



**Phoenix Children's Hospital**  
**ALLIED HEALTH PRACTITIONER (AHP)**

**Credentials Manual**

Endorsed by Medical Executive Committee  
Approved by Board of Directors  
Effective Date

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# Phoenix Children's Hospital Allied Health Practitioner (AHP) Credentials Manual

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## ARTICLE I

### DEFINITIONS AND CATEGORIES

#### 1.1 DEFINITIONS

Allied health practitioners (AHPs) are individuals who:

- a. are qualified by training, experience, and current competence in a discipline permitted to practice in the hospital; and
- b. function in a medical support role to physicians who have agreed to be responsible for supervision of such AHPs.

Supervision: The Nurse Practitioner will consult with the sponsoring physician regarding the treatment plan at least every twenty-four (24) hours. The supervising physician is to countersign the NP progress notes or write a progress note personally at least every twenty-four (24) hours.

Direct Supervision: The supervising physician must be immediately, and locally available by electronic communication or on hospital premises for consultation/direction of the PA. All entries in the medical record are to be countersigned by the/a sponsoring physician or the patient's attending physician within 24 hours. For the first three months the supervising physician must immediately co-sign orders. The Physician Assistant will consult with the attending physician regarding the treatment plan at least every twenty-four (24) hours and document that the consultation/discussion occurred in the medical record. The date and time of the consultation/ discussion is to be included in the documentation.

Collaborating Physician: Collaborating Physician is one or more physician(s) with which the NP has a formal sponsorship agreement with on record in the Medical Staff Services Department. The collaborating physician(s) must be a member of the PCH Medical Staff in good standing. The collaborating physician must be available on an as-needed basis to consult with the NP. Direct/on-site supervision of the NP activities is not required.

#### 1.2 CATEGORIES

The Medical Executive Committee (MEC) and the Phoenix Children's Hospital Board of Directors (Board) determine the categories of individuals eligible for clinical privileges who are referred to in the Medical Staff Bylaws as Allied Health Practitioners. Allied Health Practitioners are not members of the Medical Staff and do not have voting privileges at Medical Staff meetings. Allied Health practitioners with clinical privileges are members of the Allied Health Staff.

The following are the only categories of Allied Health Practitioners (AHPs) currently authorized to provide services at Phoenix Children's Hospital:

- a. Physician assistants
- b. Advanced Practice Registered Nurses
  1. Clinical Nurse Specialists
  2. Nurse Practitioners
- c. Registered Nurse First Assistants

- d. Certified Surgical Technicians
- e. Certified Surgical Assistants
- f. Cardiac Perfusionists
- g. Dental Assistants
- h. Privately Employed Scrub Technicians (RN or Surgical Technician)

## ARTICLE II

### QUALIFICATIONS

#### 2.1 QUALIFICATIONS

The qualifications for each category of allied health practitioner shall be developed by the department to which the AHP would be assigned, subject to the approval by the Medical Executive Committee and the Board of Directors. Qualifications shall include, but are not limited to the following:

- a. Licensure (if applicable to category): Evidence of current, unrestricted license issued by the State of Arizona.
- b. Prescriptive Authority (if applicable to category): Evidence of current, valid authority to prescribe medications.
- c. DEA (if applicable to category): Evidence of current, valid DEA number.
- d. Certifications: Evidence of current board certification as required by MEC and the Board.
- e. Professional Liability Insurance: AHPs must maintain current professional liability insurance with liability limits in an amount as determined from time to time by the Board and with an insurance company that is acceptable to the Board.
- f. Professional Education and Training: Such education and training as required by the MEC and the Board.
- g. Clinical Performance: AHPs must have current experience, clinical results, and utilization practice patterns, documenting a continuing ability to provide patient care services at an acceptable level of quality and efficiency.
- h. Disability: AHPs must be free from, or exhibit adequate control of, any significant physical, mental, or behavioral impairment that may adversely affect the ability to provide quality patient care.
- i. Professional Conduct: AHPs must demonstrate a cooperative and professional manner, high moral character and adherence to generally recognized standards of professional ethics.
- j. Communication Skills: AHPs must be able to read and understand the English language and to communicate in writing and verbally the English language in an intelligible manner, and to prepare medical record entries and other required documentation in a legible manner.

