................... 16

5.1 Scope ............................................................................................................................................... 16

5.2 Adverse Action ................................................................................................................................. 16

5.3 Review ........................................................................................................................................... 16

5.4 Reapplication After Adverse Action ............................................................................................... 17
Section 1.0 AUTHORIZATION AND CONTROL PROVISIONS

1.1 Definitions

1.1.1. ALLIED HEALTH PROFESSIONAL (AHP)

a. An Allied Health Professional (AHP) is an individual who:

(1) Is qualified by academic and clinical training, prior and continuing experience, and current competence in a discipline which the Board of Managers of Southlake Specialty Hospital, LLC d/b/a Texas Health Harris Methodist Southlake ("Hospital") allows to practice in the Hospital and

(2) Functions under the direction and supervision and/or delegation of a Medical Staff member.

b. Categories of AHPs currently authorized to provide services in the Hospital are listed on Exhibit “A” which may be amended from time to time by the Board of Managers.

1.1.2. Delegating Medical Staff Member shall be the Medical Staff member(s) required to delegate the performance of clinical acts and supervise or direct the AHP by virtue of law, Hospital policy or the terms of the AHPs authorization to practice in the Hospital. A delegating Medical Staff member shall not supervise/delegate any procedure or patient care service that the member is not privileged by the Medical Center to perform.

1.2 Basic Qualifications Of Allied Health Professionals

Every AHP must, at the time of initial application and, if approved, continuously thereafter, meet all applicable qualifications as established by the Hospital.

1.2.1. Experience and Professional Performance: Current clinical competency through experience and results, documenting the ability to provide patient care services at an acceptable level of quality and efficiency in each Hospital setting where services are or will be provided.

1.2.2. Cooperativeness: Ability to work with and relate to Medical Staff members, other AHPs, Hospital personnel, patients, visitors, and the community in general, in a cooperative, professional, non-disruptive manner that is essential for maintaining an environment appropriate to quality and efficient patient care.

1.2.3. Satisfaction of Obligations: Satisfactory compliance with the obligations outlined in Section 1.4 of this policy.

1.2.4. Professional Ethics and Conduct: Adherence to generally recognized standards of professional ethics and all applicable laws.

1.2.5. Health Status: Health status as necessary to provide services in the Hospital and fulfill the essential functions of AHP status. An AHP may be required to provide such information or to submit to such examinations or tests as may be reasonably requested by the appropriate Committees. Such examinations or
tests shall be at the AHPs expense and performed by practitioners chosen or acceptable to the appropriate Committees.

1.2.6. Verbal and Written Communication Skills: Ability to communicate orally and in writing, in English, in an intelligible manner, and to prepare medical record entries and other required documentation in a legible manner.

1.2.7. Professional Liability Insurance: Possess professional liability insurance coverage issued by a recognized company and of a type and in an amount not less than the minimum amount required by the Hospital, or be a named insured in a professional liability insurance policy issued by a recognized company and of a type and amount required by the Hospital and that does not exclude from coverage any of the scope of practice or delineation of services that the AHP is granted. Written evidence of such insurance coverage, in a form satisfactory to the Hospital, shall be provided to the Hospital.

1.2.8. Delegating Medical Staff Member: Written agreement by one or more Medical Staff members to provide required delegation, supervision or direction to the AHP.

1.3 Effects Of Other Affiliations

An AHP is not automatically entitled to provide services merely because the AHP:

1.3.1. Is authorized to practice in this or in any other state; or
1.3.2. Is a member of any professional organization; or
1.3.3. Is certified by any board; or
1.3.4. Provides, or previously provided, services at another health care facility or in another practice setting; or
1.3.5. Is or was employed at this Hospital; or
1.3.6. Is, or is about to become, associated with a Medical Staff member(s) or AHP(s) practicing at the Hospital through employment, contract, or otherwise.

