

COMMUNITY HOWARD REGIONAL HEALTH
KOKOMO, INDIANA

Medical Staff Policy

POLICY #4. APPOINTMENT, REAPPOINTMENT AND CREDENTIALING POLICY

1.1 PURPOSE

The purpose of this Policy is to set forth the criteria for assessing applications for appointment and reappointment to the Medical Staff and evaluating privilege requests. This Policy only applies to eligible healthcare professionals seeking membership to the Medical Staff. This Policy is incorporated in the Medical Staff Bylaws as if stated therein.

1.2 GENERAL PROVISIONS

- A. Appointments, denials, or revocations of appointments to the Medical Staff shall be made as set forth in the Medical Staff Bylaws, and this Policy, but only after there has been a recommendation from the Medical Executive Committee unless the circumstances warrant immediate action.
- B. Except as otherwise specified herein, no person (including persons engaged by the Hospital in medical-administrative positions) shall exercise clinical privileges in the Hospital unless and until he/she applies for and receives appointment to the Medical Staff or is granted temporary privileges under the Temporary Privilege Policy.
- C. When an Applicant requests an application form, he/she shall be given access to the Medical Staff Bylaws, Rules and Regulations, and this Policy.
- D. By applying to the Medical Staff for appointment or reappointment, the Applicant acknowledges responsibility to first review the Medical Staff Bylaws, Rules and Regulations, and Policies and agrees that throughout any period of Membership, he/she will comply with the responsibilities of the Membership and with the Medical Staff Bylaws, Rules and Regulations, and Policies as they exist and as they may be modified from time to time.

1.3 BURDEN OF PRODUCING INFORMATION

In connection with all applications for appointment, reappointment, advancement or transfer, the Applicant shall have the burden of producing information for adequate evaluation of the Applicant's qualifications and suitability for the requested Membership category and clinical privileges, of resolving any reasonable doubts about these matters and of satisfying requests for information. The Applicant's

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failure to sustain this burden shall be deemed termination of the application process after 90 days without a satisfactory response. This burden may include submission to a medical or psychological examination at the Applicant's expense if deemed appropriate by the Medical Executive Committee which may select the examining physician. Medical examinations and/or health status assessments will only be performed after a conditional offer of appointment to the Medical Staff or the granting of privileges has been made.

1.4 APPOINTMENT AUTHORITY

Appointment shall be made by the Board of Directors after recommendation of the Department Chief with input from the appropriate Medical Director, if any, and recommendation by the Medical Executive Committee and the Credentials Committee. Appointment shall confer on the Member only such Clinical Privileges as specifically requested on the application form and authorized by the Hospital. In no case shall the Board of Directors take action on an application, refuse to review an appointment, or cancel an appointment previously made without a conference with the Medical Executive Committee unless immediate action warrants otherwise.

1.5 TERMS OF APPOINTMENT AND REAPPOINTMENT

- A. Initial Appointment. Initial appointments to the Medical Staff shall be for a period not to exceed two (2) years during which time the Member shall be subject to focused professional practice evaluation (FPPE) as set for in Section 1.11 and Policy 11.
- B. Reappointment. Reappointment shall be for a period of not more than two (2) years. If a Member desires to remain on the Medical Staff even though the Member does not intend to exercise privileges nor actively participate in Medical Staff activities, the Applicant for reappointment shall provide proof to the satisfaction of the Hospital of current similar clinical activity from another hospital accredited by The Joint Commission, Healthcare Facilities Accreditation Program, or approved by Medicare (or its equivalent) in a foreign country, or case logs of clinical activity from office practices to demonstrate current competency.

Notwithstanding the above, the criteria to assure current competency for physician Members with refer-and-follow privileges are peer references and credentialing verifications.

- C. Reappointment of Member over Seventy (70) Years of Age. Reappointments of Members over the age of seventy (70) years of age shall be for a period of not more than one (1) year.