## ARTICLE III

### BASIC RESPONSIBILITIES OF INDIVIDUAL MEMBERSHIP

#### 3.1 BASIC RESPONSIBILITIES OF ALLIED HEALTH STAFF MEMBERSHIP

Each AHP shall:

- a. Provide patients with quality care at the generally recognized professional level of quality and efficiency in the community – to the extent authorized by his or her license, certification, or other legal credentials, and in accordance with the terms outlined in the AHP category privileges description and the privileges granted.
- b. Abide by all applicable state and federal laws regulating healthcare providers, as well as by rules and regulations and all other lawful standards, policies, and rules of PCH.
- c. Discharge functions assigned by the MEC, including but not limited to, quality improvement, peer and professional review, patient care monitoring, utilization review, and other responsibilities.
- d. Cooperate with and participate in committee activities as requested by the MEC.
- e. Submit to such physical and/or mental examination(s) or provide verification of health status as required to verify the AHPs ability to fully meet his or her responsibilities and/or to perform the requested privileges.
- f. Provide evidence of freedom from infectious pulmonary tuberculosis pursuant to R9-10-207.
- g. Report to the Medical Staff Services Department immediately any action taken affecting licensure, certification, registration, or federal Drug Enforcement agency registration including but not limited to probation, restriction, suspension, termination, and voluntary or involuntary relinquishment of same.
- h. Utilize PCH's resources appropriately.
- i. Treat all individuals at or associated with PCH courteously, respectfully, and with dignity at all times.
- j. Comply with policies, procedures, rules, regulations, and requirements that relate to the provision of services by AHPs at PCH.
- k. Write orders and provide care, treatment, and services only as permitted by his or her licensure or certification as outlined in the AHP privileges description for the privileges granted to the AHP
- l. Document in patient medical record in a complete and timely fashion to the extent authorized in the privileges granted to the AHP.
- m. Seek consultation, supervision, and direction whenever appropriate or necessary and as required in the privileges granted to the AHP.
- n. Abide by the ethical principles of the profession.
- o. AHPs must at all times maintain the confidentiality of patient identifiable information and peer review activities and may make no voluntary disclosures of information except to persons authorized to receive it. AHPs must abide by HIPAA guidelines and policies.
- p. Maintain all other qualifications for privileges set forth in this policy or the applicable AHP criteria and delineation of privileges.
- q. Report to the Medical Staff Services Department immediately denial or loss of ability to provide services at another hospital or healthcare institution, any adverse determination by a peer review organization or denial or loss of right to participate in any federal or state program.
- r. Report to the Medical Staff Services Department any loss of employment by PCH or sponsoring/supervising physician(s).
- s. Wear photo identification badge above waist present for all to see.
- t. Pay dues as assessed by the Medical Staff.

## **ARTICLE IV**

### **SUPERVISION PROCEDURES**

#### **4.1 SUPERVISION PROCEDURES**

If applicable, AHPs must have a designated sponsoring/supervising physician(s) who holds current PCH medical staff privileges and is a member in good standing on the medical staff. A copy of the Sponsoring/Supervising Agreement will be submitted with the AHP credentialing application and will be signed by both parties. Responsibilities of the sponsoring/supervising physician(s) are outlined in the policy, "AHP Sponsoring and Supervising Physician Requirements". The AHP is responsible for documenting the involvement of the appropriate sponsoring/supervising physician(s) in accordance with hospital policy.

The sponsoring/supervising physician(s) must sign the delineation of privileges requested to the AHP that he or she supervises, thereby accepting responsibility for appropriate supervision of the services provided by the AHP and agreeing that the AHP will not exceed the scope of practice defined by law and described in the AHP's delineation of privileges. The AHP cannot practice independently and privileges must not exceed privileges of the sponsoring/supervising physician(s).

## ARTICLE V

### APPLICATION PROCESS

#### 5.1 APPLICATION PROCESS

Each AHP will obtain application materials from the Medical Staff Services Department. Exercise of privileges may not begin until the credentialing process, including documented evaluations of the applicant's credentials, current competence, and peer recommendations, has been successfully completed. The applicant will be informed by the Medical Staff Services Department as soon as possible if an unfavorable recommendation is made by the department chair, division/section chief, the Credentials Committee, the MEC, or the PCH Board of Directors.

#### 5.2 APPLICANT'S BURDEN

The applicant has the burden of producing adequate information for a proper evaluation of his or her qualifications and resolving any doubts about any of the qualifications required for Allied Health Staff membership, department or section assignment, or scope of service requested, and of satisfying any requests for information or clarification. Applicants not demonstrating compliance with the requirements for Allied Health membership and scope of service will be deemed to be incomplete. Incomplete applications will not be verified. If the application remains incomplete for more than sixty days, it will be considered to have been voluntarily withdrawn by the practitioner who submitted the application.

