



Southern Maine Health Care Advanced Practice Provider Manual

January 1, 2014
Revised May 5, 2015
Revised February 1, 2016
Revised November 7, 2016

Approved by:
MEC: October 17, 2013
Medical Staff: December 19, 2013
Hospital Board of Directors: December 9, 2013

- PART 1: INTRODUCTION..... 1
 - 1-1 GENERAL CONSIDERATIONS..... 1
 - 1-2 GENERAL REQUIREMENTS..... 2
- PART 2: PURPOSE OF THE APP CREDENTIALING AND PRIVILEGING MANUAL 2
- PART 3: APP CATEGORIES AND PROTOCOL FOR ADDING NEW CATEGORIES 2
 - 3-1 ADDING NEW CATEGORIES OF APPs 2
 - 3-2 PROCEDURE..... 3
- PART 4: BASIC QUALIFICATIONS 4
 - 4-1 APPLICATION OF STANDARDS..... 4
 - 4-2 STANDARDS..... 4
 - 4-2.1 Qualifications 5
 - 4-2.3 Professional Liability Insurance Requirements..... 5
 - 4-2.4 Basic Responsibilities 5
 - 4-2.5 Relationship to Medical Staff 6
 - 4-2.6 Supervision/Collaboration Procedures 6
- PART 5: CREDENTIALING AND PRIVILEGING PROCESS 8
 - 5-1 ELIGIBILITY FOR APPLICATION..... 8
 - 5-2 DETERMINATION OF PRIVILEGES..... 8
 - 5-3 APPLICATION PROCESS 9
 - 5-3.1 Duration 9
 - 5-3.2 APPs Employed by SMHC 9
 - 5-3.3 All Other APPs 9
 - 5-3.4 Verification Procedures and Evaluation and Decision-Making Process..... 9
 - 5-4 Procedure For Requesting Additional Privileges Or Prerogatives 9
 - 5-5 Temporary Privileges..... 10
- PART 6: CREDENTIALS FILES AND PERSONNEL FILES 10
- PART 7: IMMEDIATE QUESTIONS OF CARE 10
- PART 8: EVALUATION OF PERFORMANCE 10
 - 8-1 GENERAL..... 10
 - 8-2 REAPPOINTMENT..... 11
- PART 9: REVIEW OF SPECIFIC CONDUCT OR CARE/CORRECTIVE ACTION 11
 - 9-1 AUTOMATIC RELINQUISHMENT OF PRIVILEGES..... 11
 - 9-2 SUSPENSIONS 12
- PART 10: GRIEVANCE PROCEDURES 12
 - 10-1 THE RIGHTS OF HEARING AND APPEAL..... 12
- PART 11: RESPONSIBILITY 14
- PART 12: AMENDMENT..... 14
- PART 13: DEFINITIONS 14

PART 1: INTRODUCTION

It has been agreed by the Board of Southern Maine Health Care (SMHC) and the Medical Executive Committee (MEC) of its medical staff that the medical staff organization shall be directly involved in the credentialing and privileging process for specific categories of non-physician clinicians. This plan identifies these categories of practitioners and describes the processes and procedures for their credentialing. Health care professionals who are not members of the medical staff and not addressed under this plan shall be credentialed according to the human resources policies of Southern Maine Health Care.

1-1 GENERAL CONSIDERATIONS

The Advanced Practice Provider (APP) staff will consist of health care professionals active in the care of patients who are not eligible to participate in the governance of the Medical Staff, so appointed by the Board and practicing within the scope of his/her license and the clinical privileges granted by the Board. The APPs may include practitioners, as may be defined below and who are certified, registered, licensed or approved to practice by the State. APPs are not members of the Medical Staff, but are encouraged to attend Medical Staff meetings and may serve as voting members of committees. They may not serve as Medical Staff Committee Chairperson or serve as members of the MEC. APP members may, as a condition of continued privileges, be required to attend meetings involving the clinical review of patient care.