1.6 APPLICATION FOR INITIAL APPOINTMENT OR REAPPOINTMENT

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The application form shall be developed by the Medical Executive Committee who will also approve applicable credentialing fees. The form shall require detailed information which shall include, but not be limited to, information concerning:

- A. the Applicant's professional qualifications including, but not limited to, education, training and experience, especially as related to the Clinical Privileges requested; current licensure in the State of Indiana; and current federal and state Controlled Substances Registrations, if applicable;
- B. the names of three (3) peer references who have had extensive experience in observing and working with the Applicant in the last year and who can provide adequate reference information concerning the Applicant's professional competence and ethical character;
- C. the requested membership category, department assignment, and clinical privileges;
- D. any past or pending professional disciplinary actions, licensure limitations or related matters such as whether the Applicant's membership and/or clinical privileges have ever been revoked, suspended, reduced, limited in any fashion or not renewed at any other hospital or Healthcare Entity;
- E. whether his/her membership in any local, state or national medical society or his/her license to practice any profession in any jurisdiction has ever been limited, disciplined, suspended or terminated;
- F. any physical and mental health condition that may affect the Applicant's ability to carry out his responsibilities as a Member of the Medical Staff;
- G. documentation that he/she is a Qualified Healthcare Provider as defined herein;
- H. official identification for verification of identity;
- I. if a physician Applicant, the satisfactory completion of a residency program that is approved by the Accreditation Council for Graduate Medical Education. If the Applicant has not satisfactorily completed such a program, then has practiced with unrestricted clinical privileges for at least three (3) years with a hospital accredited by the Joint Commission, Health Facilities Accreditation Program, or approved by Medicare (or its equivalent) in a foreign country; and
- J. An exception to the requirement set forth in 1.6(I) may be made for physicians who are completing their residency and seek any clinical privileges of not more than a duration of one (1) year when the Applicant is in his/her final year of residency training and will have on-site back-up

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coverage by a staff physician with those same privileges the Applicant is requesting, so long as the Applicant satisfies 1.6 (A-H).

- K. An exception to the requirement set forth in 1.6 (I) may be made for physicians who are entering or completing their final year of residency training in psychiatry and seek Clinical Privileges in psychiatry of not more than a duration of one (1) year so long as the Applicant satisfies all other requirements (1.6 (A-H)) and maintains telephonic back-up coverage by a staff physician with those same privileges.

1.7 VERIFICATION

The purpose of the application is to obtain information bearing on the Applicant's qualifications for membership and/or Clinical Privileges in order for the Hospital to make an informed decision as to the whether the Applicant satisfies the Hospital's criteria. The Applicant shall sign the application and verify that his/her answers and provided information are true and accurate. The Applicant shall acknowledge that he/she understands that if it is discovered, at any time, that false information was submitted or material information was omitted, the Applicant shall be subject to immediate termination.

1.8 EFFECT OF APPLICATION

- A. By applying for appointment or reappointment to the Medical Staff, each Applicant:
 - 1. signifies his/her willingness to appear for interviews in regard to the application;
 - 2. authorizes consultation with others who may have been associated with him/her or who may have information bearing on his/her competence for qualifications and performance, and authorizes such individuals and organizations to candidly provide all such information;
 - 3. consents to inspection of records and documents that may be material to an evaluation of his/her qualifications and ability to carry out clinical privileges requested and authorizes all individuals and organizations in custody of such records and documents to permit such inspection and copying;
 - 4. releases from any liability, to the fullest extent permitted by law, all persons for their acts performed in connection with investigating and evaluating the Applicant;

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5. releases from any liability, to the fullest extent permitted by law, all individuals and organizations who provide information regarding the Applicant, including otherwise confidential information;
 6. consents to a criminal background check;
 7. consents to the disclosure to other hospitals, medical associations and licensing boards and to other similar organizations as required under law, any information requiring his or her professional or ethical standing that the Hospital or Medical Staff may have and releases the Medical Staff and Hospital from liability for so doing, to the fullest extent permitted by law;
 8. pledges to provide for continuous quality care for his/her patients;
 9. agrees to comply with the Network's Responsibility and Compliance Program, the Hospital's and Network's Code of Conduct; and
 10. agrees that the Network's affiliated hospitals, through their peer review structures, may share information concerning the Applicant's ongoing eligibility for membership and privileges. The information includes interpersonal and communication skills, professionalism including character and ethics, the ability to continuously learn and improve and work harmoniously with others; patient care rendered including the accuracy of diagnosis, the propriety, appropriateness, quality or necessity of care rendered; utilization of services, procedures, and facilities in the treatment of patients; incident reports, complaints, or concerns about the Applicant; any peer review activities related to the Applicant including but not limited to performance improvement activities such as external reviews, focused professional practice evaluation, and ongoing focused professional practice evaluation; Applicant's fitness for duty including physical or mental health condition or any other matter having a bearing on qualifications.
- B. The application form shall contain a statement that fully informs the Applicant of the scope and the extent of the foregoing attestation, authorization, and release.
- C. The application form shall include an acknowledgment that the Applicant (a) has received and read the Bylaws, Rules and Regulations, and Policies of the Medical Staff and (b) agrees to be bound by the terms thereof if he/she is granted membership and/or clinical privileges and to be bound by the terms thereof without regard as to whether or not he/she is granted membership and/or clinical privileges in all matters relating to consideration of this application.