#### 5.3 VERIFICATION OF INFORMATION

Representatives of the Medical Staff Services Department, or its agent as approved by the Medical Executive committee, shall collect and verify the references, licensure, and other qualification evidence submitted and notify the applicant of any problems in obtaining the required information. Upon such notification, it is the applicant's obligation to obtain the required information. When collection and verification is accomplished, the application shall be deemed to be complete and shall be transmitted with all supporting materials to the appropriate division/section chief and department chair for review.

#### 5.4 SECTION/DEPARTMENT EVALUATION

The chair of the respective department, and the section chief, if applicable, in which the applicant seeks permission to provide patient care services shall review the application and its supporting documentation and forward to the Credentials Committee the recommendation as to the scope of practice to provide patient care services to be granted.

#### 5.5 CREDENTIALS COMMITTEE REVIEW

Upon receipt of a recommendation from the section chief and/or the department chair, the Credentials Committee shall review the application and supporting documentation and submit, together with the recommendation of the Department Chair, a written recommendation to the MEC.

#### 5.6 MEDICAL EXECUTIVE COMMITTEE ACTION

The Medical Executive Committee, at its next regular meeting, shall review the application, the supporting documentation, the reports and recommendations from the section chief and/or department chair, and Credentials Committee. The MEC shall prepare a written report with recommendations as to approval or

denial of, or any special limitations on, Allied health staff appointment, department and section affiliation, and delineation of privileges to provide patient care services, or defer action for further consideration.

5.7 **BOARD OF DIRECTORS**

At its next regularly scheduled meeting, the Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or refer the recommendation back to the MEC for further consideration stating the reasons for such referral. Favorable action by the Board is effective as its final decision. If the Board's action is adverse to the applicant in any respect, the CEO shall, by special notice, promptly so inform the applicant who is then entitled to the procedural rights provided in Article XII of this Credentials Manual. Board action after completion of the procedural rights provided in this Manual or after waiver of these rights is effective as its final decision.

**ARTICLE VI**

**TEMPORARY PERMISSION TO PROVIDE PATIENT CARE SERVICES**

6.1 **TEMPORARY PERMISSION TO PROVIDE PATIENT CARE SERVICES**

Temporary permission to provide patient care services may be granted to AHP's in accordance with the Policy, "Temporary Privileges".

**ARTICLE VII**

**ALLIED HEALTH PRACTITIONER REAPPOINTMENT PROCESS**

7.1 **ALLIED HEALTH PRACTITIONER REAPPOINTMENT PROCESS**

All AHPs shall be reappointed to the AHP staff at least every 24 months. The Medical Staff Services Department, or their designee, shall send an application for reappointment and notice of the date on which privileges expire at least 90 days prior to the expiration of the (re)appointment date. If the AHP fails to submit an application within the designated timeframe, a second request will be sent 60 days before the appointment expires. Failure to return the application will be deemed a failure to reapply and will be processed as a voluntary resignation from the AHP Staff and the appointment will automatically expire. Inadequacies or verification problems shall be reported to the reapplicant who will have the burden of producing adequate information and resolving any concerns.

Relevant findings from quality review, timely and accurate completion of medical records, cooperativeness in working with practitioners and hospital personnel, general attitude towards patients and PCH and compliance with Rules and Regulations, policies and procedures of the medical staff and PCH will be considered in the reappointment process.

With respect to PCH-employed AHPS only, during the reappointment process, the section chief, department chair, or his/her designee, is permitted to access the performance evaluations maintained in Human Resources files) that occurred during the previous two-year period of time immediately preceding the reappointment. Copies of employment-related performance evaluations are not maintained in the credentials files. Peer review data maintained in the credentials files is confidential and (e.g. NPDB query) is not available for individuals performing employment-related performance evaluations.

7.3 **SECTION/DEPARTMENT EVALUATION**

The chair of the respective department, and the section chief, if applicable, in which the applicant seeks permission to provide patient care services shall review the reappointment application and its supporting

documentation, and evaluate the information for continuing the permission to provide the patient care services requested. The recommendation as to the continuation of privileges provide patient care services will be referred to the Credentials Committee.

7.3 CREDENTIALS COMMITTEE REVIEW

Upon receipt of a recommendation from the section chief and/or the department chair, the Credentials Committee shall review the application and supporting documentation and submit, together with the recommendation of the Department Chair, a written recommendation to the MEC.