Independent Practitioners: For the purpose of this manual, Independent APP's shall be defined as those practitioners who, when practicing within the scope of his/her license and delineated privileges, provide unsupervised, independent direct patient care. Independent practitioners are:

- Psychologists

Dependent Practitioners: For the purpose of this manual, Dependent APPs shall be defined as those Advanced Practice Providers who, when practicing within the scope of his/her license and delineated privileges, provide direct patient care under the supervision or sponsorship of a member of the Medical Staff. Dependent practitioners are:

- Physician Assistants
- Nurse Practitioners
- Nurse Midwives
- Nurse Anesthetists

1-2 GENERAL REQUIREMENTS

- A. APP's shall render patient care that is consistent with applicable professional standards of quality and appropriateness;
- B. APP's shall comply with all applicable State and Federal laws, with the Bylaws, Rules & Regulations, Manuals, and policies of the Medical Staff, and with any applicable hospital rules, regulations, and policies;
- C. APP's shall be required to disclose any personal or professional conflicts of interest that could affect the performance of any of the functions of the Allied Health Staff or in the provision of patient care;
- D. APP's shall adhere to applicable standards of his/her profession;
- E. APP's are subject to all applicable quality improvement standards and obligations contained in these bylaws including, but not limited to, peer review.

PART 2: PURPOSE OF THE APP CREDENTIALING AND PRIVILEGING MANUAL

This Advanced Practice Provider Manual (hereinafter referred to as the "APP Manual") 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 APPs covered in the APP Manual.

The APP Manual and all other related policies, procedures, rules, regulations and requirements related to the practice of APPs at the hospital do not constitute a contract of any kind whatsoever and are subject to change at any time without notice to applicants or to APPs who provide services at the hospital.

PART 3: APP CATEGORIES AND PROTOCOL FOR ADDING NEW CATEGORIES

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

3-1 ADDING NEW CATEGORIES OF APPs

All requests for the addition of a new category of Advanced Practice Provider must be submitted to the Medical Staff Services Department in writing, and describe the reason for the request and the type of service to be rendered by the particular category of practitioner.

The request must include the following:

- A. A description of the type of service that the proposed new category of practitioner would provide;
- B. Licensure requirements for the proposed category of practitioner;
- C. Experience and/or certification, education, and training required for the practitioner; and
- D. A description of how the authorization of this discipline will further the mission of the hospital.

3-2 PROCEDURE

The request will be referred to the Medical Executive Committee (MEC) for review and recommendation to the Board.

The Medical Executive Committee will investigate the matter, and may solicit the views of those most directly involved and able to assist it with its inquiry. If it is deemed necessary, the MEC may convene a small task force that may include one or more of the following individuals/representatives (as appropriate):

- A. Human Resources representative;
- B. Administration representative;
- C. Credentials Committee Chair or designee;
- D. CNO or designee;
- E. CMO or designee;
- F. Designee of the Medical Staff President);
- G. Medical Staff Services Department representative.

The task force may invite appropriate representatives of the APP category under consideration, any Medical Staff members who might provide supervision, practitioners from related areas, other hospital or Medical Staff personnel, representatives from licensing or certification agencies, representatives from professional associations, insurers, or members of the interested public.

The MEC will review the information and recommendation submitted by the appointed task force and, on the basis of its review, the MEC will make a recommendation to the Board, to be accompanied by a report setting forth:

- A. The recommendation and rationale for the recommendation;
- B. If the recommendation is positive to add a new Allied Health Practitioner category:
 - 1. The qualifications necessary for successful applicants to the category;

2. The recommended privilege delineation form (to include type and depth of supervision required, documentation allowed and/or required, criteria for any “special” privileges, etc.).
- C. The report should include or reference information related to any dissenting opinions on the recommendation.
- D. The Board will review the recommendation and report and will render a decision on behalf of the Hospital:
1. If the Board’s decision is to reject the request, a similar request will not be considered again for 12 months, unless that time frame is waived by the Chairperson of the Board.
 2. If the decision is to approve the addition of a new category of APP, the new discipline will be added to this manual along with any applicable eligibility criteria, supervisory requirements, etc.
 3. Following such Board approval, applications will accepted from this category of practitioner; applications will be processed in accordance with the procedures set forth in the SMHC Medical Staff Bylaws and Associated Manuals.

PART 4: BASIC QUALIFICATIONS

4-1 APPLICATION OF STANDARDS

These standards apply to health care professionals who are accorded Allied Health Practitioner status at the Hospital and are under the clinical oversight of the Medical Staff.