1.4 Obligation of Allied Health Professionals

Each AHP shall:

1.4.1. Provide patient care services at an acceptable level of quality with cost-effective and appropriate utilization of services;
1.4.2. Retain appropriate responsibility within the AHP’s area of professional competence for the care of each patient in the Hospital for whom the AHP is providing services;
1.4.3. Participate in Hospital quality management program activities appropriate to the AHPs discipline and discharge such other functions as may be required from time to time;
1.4.4. When requested, serve on committees of the Hospital or Medical Staff, attend clinical and educational meetings of the Medical Staff, department, and any
clinical units with which the AHP is associated and attend any individual conference requested by any department chair, medical director of a unit, or the Hospital;

1.4.5. Abide by the Medical Staff Bylaws and related manuals, as applicable, this manual, and all other applicable standards, policies and rules of the Medical Staff and Hospital;

1.4.6. Prepare and complete in a timely fashion, as appropriate and authorized, those portions of the patient’s medical records documenting services provided and any other required records, including entering all progress reports in the multi-disciplinary progress record;

1.4.7. Provide evidence to the Medical Staff Services, prior to expiration, of renewed license/certificate to practice in this state, required professional liability insurance coverage, as well as any other requested documentation;

1.4.8. Immediately notify the Medical Staff Services of:
   a. Any felony charges brought against the AHP;
   b. Any change made or investigation involving the AHPs license/certificate/registration to practice, professional liability insurance coverage, employment by or other affiliation with a delegating Medical Staff member;
   c. Any change made or investigation at another Hospital or health care entity where the AHP practices;
   d. Any initiation, judgment, settlement, or dismissal of a claim involving the AHPs professional performance or services; and
   e. Any investigation or action by Medicare or Medicaid.

1.4.9. Refrain from any conduct or acts that are or could reasonably be interpreted as being beyond, or an attempt to exceed, the scope of practice authorized within the Hospital and/or delegated by supervising Medical Staff member.

1.4.10 Inform patients and their families that the AHP is not a physician and refrain from any conduct or language that could lead patients and their families to believe that the AHP is a physician.

Failure to satisfy any of these obligations is grounds for termination or non-renewal of the authorization to provide services or other disciplinary action as deemed appropriate under Section 4.0 of this policy.

1.5 Terms And Conditions Of Affiliation

1.5.1 The AHP is subject to an initial eight month probationary period, formal periodic reviews and disciplinary procedures as set forth in this Manual.

1.5.2 Each AHP will be subject to a competency assessment during the initial probationary period. Thereafter each AHP will be subject to at least an
annual competency assessment. These assessments are to take place at the direction of and for the purposes of the Credentials Committee.

1.5.3 Each AHP shall be assigned to the clinical department and/or Hospital service appropriate to the AHPs professional training and authorized scope of practice. An AHPs provision of specified services within any department or Hospital service is subject to the rules and regulations of that department/service and to the authority of its chair/director. The quality and efficiency of the care provided by an AHP within any department/service may be monitored and reviewed as part of the Hospital’s quality management program.

1.6 Scope Of Practice

1.6.1. Delineation: Written guidelines defining the scope of services that may be provided by each category of AHP shall be developed by the Credentials Committee or its designee and approved, by the Medical Executive Committee, and the Board of Managers.

For each category of AHP, the guidelines shall include at least:

a. Specification of the classes of patients that may (or may not) be seen;
b. Description of the services to be provided and procedures to be performed, including any special equipment, procedures of protocols that specific tasks may involve, and responsibility (if any) for charting services provided in the patient’s medical record;
c. Definition of the degree of assistance that may be provided to a Medical Staff member in the treating of patients on Medical Center premises and any limitations thereon;
d. The degree of Medical Staff member supervision, direction or delegation required for providing services and;
e. Minimum or threshold qualifications to apply for these services.

1.6.2. Medical Staff Member Supervision: The level and nature of supervision required from the delegating Medical Staff member(s) for the AHPs performance of a service shall be within the privileges that the Medical Staff member has been granted to perform by the Board of Managers.