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1.9 APPOINTMENT PROCESS

- A. Each application for initial appointment or reappointment will not be processed by the Medical Staff Office until all questions and provisions appear to be answered and the application fee as set forth in the applicable Policy has been paid. If an application question cannot be fully answered, the Applicant shall provide a written explanation of why answers are unavailable.
- B. The completed application shall be submitted to the Medical Staff Services Office. After collecting references and verifying responses, the application and all supporting materials shall be transmitted to the Department Chief in which the Applicant seeks Clinical Privileges for evaluation of the Applicant's credentials.
- C. Each Department shall provide the Credentials Committee with specific written recommendations for delineating the Applicant's requested Clinical Privileges. These recommendations shall be made a part of the report. When the Applicant is seeking privileges in an area governed by a Medical Director, the Medical Director shall also evaluate the Applicant's credentials as they apply to that specific area. The Medical Director shall make a recommendation to the Department Chief.
- D. The Department Chief shall further investigate the credentials of the Applicant within a reasonable time period. The Department Chief shall examine the character, professional competence, qualifications and ethical standing of the Applicant and shall determine through information contained from the references identified by the Applicant and from other available resources, whether the Applicant has established and met all the necessary qualifications for the category of Membership and the clinical privileges requested. The Department Chief may request from the Applicant additional evidence of the Applicant's ability to perform the clinical privileges. The application shall not be deemed complete for the Chief's recommendation until such information is produced. Thereafter, the Chief shall make a written report of his/her investigation for presentation to the Credentials Committee and Medical Executive Committee.
- E. The Department Chief may recommend that the Applicant either be accepted or rejected for membership, or that the application be deferred for further consideration. The recommendation shall contain recommendations for proctoring or limitations, if necessary.
- F. At the next regular Credentials Committee meeting following receipt of the report, the Credentials Committee shall determine whether any additional information is needed to make an informed recommendation to the Medical Executive Committee and Board of Directors.

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- G. If the Credentials Committee believes that all reasonable doubts have been resolved by the Applicant, the Credentials Committee shall recommend to the MEC that the Applicant be (a) appointed with or without conditions or proctoring; (b) rejected; or (c) deferred for further consideration.
- H. At the next regular Medical Executive Committee meeting following receipt of the recommendation, the Medical Executive Committee shall determine whether any additional information is needed to make an informed recommendation to the Board of Directors and deem the application complete. The MEC is not restricted by the Credentials Committee's determination that the application is complete. If the application is deemed complete by the MEC and all reasonable doubts have been resolved by the Applicant, the MEC shall recommend to the Board that the Applicant be (a) appointed with or without conditions or proctoring; (b) rejected; or (c) deferred for further consideration

If the Medical Executive Committee recommendation is to defer the application for further consideration or until the Committee's reasonable doubts have been resolved by the Applicant or until the application is deemed complete, the application will be automatically deactivated if it remains incomplete after 60 days. Otherwise, a recommendation will be made within 90 days.

- I. When the recommendation of the Medical Executive Committee is favorable to the Applicant, the Hospital President shall promptly forward the application with all supporting documentation to the Board of Directors for action.
- J. When the recommendation of the Medical Executive Committee is an "Adverse Recommendation", as defined in the Bylaws, to the Applicant, the Hospital President shall notify the Applicant within seven (7) days, by certified mail, requesting return receipt. No such Adverse Recommendation shall be forwarded to the Board of Directors for action purposes until the Applicant has waived, or has been deemed to have waived Applicant's right to a hearing and appeal as provided in the Medical Staff Bylaws, Rules and Regulations, and Policies, if eligible. A recommendation of an appointment period less than two years is not considered an "Adverse Recommendation" and does not give rise to such rights.
- K. At its next regular meeting after receipt of Medical Executive Committee recommendation, the Board of Directors shall act on the application. If the Board of Directors' decision is adverse to the Applicant, the Hospital President within seven (7) days shall notify the Applicant of such adverse decision by certified mail, requesting return receipt; and such decision shall be held in abeyance until the Applicant has waived, or has been

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deemed to have waived, his/her rights as provided in the Medical Staff Bylaws, Rules and Regulations, and Policies.