An individual is deemed included as an Advanced Practice Provider 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, but 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 this APP Manual.

4-2 STANDARDS

An APP shall not be employed, granted authority to exercise privileges, or given a credentialing application unless and until the board has authorized and approved the provision of such services. The following are APP categories consistent with this policy:

- A. Psychologists
- B. Physician’s assistants
- C. Nurse–midwives

- D. Nurse practitioners
- E. Nurse anesthetists

4-2.1 Qualifications

At all times, the APP is responsible for, and bears the responsibility for, demonstrating the following qualifications:

- A. Continued employment by the hospital or an employment, contract, or sponsorship with or by a member of the medical staff organization (if in a dependent category);
- B. Requisite professional education and training, licensure and/or certification, and registration, as applicable;
- C. Demonstrated clinical ability and judgment;
- D. Relevant experience demonstrated by clinical activity and/or recent completion of training;
- E. Current competence to practice his or 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, even with reasonable accommodation, prevents the APP from meeting the other qualifications for APP status and/or the requested privileges;
- G. Adherence to the lawful ethics of the relevant APP profession;
- H. The ability to work cooperatively with others in the organization and with healthcare professionals in a consistently cordial and productive manner.

4-2.3 Professional Liability Insurance Requirements

APPs who are employed by the hospital and who are, or will be, covered for professional liability for services provided as an employee under insurance policies of the applicable organization(s) shall be deemed to meet professional liability insurance requirements. APPs who are employed, contracted, or sponsored by members of the Medical Staff must be covered by, or with, the practitioner's employer and specifically named in the professional liability policy and must meet organizational requirements for coverage. Independent APPs must demonstrate professional liability insurance in the amount required by the medical staff and governing body.

4-2.4 Basic Responsibilities

Each APP 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;

- B. Abide by all applicable state and federal laws that regulate healthcare providers, as well as the applicable hospital rules and regulations and all other lawful standards, policies, and rules;
- C. Perform functions required by APP staff membership, hospital rules and regulations, or assigned by the Medical Executive Committee (MEC), including, but not limited to, quality improvement, peer and professional review, patient care monitoring, utilization review, case management, and other responsibilities;
- D. Participate in committee activities as requested by the MEC;
- E. Submit to physical and/or mental examination(s) or provide verification of health status as may be required to verify the APP's ability to fully meet his or her responsibilities and/or perform the requested privileges independently or with reasonable accommodation;
- F. Report to Medical Staff Services immediately any action taken that affects his or her licensure, certification, registration, or Drug Enforcement Administration (DEA) registration, including, but not limited to, probation, restriction, suspension, termination, and voluntary or involuntary relinquishment of privileges;
- G. Use hospital resources appropriately;
- H. Treat all individuals at or associated with the hospital courteously, respectfully, and with dignity at all times, and in accordance with hospital rules and regulations and/or policies;
- I. Comply with Medical Staff and hospital bylaws, policies, procedures, rules, regulations, and requirements that relate to the provision of services rendered by APPs at the hospital;
- J. Enter orders only as permitted by his or her licensure, certification, and delineated clinical privileges in the format required by the hospital;
- K. Document medical records completely and in a timely fashion, to the extent authorized and in the format required by the hospital, as described in the Medical and APP Rules & Regulations and hospital policy;
- L. Seek consultation, supervision, and direction whenever appropriate or necessary;
- M. Abide by the ethical principles of his or her profession; and
- N. Observe and promote the confidentiality of patient-identifiable information at all times

4-2.5 Relationship to Medical Staff

APPs are not members of the medical staff but they do have voting privileges at Medical Staff meetings. APPs are encouraged to attend Quarterly Medical Staff meetings. APPs may attend committee meetings when appointed to a committee or requested to attend by an authorized representative of the Medical Staff organization, such as an officer, department chair, or committee chair. One at-large MEC position is designated for a member of the Active APP Staff.

4-2.6 Supervision/Collaboration Procedures

Dependent APPs must have a written plan of supervision signed by their supervisor/collaborator/sponsor, and which must be submitted with their application for privileges and which shall be filed with the Board of Medicine or Nursing if required.