1.6.3. Limitations: Notwithstanding the apparent scope of practice permitted to any particular category of AHP or any individual AHP under state law or licensure, limitations may be placed on an AHPs authorized scope of practice in the Hospital as deemed necessary either for the efficient and effective operation of the Hospital or any of its departments or services, or for management of personnel, services and equipment, or for quality or efficient patient care, or as otherwise deemed by the Board of Managers.

1.6.4. Emergency: In case of an emergency in which serious permanent harm or aggravation of injury or disease is imminent, or in which the life of a patient is
in immediate danger, and any delay in administering treatment could add to that danger, an AHP is authorized to do everything possible to save the patient’s life or to save the patient from serious harm, to the degree permitted by the AHPs license or certificate regardless of the authorized scope of services. In such an emergency, the AHP shall summon all consultative assistance available and to relinquish care of the patient to a Medical Staff member or other appropriate professional as soon as possible.

1.7 DELEGATING MEDICAL STAFF MEMBERS OBLIGATIONS

Unless otherwise provided by law, Hospital policy or the authorization for a particular AHP or AHP category, the delegating Medical Staff member(s) by virtue of the member’s status as such, agrees to:

1.7.1. Accept full legal and ethical responsibility for directing or supervising the AHPs performance;

1.7.2. Accept full responsibility for the proper conduct of the AHP within the Hospital, for the AHPs observance of all Bylaws, policies, procedures, rules and regulations of the Hospital and Medical Staff, and for the correction and resolution of any problems that may arise;

1.7.3. Provide the level of supervision as set forth in the authorization to provide services;

1.7.4. Maintain ultimate responsibility for directing the course of the patients medical treatment and provide active and continuous overview of the AHPs activities in the Hospital to ensure that directions and advice are being implemented;

1.7.5. Assure that the AHP maintains the necessary qualifications and competency to provide services in accordance with accepted medical standards;

1.7.6. Delegate the performance of any medical acts in accord with applicable law and within the AHP’s scope of practice as determined by the Credentials Committee;

1.7.7. Abide by all Bylaws, policies and rules governing the use of AHPs in the Hospital and utilize the AHP rules in accord with the AHPs authorized scope of practice in the Hospital;

1.7.8. Ensure the AHP has valid and current professional liability coverage as required;

1.7.9. Immediately notify the Hospital in the event any of the following occur:
   a. Termination of an agreement to serve as a delegating Medical Staff member or employment of the AHP;
   b. The Medical Staff member’s approval to supervise the AHP is revoked, limited, or otherwise altered by action of the applicable state licensing board; or
   c. The Medical Staff member is notified of investigation of the AHP or of the member’s supervision of the AHP by the applicable state licensing board or any other entity, state or federal, public or private.
1.8 Identification
At all times while on Hospital premises, the AHP shall wear a non-Hospital name tag clearly identifying the AHP by name, the AHP’s employer, sponsoring Medical Staff member(s) group name and the category the AHP is in. The AHP shall inform patients and their families that the AHP is not a physician and shall refrain from any conduct or language that could lead patients and their families to believe that the AHP is a physician.

Section 2.0 APPLICATION PROCEDURE

2.1 Application
The AHP must submit in writing a signed and completed standard Texas Department of Insurance Credentialing Application as well as all such other documentation as may be required by the Hospital. Applications shall only be provided to individuals in an AHP category approved by the Board of Managers. The Hospital may decline in its sole discretion to provide an application or to process an application based on its inability to provide adequate facilities, resources or support services for additional AHPs in a particular category, lack of need for additional AHPs, or the existence of a contractual or other arrangement for the provision of the services offered by that category of AHP. An AHP who enters into a contract with the Hospital shall be subject to the qualifications and application procedures in this manual, in addition to any additional requirements set forth in the contract.

