

CREDENTIALING PROCEDURES MANUAL

Table of Contents

Part 1	Appointment Procedures	1-4
Part 2	Reappointment Procedures.....	4-7
Part 3	Procedures for Delineating Clinical Privileges.....	7-8
Part 4	Leave of Absence	8
Part 5	Delays, Reapplications, and Reporting.....	8-9
Part 6	Amendment & Adoption	9

PART ONE - APPOINTMENT PROCEDURES

1.1 APPLICATION

An application for staff membership must be submitted by the applicant in writing and on the form approved by the Board. Prior to the application being submitted, the applicant will be provided access to a copy or summary of the Bylaws and the rules and regulations of the appropriate departments.

1.2 APPLICATION CONTENT

Every application must furnish complete information regarding:

- (a) Undergraduate, medical school, and postgraduate training, including the name of each institution, degrees granted, programs completed, dates attended, and for all postgraduate training, names of those responsible for monitoring the applicant's performance.
- (b) All currently valid medical, dental, or other professional licensures or certifications, and Drug Enforcement Administration (DEA) registration when applicable, with the date and number of each.
- (c) Specialty or sub-specialty board certification, recertification, or eligibility status.
- (d) Health status and any health impairments (including alcohol and/or drug dependencies) which may affect the applicant's ability to perform professional and medical staff duties fully, including freedom from infectious tuberculosis.
- (e) Professional liability insurance coverage, in the amount acceptable to the Board including the names of present and past insurance carriers, and complete information on malpractice claims history and experience including claims, suits, and settlements made, concluded, and pending.
- (f) Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, nonrenewal, or voluntary relinquishment (by resignation or expiration) of: license or certificate to practice in any state or country; DEA or other controlled substances registration; specialty or sub-specialty board certification or eligibility; staff membership status, prerogatives, or clinical privileges at any hospital, clinic, or health care institution; professional liability insurance coverage.
- (g) Department assignment and specific clinical privileges requested.
- (h) Any current felony criminal charges pending against the applicant and any past charges including their resolution.
- (i) Names and address of all hospitals or health care organizations where the applicant had or has any association, employment, privileges or practice with the inclusive dates of each affiliation. All time interval since graduation must be accounted for.

- (j) Additional information from other databanks, including the National Practitioners Data Bank (NPDB), may be gathered by the Medical Staff Office or its agent, as required by the Executive Committee and/or regulatory bodies.
- (k) Evidence of the applicant's agreement to abide by the provisions of the Bylaws.
- (l) Names of other members of the Medical Staff who have agreed to provide coverage for applicant's patients when the applicant is unavailable.

1.4 **REFERENCES**

The application must include the names of four (4) medical or health care professionals, not related to the applicant, who have personal knowledge of the applicant's qualifications and who will provide specific written comments on these matters. The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance and clinical competence over a reasonable period of time and, at least one should have had organizational responsibility for supervision of the applicant's performance (e.g., department chairman, service chief, training program director). References that are "fair" or "poor" shall be viewed as unfavorable in connection with the evaluation of an application. Further references may be required at the discretion of the Medical Staff.

1.5 **APPLICATIONS FOR REMOTE PRIVILEGES**

The application for remote privileges must be on an application form approved by the Board and must contain verification that the applicant is a member in good standing at a Joint Commission accredited hospital with privileges to perform the services requested at the Medical Center.