Dependent APPs must be assigned to a Medical Staff member who has agreed to serve as a supervisor/ collaborator/ sponsor and is deemed acceptable by the Medical Staff. The supervisor/ collaborator/ sponsor must be a member in good standing of the Active Medical Staff. The supervisor/collaborator/sponsor must sign the privilege form of the APP he or she supervises. In doing so, he or she accepts responsibility for appropriate supervision of the services provided by each APP under his or her supervision and agrees that the APP will not exceed the scope of practice defined by law and within the APP's supervising/ collaborating/ sponsoring agreement. The supervisor/collaborator/sponsor must agree to participate as requested in the evaluation of the APP's competence (i.e., during and at the conclusion of the initial FPPE (focused professional practice evaluation), at the time of reappointment, and at intervals between reappointment, as necessary). A copy of the supervising/ collaborating/ sponsoring agreement will be submitted, and the APP's application will be signed by both parties.

In addition, the supervising/collaborating/sponsoring physician must:

- A. Accept responsibility for the proper conduct of the APP within the hospital, for the APP's observance of all bylaws, policies and rules and regulations of the hospital 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 APP 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 APP provides services in accordance with accepted medical standards and does not exceed the privileges granted by the hospital.
- E. Provide active and continuous oversight of the APP's activities in the hospital to ensure that direction and advice are being implemented.
- F. If the supervising/collaborating/sponsoring physician is a surgeon he or she must be physically available within the hospital 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 APPs in the hospital, including refraining from requesting that the APP provide services beyond, or that might reasonably be construed as being beyond, the APP's privileges.
- H. For APPs who are not employees of the hospital, the supervising physician assumes full and sole responsibility for making all payments to, and establishing all working conditions and terms for, APPs that the physician employs, and for complying with all relevant laws with

respect thereto, including those pertaining to withholding of federal and state income taxes, payment for overtime, and provision of workers' compensation insurance coverage.

- I. Immediately notify the MSSD in the event any of the following occur:
 1. The scope or nature of the professional arrangement/employment with the APP changes.
 2. Notification is given of investigation of the APP or his/her supervision of the APP by the state licensing board, or any other applicable board or regulator.
 3. His/her professional liability insurance is changed insofar as coverage of the acts of the APP is concerned.

PART 5: CREDENTIALING AND PRIVILEGING PROCESS

5-1 ELIGIBILITY FOR APPLICATION

APPs must be credentialed in accordance with this document. In order to be credentialed, APPs must complete an APP application form. Only those APPs who meet the eligibility criteria in Part 4 of this manual shall be provided with an application.

5-2 DETERMINATION OF PRIVILEGES

APPs providing clinical services at the hospital shall be entitled to exercise only those privileges specifically granted to them by the hospital Board, or temporary privileges as described in the Medical Staff Bylaws. The request for specific clinical privileges shall be on forms provided by the hospital. Privilege requests will not be processed where the requesting APP does not meet the eligibility requirements to be granted the privilege at the hospital.

Privileges shall be determined on the basis of the practitioner's prior and continuing education, training, experience, utilization patterns and demonstrated current competence, including observed professional performance and documented results of practitioner-specific performance improvement/peer review activities. Information concerning professional performance obtained from other sources will be considered when available.

It is the burden of the practitioner applying for privileges to provide all information requested by the Medical Staff and Board as they determine necessary to evaluate the request.

Requests for privileges will be reviewed by the Credentials Committee, which will make a recommendation to the MEC. The MEC will evaluate the recommendation and then make its own recommendation to the hospital Board, or refer the matter back to the Credentials Committee for further evaluation. Upon receipt of a recommendation from the MEC, the hospital Board may

grant, deny, or limit the requested privileges, or refer the matter back to the MEC for further evaluation.

5-3 APPLICATION PROCESS

5-3.1 Duration

Initial and renewed privileges will be granted for a time period not to exceed 24 months.

5-3.2 APPs Employed by SMHC

Advanced Practice Providers approved for employment by SMHC generally must successfully complete the credentialing and privileging process administered by the Medical Staff Organization of the hospital as a condition for employment or continued employment.