2.2 Content Of Form
The Application documents shall require complete and accurate information including at least the following:

2.2.1. **Personal Information:** Full name, social security number, addresses and telephone numbers for office, and travel time from office and residence;

2.2.2. **Delegating Medical Staff Member Information:** Name of the Medical Staff member/group who employs the AHP, if applicable, and/or the names of the delegating Medical Staff member(s) under whose direction and supervision the AHP will function;

2.2.3. **Education:** School name and location, major, degrees awarded and dates attended for all undergraduate and/or professional/other graduate schools;

2.2.4. **Postgraduate/Continuing Education:** Institution/school name and location, title and summary description of content of program, program director, dates attended, date completed;

2.2.5. **Professional Licenses/Registration/Certifications:** Type, state where held (if applicable), number, whether current or not, date of certification by the professional college or board where applicable (e.g., National Commission of Registration of Physician Assistants), copy of current or temporary
license/registration/certification to practice in this state, and copy of current professional college/board certificate (if applicable);

2.2.6. Chronology of Professional Career (all present and prior): Date, name and location of each hospital affiliation, other institutional practice affiliations, employment with solo/group/partnership practice, to include experience at each;

2.2.7. Professional Society Memberships: Both current and pending;

2.2.8. Disciplinary Actions: Any pending or completed denials, revocations, suspensions, reductions, limitations, probation’s, non-renewals, voluntary relinquishments of or withdrawals of an application or investigations for any of the following: professional license/registration/certification, hospital or other institutional practice affiliation, authority to provide services, professional society membership, professional liability insurance, or Medicare/Medicaid provider status, with full details of any affirmative answers provided in the form requested;

2.2.9. Professional Liability Insurance: Current coverage amount with documentation, listing of any claims, suits, settlements or arbitration proceedings pending or concluded, and names of past insurance carriers with dates of coverage. Professional Liability Insurance shall not be less than the minimum amount required by the Hospital;

2.2.10. Health Status: Information on health status as necessary to provide professional services and fulfill the essential obligations of AHP status;

2.2.11. Criminal Charges: Listing of every current or past charge, date and resolution involving any felony criminal matter;

2.2.12. Authorization and Release: Signed authorization and release from AHP applicable to consideration of the AHPs application to practice in the Hospital and obtaining information from third-parties;

2.2.13. Acknowledgment: Signed acknowledgment from AHP to abide by the applicable Bylaws and related manuals, rules and regulations, policies and procedures of the Medical Staff and Hospital in all matters relating to the AHPs practice in the Hospital;

2.2.14. Acknowledgment from Delegating Medical Staff Member: Signed agreement from all delegating Medical Staff member(s) acknowledging the obligation to comply with all requirements of this Manual, including Section 1.7, as well as all obligations required by the Hospital and all applicable departments thereof, and as may otherwise be necessary for the particular category of AHP or individual AHP;

2.2.15. References: The names of least 3 Medical Staff members or other health care professionals who have personal knowledge of the AHPs qualifications based on observation within the past three years of the AHPs professional performance over a reasonable period of time (preferably in the acute care hospital setting) and who will provide specific written comments on these matters upon request;
2.2.16. A list of all services the AHP seeks to provide patients at the Hospital and the areas of the Hospital where the AHP will be performing duties (operating room, patient care areas, ancillary departments, etc.); and

2.2.17. Other: Such other information as may be established by the Credentials Committee.

2.3 Effect Of Application

The AHP must sign the application and in so doing:

2.3.1. Attest to the correctness and completeness of all information furnished and acknowledges that any misstatement or misrepresentation in or omission from the application, whether intentional or not, constitutes grounds for denial or termination of authorization to provide services in the Hospital;

2.3.2. Signifies the AHPs agreement to provide any requested information and to appear for interviews in connection with the application;

2.3.3. Agrees to abide by the terms of this manual and all applicable Bylaws and related manuals, rules, regulations, policies, and procedure manuals of the Medical Staff and the Hospital;

2.3.4. Agrees to maintain an ethical practice and to refrain from misrepresenting the AHPs position, status or scope of authorized practice to any individual;

2.3.5. Agrees to notify Medical Staff Services within 10 days in writing, of any change in any of the information provided on the application or other required documentation;

2.3.6. Authorizes and consents to representatives of the Hospital and/or Credentials Committee consulting with any individuals or entities who may have information bearing on the qualifications and competence of the AHP and consents to the disclosure and inspection of all records and documents that may apply to said qualifications and competence; and

2.3.7. Releases from any liability all those who; review, act on or provide information regarding the AHPs qualifications.