7.4 MEDICAL EXECUTIVE COMMITTEE ACTION

The Medical Executive Committee, at its next regular meeting, shall review the application, the supporting documentation, the reports and recommendations from the section chief and/or department chair, and Credentials Committee. The MEC shall prepare a written report recommending reappointment or nonreappointment.

7.5 BOARD OF DIRECTORS

Final approval of reappointments rests with the Board of Directors.

7.6 TIME PERIOD FOR PROCESSING

All recommendations for reappointment should be presented to the Board prior to the expiration of the (re)appointment period.

## ARTICLE VIII

### LEAVE OF ABSENCE

8.1 LEAVE OF ABSENCE

AHP's may request a voluntary leave of absence by giving written notice to the Medical Staff Services Department. During the leave, the privileges, the requirement of sponsoring/supervising physician(s), and the payment of dues (if applicable) are suspended. The Department Chair will consider the request and forward its recommendation to the Credentials Committee, MEC, and the PCH Board for final action.

Reinstatement must be requested in writing and submitted to the Medical Staff Services Department. A written summary of his/her relevant activities during the leave must be provided and if the term of appointment has expired during the leave of absence, the reappointment process must be completed. AHP must provide evidence of current clinical competency, sponsoring/supervising physician member of the medical staff, licensure, DEA registration, and professional liability insurance. The Department Chair will consider the request and forward its recommendation to the Credentials Committee, MEC, and the PCH Board for final action.

Failure to request reinstatement from a Leave of Absence shall result in automatic relinquishment of AHP status and privileges. The affected practitioner shall not be entitled to procedural rights outlined in Article XII of this Credentials Manual.

## ARTICLE IX

### REQUEST FOR MODIFICATION OF CLINICAL PRIVILEGES OR SPONSORING/SUPERVISING PHYSICIAN(S)

An Allied Health Staff member may at any time request modification of his/her staff clinical privileges by submitting a written application to the Chief Executive Officer on the prescribed form. Such application shall be processed in the same manner as provided above for reappointment.

An Allied Health Staff member may at any time request modification of his/her Sponsoring physician. This request will require completion of the Sponsoring Physician Statement and the Sponsoring Physician's Explanation of AH Duties/Competency Attestation Form by the Applicant's Sponsoring Physician. If a modification of privileges shall occur at this time, the applicant's privilege modification will require for review and approval as stated above for reappointment.

## **ARTICLE X**

### **REQUEST FOR REINSTATEMENT OF ALLIED HEALTH STAFF MEMBERSHIP AND CLINICAL PRIVILEGES**

If a request for reinstatement is requested within six (6) months after voluntary resignation or expiration of the appointment term, the practitioner may complete a reappointment application through the Medical Staff Services Office. If a reinstatement is requested more than six (6) months after the voluntary resignation or expiration of appointment, the practitioner must complete an initial application for membership and privileges, and pay the processing fee.

## **ARTICLE XI**

### **ANNUAL EVALUATION OF PERFORMANCE**

#### **11.1 PROCEDURES FOR ANNUAL EVALUATION OF PERFORMANCE**

The performance of all AHPs will be evaluated on a yearly basis as part of the Medical Staff's routine performance improvement processes. All AHPs annual competency evaluation will occur on the year in between his/her regular reappointment. Any concerns regarding the quality or appropriateness of care provided by the AHP identified during such review processes shall be referred to an appropriate review committee. Any concerns regarding the supervision of an AHP by a physician shall be referred to the appropriate medical staff department or committee.

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

The annual competency evaluation of all AHPs will be evaluated by the Department Chair. Any concerns regarding the supervision of an AHP by a sponsoring/supervising physician(s) shall be referred to the appropriate medical staff department or review committee.

## **ARTICLE XII**

### **REVIEW OF SPECIFIC CONDUCT OR CARE AND CORRECTIVE ACTION**

#### **12.1 REVIEW OF SPECIFIC CONDUCT OR CARE/CORRECTIVE ACTION**

Whenever there is a probable basis to believe that the activities or professional conduct of an Allied Health Staff member has caused or may cause an adverse affect on patient safety or the delivery of quality patient care, or the disruption of the organization's operations, the matter will be reviewed by the Medical Executive Committee. The review and/or investigation may involve an interview of the AHP involved and the sponsoring/supervising physician medical staff member and other individuals or groups.

If additional review is necessary, the Medical Executive Committee may designate an ad hoc or external body to investigate the matter. Additionally, the matter may be handled by the employing organization as described in organization-specific policies and procedures (applicable only to AHPs employed by PCH).