If the APP begins employment prior to completion of the credentialing process, the APP cannot exercise the requested privileges (including functioning under standardized protocols and procedures) until the credentialing process has been successfully completed. During this interim period, the APP may function as an RN (if the practitioner is a registered nurse), subject to policies and procedures of the hospital Human Resources Department.

5-3.3 All Other APPs

APPs may obtain application materials from the MSSD.

5-3.4 Verification Procedures and Evaluation and Decision-Making Process

Verification procedures will be carried out by the hospital or hospital's contracted credentials verification organization (CVO) in accordance with the procedures defined in the Medical Staff Bylaws, Credentialing Manual, and policies and procedures.

The steps outlined in the Medical Staff Bylaws and Credentialing Manual are applicable to the credentialing process for APPs.

The Human Resources Department (for hospital-employed applicants) or the employing or sponsoring physician (for all other applicants) will be informed by the MSSD as soon as possible if an unfavorable recommendation is made by the Credentials Committee or the MEC.

5-4 Procedure For Requesting Additional Privileges Or Prerogatives

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

5-5 Temporary Privileges

- A. Temporary privileges may be granted by the Chief Executive Officer, or designee, in accordance with Joint Commission standards, under the same circumstances and requirements as defined in the Medical Staff Bylaws.
- B. The Chief Executive Officer or the Chief of Staff may, at any time, suspend or terminate an APP's temporary privileges.

PART 6: CREDENTIALS FILES AND PERSONNEL FILES

The credentials file is separate from any personnel file maintained by the hospital for employed APPs.

PART 7: IMMEDIATE QUESTIONS OF CARE

If any member of the health care team has reason to question the care being provided to an individual patient by a member of the Medical Staff or APP Staff, that is not otherwise resolved by first discussing their concerns with the provider, he or she shall bring the matter directly to the attention of his or her supervisor, who, in turn, may refer the matter to the Quality & Safety Service leader, the Chief Medical Officer, or their designees.

The aforementioned referees may facilitate resolution of the problem by requesting suitable consultation or offering appropriate advice.

PART 8: EVALUATION OF PERFORMANCE

8-1 GENERAL

The performance of all APPs will be evaluated as part of the hospital and Medical Staff's routine performance improvement processes. Therefore, the APPs performance will be evaluated, as applicable, and consistent with the hospital and Medical Staff policies and procedures regarding focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE).

Any concerns regarding the quality or appropriateness of care provided by an APP identified during such review processes shall be referred to the supervising physician and/or an appropriate review committee (which may fall under the review of the Credentials or Medical Executive Committees or an ad hoc Medical Staff review committee). Any concerns regarding the supervision of an APP by a physician shall be referred to the appropriate Medical Staff Quality & Safety Service leader or review committee.

Separately from this process, the quality of care provided by APPs employed by the hospital may also be reviewed on an ongoing basis through the employment performance evaluation process.

8-2 REAPPOINTMENT

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

PART 9: REVIEW OF SPECIFIC CONDUCT OR CARE/CORRECTIVE ACTION

Whenever the activities or professional conduct of an APP 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 Credentials Committee or its designee, for review. For APPs employed by the hospital, the matter may, where appropriate, be referred initially to the hospital's Human Resources Department for evaluation and disposition as described in organization-specific policies and procedures.

The Credentials Committee may engage persons external to the hospital to conduct all or part of the evaluation or to provide information to the evaluating body. The evaluation may involve an interview of the APP involved and the supervising/sponsoring physician and/or an interview of other individuals or groups.

9-1 AUTOMATIC RELINQUISHMENT OF PRIVILEGES

The privileges and status as an APP shall terminate immediately, without right to further process, in the event that the employment of the APP with the hospital is terminated for any reason, or if the employment or the supervision of the APP by a physician member of the Medical Staff organization is terminated for any reason, a replacement with another member of the Medical Staff. If the APP notifies the MSSD of affiliation with his or her employment with, or sponsorship by, a new supervising member of the Medical Staff within 30 days of ending his or her previous affiliation, he or she will not be required to submit a new application to the APP staff. The APP

must notify the MSSD of his or her new practice arrangement, and provide updated demographic information, new privilege forms, updated malpractice certificate and plan of supervision (as applicable). The MSSD will update the APP's information, and, upon review and recommendation of privileges by the appropriate Service Leader, the new privilege form will be presented to the Credentials Committee for review and recommendation according to current procedures.