2.4 Processing The Application

2.4.1. Burden of Proof: The AHP shall have the burden of producing adequate information for a proper evaluation of the AHPs qualifications, resolving any doubts, and satisfying any requests for information or clarification made by appropriate Credentials Committee or Hospital representatives.

2.4.2. Verification of Information: After collecting and verifying the information submitted, the AHP shall be notified, in writing, of any additional information needed or of any problems in obtaining the information required. Upon such notification, it shall be the AHPs obligation to obtain the required information. Failure to provide the information by the deadline specified shall terminate any further processing of the application and is deemed a withdrawal of the application. When collection and verification is accomplished, the application shall be presented to the Credentials Committee.
2.4.3. **Credentials Committee Evaluation:** The Credentials Committee or its designee reviews and investigates the application, the supporting documentation, and any other relevant information available to it. The Credentials Committee may also, in its sole discretion, interview the applicant. The Credentials Committee shall take one of the following actions on the application with the effect as described:

a. **Deferral:** If the Credentials Committee requires further information, it may defer making a recommendation and seek such information from the AHP or other sources. If the AHP applicant fails to respond in a satisfactory manner further processing of the application shall terminate and the application shall be deemed withdrawn.

b. **Recommendation:** A recommendation on the AHPs application will be transmitted to the Medical Executive Committee.

2.4.4. **Medical Executive Committee Action:** At its next regular meeting, the Executive Committee shall consider the recommendation of the Credentials Committee and make a recommendation to the Board of Managers whether authorization to practice should be granted and, if so, the approved scope of services, and any conditions on the AHPs practice. If the Medical Executive Committee determines that it requires further information, it may defer action for up to 30 days and the AHP and the Chair of the Credentials Committee shall be notified. If the AHP is to provide additional information or a specific release/authorization to allow Hospital or Committee representatives to obtain information, the notice must so state and must include a request for the specific information or release/authorization required and the deadline for response. Failure to respond in a satisfactory manner by that date is deemed a withdrawal of the application and it shall not be further processed.

2.4.5. **Board Action:** Upon receipt of the recommendation of the MEC, the Board of Managers shall issue a final decision on the AHPs application. The Hospital shall notify the AHP and any designated delegating Medical Staff member(s) in writing within 20 days of the Board’s decision.

2.4.6 **Requests For Modification Of Services**

An AHP may, either in connection with reappointment or at any other time, request modification of services by submitting a written request to Medical Staff Services. The request must contain all requested information supportive of the request and is processed according to the procedures outlined in this Manual, including verification with primary sources external to the Hospital and compilation of internal data as necessary to properly evaluate the request.

An AHP, who decides to resign or to restrict or limit the provision of services which the AHP has been granted, shall send written notice to the Hospital which shall, in turn, notify the applicable department, the Credentials Committee, the Medical Executive Committee, and the Board of Managers. A copy of this notice shall be included in the AHPs file.
2.4.7 Contracted Services

Upon nonrenewal or termination of a contract, the Hospital may terminate or otherwise limit or qualify the scope of practice of all AHPs associated with the contract or the group, and such AHPs shall not have a right to a hearing or appeal procedure. Further, upon any severance of the affiliation between an AHP and a group, the Hospital may terminate or otherwise limit or qualify the scope of practice of that AHP, and such AHP shall not have a right to a review hearing or appeal procedure. The rights of the Hospital under this Section shall supercede any contrary terms as may be established in the bylaws, rules or regulations, or policies of the Hospital’s medical staff.

2.5 Orientation Of The Allied Health Professionals

The AHP shall attend and complete an orientation program established by the Hospital within 60 days after approval by the Board of Managers. Failure to satisfactorily complete the orientation program may result in termination of practice.

Section 3.0 REAPPOINTMENT

3.1 At least six (6) months prior to the expiration date of an AHP’s current appointment, a reappointment application shall be sent to the AHP. Each AHP must submit a completed reappointment application at least 90 days prior to such expiration date. An application shall not be considered complete until all requested information has been received.