### **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 PCH 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.

### **Automatic suspensions**

Automatic suspension shall be immediately imposed whenever any of the following actions occur:

- a. License – when license is revoked, restricted, or suspended, privileges are similarly revoked, restricted or suspended.
- b. DEA or Controlled Substance Registration – when DEA or other controlled substance registration revoked, restricted, or suspended, right to prescribe medications covered by the registration is similarly revoked, restricted, or suspended.
- c. Professional Liability Insurance – for failure to maintain the minimum amount of professional liability insurance required by the PCH Board of Directors. Reinstatement may be requested during a period of 30 calendar days following suspension upon proof of adequate insurance. Thereafter, practitioners shall be deemed to have voluntarily resigned from staff and must reapply.
- d. Exclusion from Federal (Medicare)/State Programs – if AHP is barred from participation in any Medicare/State program or listed on the then current “list of Excluded Individuals/Entries”. A “Medicare/State Program” is any federal or state program, including Medicare, Medicaid, AHCCCS, Indian Health Service, or TriCare program.
- e. Failure to satisfy special appearance requirements – failure, without good cause, to appear at a meeting where his/her special appearance is required.
- f. Failure to execute releases and/or provide documents – failure to execute releases and/or provide documents during term of appointment when requested by the Medical Staff Services Department. Reinstatement may be required within a period of 30 calendar days following suspension if receipt of executed release and/or documents is provided. Thereafter, practitioners shall be deemed to have voluntarily resigned from staff and must reapply.
- g. Failure to provide documentation of evidence that AHP is free from infectious pulmonary tuberculosis. Reinstatement may be requested during a period of 30 calendar days following suspension if documented evidence is provided. Thereafter, practitioners shall be deemed to have voluntarily resigned from staff and must reapply.
- h. Certification – Failure to maintain any certification required by the department to which the AHP is assigned.
- i. Eligibility criteria – Failure to meet eligibility criteria for the applicable category of allied health staff.

## **ARTICLE XIII**

### **NONREVIEWABLE ACTIONS**

#### **13.1 NONREVIEWABLE ACTIONS**

- a. Imposition of supervision pending completion of an investigation to determine if corrective action is warranted.
- b. Issuance of a warning, letter of admonition, or reprimand.
- c. Termination or limitation of temporary permission to provide patient care services.

- d. Denial of membership [instead of “membership” don’t we mean privileges?] for failure to complete an application for membership on AHP staff or privileges to provide patient care services.
- e. Removal of delineation of privileges for failure to complete the minimum supervisory requirements.
- f. Removal of membership and permission to provide patient care services for failure to submit an application for reappointment within the allowable time period.
- g. Any requirement to complete an educational assessment or training program.
- h. Any requirement to complete a health and/or psychiatric psychological assessment and follow-up treatment recommended by the designated or approved healthcare professional.
- i. Removal of permission to provide patient care services for lack of a sponsoring/supervising physician.
- j. Temporary suspension for failure to timely complete medical records.
- k. Any limitation imposed whether PCH or other employer.

**ARTICLE XIV  
ADVERSE ACTION REVIEW AND APPELLATE REVIEW**

14.1 ADVERSE ACTION REVIEW AND APPELLATE REVIEW

[might be good to put headings here] An AHP shall have the right to dispute any action that revokes, suspends, terminates, restricts, or reduces the clinical privileges or scope of care that the AHP has been given permission to provide at PCH unless the action revokes, suspends, terminates, restricts, or reduces the clinical privileges of an entire classification of AHP rather than on an individual AHP. If the AHP is a PCH employee and a limitation is imposed by PCH, Human Resources will provide a review pursuant to hospital employment policy rather than the review process as outlined in this Credentials Manual.

The AHP’s rights of hearing and appeal are as follows:

AHPs who are subject to Adverse Action (other than Automatic or Nonreviewable Actions defined in Sections 10.1 and 11.1, shall be afforded an Adverse Action Review and appeal process in accordance with this Credentials Manual. Adverse Action includes: denial of a request to provide any patient care services within the applicable privileges or scope of care or revocation, suspension, reduction, limitation or termination of permission to provide any patient care services within the applicable privileges or scope of service. AHPs are not entitled to due process rights set forth in the Medical Staff Bylaws and the Medical Staff Corrective Action and Fair Hearing Manual, and none of the procedural rules set forth therein shall apply.