9-2 SUSPENSIONS

Each APP may be subject to discipline and corrective action. Privileges may be suspended, modified, or terminated consistent with the hospital and or Medical Staff Bylaws, policies and procedures, and this Manual, as applicable. If the APP is a hospital employee, he or she may be subject separately to applicable Human Resources policies and procedures governing hospital employees.

PART 10: GRIEVANCE PROCEDURES

Except as provided below, an APP shall have the right to dispute any action that revokes, suspends, terminates, restricts or reduces the clinical privileges that the APP has been given permission to provide at the hospital unless the action revokes, suspends, terminates, restricts or reduces the privileges of an entire classification of APPs rather than being focused on an individual APP.

Exception: APPs shall not have the right to dispute automatic relinquishment of privileges. Automatic relinquishment would occur if the license or other legal credential of the APP expired or was revoked, if the APP was excluded from Medicare/Medicaid, if employment with the hospital or a physician sponsor was terminated, et cetera. In addition, automatic termination would occur if the APP failed to meet the eligibility criteria for his/her category.

There is no right to dispute actions taken as a result of failure to follow the hospital medical records policies, or failure to maintain professional liability insurance.

Actions taken by the hospital in its capacity as an employer of an APP are not subject to the dispute, hearing, and appeal process described in this Manual.

10-1 THE RIGHTS OF HEARING AND APPEAL

The procedures described in this section shall be the exclusive process for pursuing a grievance relating to APP staff membership and privileges. Nothing contained in the Medical Staff Bylaws or this APP Manual shall be interpreted to entitle any APP to the process set forth in the Medical Staff Bylaws.

Except as otherwise specified in this policy, an APP may file a grievance to challenge any one or more of the following actions or recommended actions if they are taken based on a concern that an APP's competence or professional conduct is reasonably likely to be detrimental to patient safety or to the delivery of patient care):

- A. Denial of APP staff status or requested privileges;
- B. Denial of APP reappointment;
- C. Suspension of APP staff status or privileges for longer than 30 days;
- D. Termination of APP staff status or privileges.

To challenge any of the foregoing actions, the APP must file a written grievance with the MEC 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 APP the opportunity for an interview 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 APP shall be informed in writing of the general nature and circumstances giving rise to the action, and the APP 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 APP'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 hospital Board, which shall be communicated in writing to the subject APP. 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 Board may, in its discretion, offer the affected APP the right to appeal to the Board or a subcommittee thereof. Any appeal to the Board of Trustees or its subcommittee shall consist of a written statement from the APP, and shall be based on grounds that the MEC's recommendation is unreasonable, inappropriate under the circumstances or not supported by the information furnished to the MEC. The MEC shall have the opportunity to respond in writing to the APP's written statement. The length of any written statements shall be at the discretion of the Board. The Board shall adopt the MEC's recommendation, so long as it is reasonable, appropriate under the circumstances and supported by the information of record. The final decision by the Board shall become effective upon the date of its adoption. The APP shall be provided promptly with written notice of the final action.

PART 11: RESPONSIBILITY

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

PART 12: AMENDMENT

This Manual may be amended, or repealed, in whole or in part, by a resolution of the Medical Executive Committee recommended to, and adopted by, the Board.

PART 13: DEFINITIONS

Hospital: Refers to the hospital located on the SMHC campuses and hospital-owned outpatient facilities and physician's offices.

Privileges: Means the permission granted to an APP to participate in the provision of specific patient care services. Privileges are based on the APP's licensure, education, training, experience, and demonstrated current competence, as well as the limitations defined by the hospital for operational, quality or risk management reasons. The performance of 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 delineation forms will enumerate any standardized procedures and/or protocols that the APP has requested and has been determined to be qualified to provide.

Adopted by:

MEC: October 17, 2013

Medical Staff: December 19, 2013

Hospital Board of Directors: December 9, 2013

Revised:

MEC: April 16, 2015

BOT: May 5, 2015

Revised:

MEC: January 21, 2016

BOT: February 1, 2016

Revised:

MEC: August 18, 2016

BOT: November 7, 2016