3.1.1 Section 2 of this manual shall govern the procedure for handling and approval of an application for reappointment.

3.1.2 In addition to the information provided on and with the application for reappointment additional information may be considered, including, but not limited to the following:

(a) Timeliness in completing medical records;

(b) Results of quality assurance/performance improvement activities, relating to the AHP’s clinical and/or technical competence.

3.1.3 Recommendation from the AHP’s delegating medical staff member regarding current continuing clinical competence and suitability for continued AHP membership.

3.1.4 Fulfillment of AHP responsibilities.
Section 4.0 DISCIPLINARY ACTION

4.1 Routine Action

An AHPs authority to practice may be terminated if the AHP fails to satisfy the basic qualifications for authority to practice, fails to satisfy the basic obligations of AHP, fails to comply with the conditions placed on the AHPs practice, violates this manual or any Medical Staff, Hospital, or department requirement, fails to provide services in accord with accepted professional standards, or takes any action that jeopardizes patient care or Hospital operations.

4.1.1 Initiation: The Credentials Committee or its designee shall be responsible to receive, investigate and review, and issue a recommendation as to any complaint or inquiry regarding an AHP or the AHPs practice in the Hospital within 30 days of receipt of the complaint. The Credentials Committee may require the AHP and/or delegating Medical Staff member(s) to answer any questions by appearing before the Committee in person or through submission of a written statement, in the Committee’s sole discretion. Failure of the AHP to appear and/or provide requested information shall automatically terminate the AHPs authority to practice in the Hospital, with no right of review under this manual or otherwise.

4.1.2 Investigation: In investigating any complaint, the Credentials Committee shall have the authority to interview any persons with knowledge, review any Hospital records or other documents, consult with any third parties, and take such other steps as are necessary to obtain needed information. The Credentials Committee may also authorize a subcommittee or persons, whether committee members or not, to conduct the investigation.

4.1.3 Recommendation: The Credentials Committee shall recommend if limitation or termination of the AHPs authority to practice is indicated and shall forward the recommendation to the Medical Executive Committee for action. The Medical Executive Committee shall evaluate the report and make and forward its recommendation to the Board of Managers.

4.1.4 Final Action: At a subsequent regular meeting following receipt of a recommendation from the Medical Executive Committee, the Board of Managers shall review this recommendation and make a final decision. The Hospital shall notify the AHP and any delegating Medical Staff member(s) in writing within 20 days of the Board of Managers final decision. If the decision is adverse as defined below, the AHP shall be entitled to a review under Section 5.0.

4.2 Automatic Action

4.2.1 Grounds: The authority of an AHP to practice is automatically terminated, effective immediately, if:

a. The AHPs licensure, registration or certification (if any) is terminated, revoked or suspended;
b. The AHP has not maintained the required professional liability insurance coverage;

c. The AHP does not have a delegating Medical Staff member with the necessary clinical privileges to supervise, direct or delegate to the AHP; or

d. There is a non-renewal or termination of a contract as provided in Section 2.4.7.

4.2.2 Felony Conviction: Whenever an AHP is convicted of a felony, the authority to practice may be automatically terminated as of the date of such conviction.

4.2.3 No Right to Review: The Hospital shall notify the AHP and the delegating Medical Staff member in writing of this termination. An automatic action in accord with this Section is not an adverse action and shall not entitle the AHP to any review under this policy or otherwise.