- L. At its regular meeting after all the Applicant's rights under the Fair Hearing and Appeal Policy have been exhausted or waived, the Board of Directors shall act on the application. The Board of Directors' decision shall be the Final Action.
- M. When the Board of Directors' decision is contrary to the recommendation of the Medical Executive Committee, the Board of Directors shall submit the matter to the Joint Conference Committee, which shall meet with members as appointed by the Medical Executive Committee and the Department involved, for further review and recommendation. The Joint Conference Committee shall make a recommendation to the Board of Directors. The Board of Directors shall thereafter take Final Action.
- N. When the Board of Directors' decision is final, the Board shall send a notice of such decision through the Hospital President to the Chairman of the Medical Executive Committee and the Departments concerned and make any reports triggered by the final action as required by law.

1.10 REQUESTS FOR CLINICAL PRIVILEGES

All applications for appointment and reappointment must contain a specific written request for the Clinical Privileges desired. The Member agrees to comply with Hospital efforts to improve performance on quality measures such as those established by the Centers for Medicare and Medicaid Services (CMS) and any other governmental agency, payer, or Accreditation Body.

Any Member may make a written request for modification of Clinical Privileges at any time but documentation of training and/or experience must support the request.

A. DELINEATION OF CLINICAL PRIVILEGES

All recommendations for appointment must also specifically recommend the Clinical Privileges to be granted, including any qualifying probationary condition relating to the exercise of the Clinical Privileges by the Member. Any individual providing clinical services at this Hospital shall be entitled to exercise only those Clinical Privileges granted by the Board of Directors. Providing services beyond the scope of the Clinical Privileges granted to the Member shall lead to an automatic termination of Membership.

B. BASIS FOR CLINICAL PRIVILEGES DETERMINATION

The determination of the initial privileges or extension of privileges shall be based upon the Applicant's training, experience, and demonstrated competence and Hospital's need of and ability to provide the service. The

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Department, in which the privileges are requested, shall be consulted prior to approval.

Requests for Clinical Privileges shall be evaluated on the basis of the Applicant's or Member's (a) education, (b) training, (c) experience, (d) demonstrated professional competence and judgment, (e) clinical performance, (f) the documented results of patient care and other quality review and monitoring which the Medical Staff deems appropriate; (g) Board Certification or Board Eligible as set forth in the core privilege form; and (h) any specific written privilege criteria for a particular privilege recommendation by the Medical Executive Committee and approved by the Board of Directors.

Privilege determinations may also be based on pertinent information concerning clinical performance obtained from other sources, especially other institutions and healthcare settings where the Applicant exercises or exercised clinical privileges including information related to an Applicant's or Member's morbidity and mortality rates.

C. TELEMEDICINE PRIVILEGES

The Hospital may utilize physicians at a distant site to be responsible for the care, treatment, and services to a patient through a telemedicine link. "Telemedicine" means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. Neither telephone conversation nor electronic mail message between a health care provider and patient constitutes "telemedicine".

The qualifications of physicians at distant sites seeking to be responsible for care, treatment, and services of a patient via a telemedicine link will be evaluated through one of two mechanisms:

1. This appointment policy except that partners or the medical director of the physician may serve as a peer reference; at initial appointment verifications will be limited to the top ten (10) highest volume facilities within the past ten years; and upon reappointment only five (5) facilities at which the physician has provided the most Encounters will be queried; or
2. Evaluated based on information sought, gathered, and provided from the distant site (the site where the physician is located), only if the distant site is a Joint Commission-accredited entity.

Upon recommendation of the Medical Executive Committee, the Hospital will determine which mechanism to utilize for a respective service before the service is implemented.

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1.11 FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

- A. During the initial appointment period, the new Member and any existing Member granted new clinical privileges shall be subject to focused professional practice evaluation (FPPE), which may include retrospective chart review, review of clinical practice patterns, simulation, close monitoring, proctoring, or supervision by the Medical Staff, external peer review, or discussion with individuals involved in the care of any patients. During the FPPE period, any modification, alteration, or conditioning of privileges warranted by the FPPE findings will be subject to summary action.

The purpose of FPPE is to evaluate the privilege-specific competence of the Member who does not have documented evidence of competently performing the requested privilege at the Hospital to determine suitability for continuing to exercise the Clinical Privileges granted. The exercise of Clinical Privileges in any Department may also be subject to direct observation of that Department Chief of his/her designee.