**Notice of Adverse Recommendation or Action**

Within fifteen (15) days after Adverse Action is taken against an AHP, the AHP shall be notified in writing of the specific reasons for the Adverse Action and the AHP rights outlined in this Credentials Manual.

**Request for Review of Adverse Recommendation or Action**

The AHP may request an Adverse Action Review following the procedure set forth in this Credentials Manual. If the AHP does not deliver a written request for an Adverse Action Review to the Chief Executive Officer within ten (10) business days following the AHP notice of the Adverse Action, the Adverse Action shall be final and non-appealable.

**Composition of the Review Committee**

A committee consisting of the Chief Nursing Officer, the Chair of the applicable medical staff department, and the Vice President of the Medical Staff, or their respective designees, will consider the request and serve as the Review Committee. No medical provider involved in any episode of care at issue will serve as a Review Committee member. The AHP's Sponsoring/Supervising Physician is also ineligible to serve on the Review Committee.

#### **Notice of Time and Place for Review**

The AHP shall be given ten (10) business days prior written notice of the time, place and date of the Adverse Action Review and a list of witnesses, if any, who will be called to support the Adverse Action.

#### **Statements in Support**

The AHP shall be entitled to submit a written statement in support and/or to introduce all relevant documentation by supplying two (2) copies of the statement and/or documentation to the Medical Staff Services Department at least three (3) business days prior to the review. The AHP may, but is not required to, submit a statement from his/her Sponsoring/Supervising physician, which must also be received by the Medical Staff Services Department at least three (3) business days prior to the review.

#### **Rights of Parties**

During the Adverse Action Review, the AHP and the chair of the department to which the AHP is assigned (or his/her designee) will be given an opportunity to present relevant evidence, including written or verbal statements from witnesses, and to present written and verbal statements in support of their positions. No parties or witnesses shall be entitled to legal counsel at the Adverse Action Review or Appellate Review.

#### **Burden of Proof**

The department chair has the initial obligation to present evidence in support of the adverse action or recommendation. Thereafter, the AHP has the burden of demonstrating that the adverse action or recommendation, more likely than not, lacks any substantial factual basis or is otherwise arbitrary, unreasonable, or capricious.

#### **Action on Committee Review**

Upon completion of the review, the Review Committee shall consider the information and evidence presented, make a recommendation, which shall include the basis therefore, and forward it to the President of the Medical Staff. The AHP and the department chair shall be provided with a copy of the Review Committee's recommendation.

#### **Duty to Notify of Noncompliance**

If the AHP believes that there has been a deviation from the procedures required by this Credentials Manual or applicable law, the AHP must promptly notify the President of the Medical Staff of such deviation, including a citation to the Credentials Manual or applicable law allegedly violated. Written notice must be submitted to the Medical Staff Services Department within three days of any such alleged procedural deviation. If the President of the Medical Staff agrees that a substantial deviation has occurred and has created demonstrable prejudice, he/she shall correct such procedural deviation.

#### **Request for Appellate Review**

If the AHP is dissatisfied with the Review Committee's recommendation, the AHP may submit a written request for an Appellate Review. A written request for appellate review must be received by the Medical Staff Services Department within ten (10) days following the AHP's receipt of the Review Committee's

recommendation. The request must identify the Grounds for Appeal and must include a clear and concise statement of the facts in support of the request. Grounds for Appeal include: that the Adverse Action Review failed to comply with the AHP Credentials Manual, or applicable law and that such noncompliance created demonstrable prejudice, or that the Review Committee's recommendation was not supported by substantial evidence. If the request for an Appellate Review is not requested properly and/or timely, the Review Committee's recommendation shall become final and non-appealable.

**Interview with the Medical Executive Committee**

Upon a proper and timely request for an Appellate Review, the AHP shall be given an interview with the MEC or a subcommittee thereof consisting of at least three (3) members. The AHP shall be given at least five (5) days prior written notice of the time, place and date of the Appellate Review. At the appeal, the AHP and department chair shall be allowed to present written and/or oral statements as to why the Review Committee's recommendation should be reversed or modified.

**Final Determination by the Medical Executive Committee**

The MEC shall make a final determination on the Adverse Action, which shall be provided to the AHP and department chair. The decision of the MEC shall not be subject to further appeal.

The final decision will be submitted to the PCH Board of Directors.

**Approved by:**

Medical Executive Committee  
Board of Directors

December 13, 2010  
December 21, 2010

Recommended for approval by the Medical Executive Committee on December 13, 2010  
Approved by the Board of Directors on December 21, 2010