4.3 Summary Action

In addition to the provisions above, the Chairman of the Medical Executive Committee, the Hospital President or designee, or the chair of the Board of Managers or designee shall have the authority to limit or terminate an AHP’s authority to practice, effective immediately, if such believes that such action is necessary to protect the health and safety of patients or Hospital personnel or others, or to reduce a substantial and imminent likelihood of significant impairment to the life, health, safety of any patient, prospective patient, or other person, or to maintain Hospital operations. The AHP and any delegating Medical Staff member(s) shall be notified in writing of such action. The Credentials Committee shall investigate and review such action within 14 days and recommend to the Medical Executive Committee whether such termination or limitation should be permanently imposed. The Medical Executive Committee shall evaluate the Committee’s recommendation and shall within 15 days forward its recommendation to the Board of Managers. The Board of Managers shall make a final decision within 30 days of receipt. The Hospital shall notify the AHP and any delegating Medical Staff member(s) in writing within 20 days of the Board of Managers final decision. If the decision is adverse as defined below, the AHP shall be entitled to a review under Section 5.0.

4.4 Corrective Action Against Medical Staff Member

If a Medical Staff member fails to comply with any limitation of privileges imposed on the AHP, or utilizes an AHP in a manner not authorized by the Board of Managers or not consistent with this policy or accepted professional standards, the matter may be referred for corrective action as provided in the Bylaws of the Medical Staff.

4.5 Mental or Physical Impairment

Whenever an AHP’s actions, demeanor, conduct, or information provided by any person, indicates that the AHP’s current mental or physical status, including suspected impairment from alcohol and drugs, is detrimental to patient safety or to
the delivery of quality patient care within the Hospital, such AHP may be asked at any time by Hospital Administration, the Credentials Committee, Medical Executive Committee, Chief of Staff, or Board of Managers to provide evidence of current health status through physical or mental examination(s) and shall be referred to the Committee on Professional Health. Such mental or physical examination(s) shall be at the expense of the affected AHP, shall be provided by a practitioner selected by the Committee on Professional Health or Medical Executive Committee, and may include a blood and/or urine analysis for AHPs suspected impairment from alcohol or drugs.

Section 5.0 RIGHTS OF REVIEW

5.1 Scope
The AHP shall not be entitled to any procedural rights, including the right to a hearing, as set forth in the Bylaws of the Medical Staff, or to those rights afforded to employees pursuant to Hospital policy. The right of an AHP to a review or appeal of any decision is specifically limited to an adverse action and to the rights set forth in this manual.

5.2 Adverse Action
An Adverse Action is:

5.2.1 A decision by the Board of Managers to deny the AHPs application, whether initial or renewal, for authority to practice in the Hospital, except as authorized in Section 4.2 of this manual;

5.2.2 A decision by the Board of Managers to impose a limitation on the services to be provided by an individual AHP that is not applicable to all AHPs in that category. A limit on scope of authority at the time of initial application is not to be construed and is not an adverse action as defined herein; or

5.2.3 A decision by the Board of Managers to limit or terminate an AHPs authority to practice pursuant to the summary action process defined in Section 4.3.

5.3 Review
An AHP notified of an adverse action must deliver a request, in writing, to the Hospital within ten (10) days of receipt of the notice, that the Medical Executive Committee afford the AHP an opportunity to address the Medical Executive Committee and request reconsideration. The AHP shall not be entitled to be accompanied by an attorney or other representative at the appearance. The Medical Executive Committee shall submit to the Board of Managers at their next regular meeting a report of the review to include a confirmation of the decision or any recommended change as a result of the review. The Board of Managers may affirm, reverse, or modify the previous decision. The Board of Managers' reconsideration of the adverse action subsequent to the review by the Committee shall constitute an
appellate review. The Hospital shall notify the AHP and any delegating Medical Staff member(s) in writing within 20 days of the Board of Managers final decision.

5.4 Reapplication After Adverse Action

An AHP who has received a final adverse decision based on professional competence or conduct is not eligible to reapply for services for a period of 1 year from the effective date of the final adverse decision or the AHPs resignation or application withdrawal in lieu of an adverse action.
EXHIBIT “A”

Certified Registered Nurse Anesthetist
Certified Surgical Technician (CST)
Certified Surgical First Assistant (CSFA)
Physician Assistant – Certified (PA-C)
Registered Nurse- (Physician’s Assistant)
Registered Nurse First Assistant (RNFA)
Registered Nurse Practitioner (RNP)
Surgical Technician (ST)
Neurodiagnostic Tech