- B. If proctoring or supervision is imposed, the Member shall be assigned to a Department where his/her performance on an appropriate number of cases, as established by the Medical Executive Committee, shall be observed by the Department Chief, Medical Director or other designated proctor. Any documentation related to proctoring or supervision will be maintained in the Member's credentials file.
- C. The Member may remain subject to FPPE until the Medical Executive Committee has recommended lifting the evaluation and the Board of Directors concurs. In order for this to occur, the Medical Executive Committee must be given signed reports by the Department Chief(s) and the proctor(s), if different, to which the Member was assigned, describing (a) the types and number of cases observed and the evaluation of the Member's performance; (b) a statement that the Member appears to meet all the qualifications for unsupervised practice of the clinical privileges and has satisfactorily demonstrated the ability to exercise those clinical privileges granted.
- D. Members of the Medical Executive Committee may also directly observe the performance of procedures.
- E. If any Member fails to satisfactorily perform during the FPPE period, those specific clinical privileges may be automatically terminated or limited. The Member shall be entitled to a hearing, upon request, pursuant to these Bylaws, Rules and Regulations, and Policies.

1.12 REAPPOINTMENT TO ALL STAFF CATEGORIES

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- A. Biennial determination of Clinical Privileges for those Members requesting reappointment must be accompanied by a request for specific clinical privileges. Applications for reappointment must be submitted, in writing, through the assigned Department Chief to the Medical Executive Committee. When a Member seeks privileges and/or renewal of clinical privileges in both Departments, the request must be reviewed and commented upon by each Department Chief.
- B. The Department Chief may request any reasonable evidence of the ability of the Member to perform Clinical Privileges requested be produced by the Member.
- C. Each recommendation concerning the reappointment of a Medical Staff Member and Clinical Privileges to be granted upon reappointment shall be based on each Member's: (a) professional competence; (b) attendance at Medical Staff meetings; (c) participation in Staff affairs; (d) compliance with Medical Staff Bylaws, Rules and Regulations, and Policies; (e) cooperation with others in the Hospital; (f) appropriate use of Hospital facilities for his/her patients, (g) relationship to other Applicants; and (h) general attitude toward patients, the Hospital and the community it serves. If the Applicant for reappointment has no or low volume because the Applicant serves in a group with an active Member of the Medical Staff and occasionally may cover for the Member or is in a coverage agreement with a Member of the Medical Staff or is of a specialty where the Hospital need exists from time to time, information from other accredited health care entities may be requested in the above areas and used to evaluate or assess the reappointment request. Members with no or low volume will be reviewed via FPPE whenever they exercise their privileges in the hospital.
- D. Prior to the expiration of a Member's appointment date, the assigned Department Chief shall make a written recommendation to the Medical Executive Committee concerning the reappointment, non-reappointment and/or clinical privileges for each Member when scheduled for periodic reappraisal. When non-reappointment or a change of Clinical Privileges is recommended, the reasons for such recommendation shall be stated and documented.
- E. At its next regular meeting, the Medical Executive Committee shall consider the recommendations concerning each Member. The Medical Executive Committee shall then make recommendations to the Board of Directors concerning each Member's reappointment. The Medical Executive Committee may request any reasonable evidence of the Member's ability to perform the Clinical Privileges requested. When non-reappointment or a change of Clinical Privileges is recommended, the reasons for such recommendation shall be stated and documented. In such an event, the Hospital President shall notify the Member by certified

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mail, return receipt requested, and the Member shall exercise or waive his/her rights to a hearing and appeal as specified in the Fair Hearing and Appeal Policy. Thereafter, the procedure to be followed on reappointment shall be the same as specified for initial appointments.

- F. If for any reason the term of the appointment shall expire prior to the Hospital taking action on the reapplication, the MEC may recommend that the Board of Directors reappoint the Member with any conditions necessary for a period no greater than sixty (60) days.
- G. The Medical Executive Committee may, at its discretion, require more frequent reappointment intervals for individual Members.

1.13 REAPPLICATION AFTER DENIAL

- A. Any Applicant on initial application denied Membership based on falsification of information or material omissions in the application shall be prohibited to apply for Membership and privileges for two years.
- B. A Member who has been denied Membership on the Medical Staff by the Board of Directors may not make further application for Membership for a period of two (2) years from the date of the Final Action.
- C. An application received after that two (2) year period must include evidence of a change in the circumstances which resulted in the denial. If such an application is accepted as complete by the Medical Executive Committee and the request for privileges is denied or limited, the Applicant shall have hearing and appeal rights.
- D. A Member who has been denied a request to enlarge the scope of his/her Clinical Privileges shall not be eligible to request the change until he/she can demonstrate that he/she has received additional training, education, and experience as deemed appropriate by the Medical Executive Committee.

Approved by the Medical Staff Executive Committee of Community Howard Regional Health, May 15, 2018

Approved by the Board of Directors of Community Howard Regional Health, May 16, 2018