1.6 **EFFECT OF APPLICATION**

The applicant must sign the application and in so doing:

- (a) Attest to the correctness and completeness of all information furnished and in so doing acknowledge that any material misstatement in or omission from the application may constitute grounds for denial or revocation of appointment;
- (b) Signify willingness to appear for interviews in connection with the application;
- (c) Signify willingness to undergo a physical or mental health evaluation upon the request of the Chief of Staff, vice chief of staff, or department chairman;
- (d) Agree to abide by the terms of these Bylaws, the rules and regulations of the assigned department, and the policies of the medical staff and the Medical Center, regardless if membership and/or clinical privileges, are granted;
- (e) Agree to exhibit professional conduct and refrain from disruptive conduct as defined in the Medical Center's Disruptive Conduct Policy;
- (f) Agree to maintain an ethical practice and to provide continuous care to his or her patients;
- (g) Authorize and consent to representatives of the medical staff and Medical Center consulting with any individual who or entity which may have information bearing on the applicant's qualifications and consent to the inspection of all records and documents that may be material to evaluation of such qualifications;

- (h) Authorizes and consents to the sharing of information in accordance with the Board's Sharing of Information policy; and
- (i) Release from any liability Banner Health, the Board, Medical Center employees, medical staff members, and all others who review, act on, or provide information regarding the applicant's qualifications for staff appointment and clinical privileges.

1.7 APPLICATION FEE

An application fee in the amount established by the Executive Committee must be submitted by the applicant prior to the processing of the application.

1.8 PROCESSING THE APPLICATION

1.8-1 APPLICANT'S BURDEN

The applicant has the burden of demonstrating his or her qualifications required for staff membership, department assignment, or clinical privileges to the satisfaction of the Medical Center. The applicant has the burden of resolving any doubts about any of his or her qualifications and of satisfying any requests for information or clarification (including health examinations). Applications not demonstrating compliance with the requirements for medical staff membership and privileges will be deemed to be incomplete. Incomplete applications will not be processed. If information is not obtained from the applicant within sixty (60) days after a written request has been made, the application will be deemed withdrawn.

1.8-2 VERIFICATION OF INFORMATION

The application shall be submitted to the Medical Staff Office which shall notify the applicable department of its receipt. Representatives of the Medical Staff Office or its agent 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 transmitted with all supporting materials to the chairman of the Credentials Committee.

1.8-3 CREDENTIALS COMMITTEE ACTION

Upon receipt of all necessary documentation, the Credentials Committee at its next regularly scheduled meeting shall review the application, the supporting documentation, and any other relevant information and determine if the application is complete and if the applicant meets all of the necessary qualifications for staff membership and department requested. The Credentials Committee shall forward completed applications recommended for privileges to the clinical departments in which privileges have been requested. The Credentials Committee may conduct an interview with the applicant or may designate a committee to conduct such interview.

1.8-4 DEPARTMENT AND SECTION ACTION

The chairman of the respective department and chief of the section (if applicable) in which the applicant seeks privileges shall review the application and its supporting documentation and forward to the Executive Committee the recommendations as to the scope of clinical privileges to be granted.

The chairman, at his/her discretion, may forward the application directly to the Executive Committee except in the following circumstances:

- Application is incomplete;

- Where there is a current challenge or previously successful challenge to an applicant's licensure or registration;
- Where the applicant has received an involuntary termination of medical staff membership at another organization;
- Where the applicant has received involuntary limitation, reduction, denial or loss of clinical privileges;
- Where the Credentials Committee determines that there has been either an unusual pattern of liability actions brought against the applicant, or an excessive number of professional liability actions resulting in a final judgment against the applicant;
- Any felony criminal conviction or any conviction involving healthcare; or
- Adverse information on reference letters or comments suggesting potential problems

An application not forwarded directly to the Executive Committee shall be reviewed at the next regularly scheduled meeting of the department prior to being forwarded to the Executive Committee.

A department chairman or section chief may conduct an interview with the applicant or designate a committee to conduct such interview.

Where the applicant maintains that his or her postgraduate training program or board certification is equivalent to that required in these Bylaws, the appropriate department will assess the supporting documentation to determine equivalency.

1.8-5 EXECUTIVE COMMITTEE ACTION

The Executive Committee, at its next regular meeting, shall review the application, the supporting documentation, the reports and recommendations from the department chairmen, and Credentials Committee, and any other relevant information available to it. The Executive Committee shall prepare a written report with recommendations as to approval or denial of, or any special limitations on, staff appointment, category of staff membership, and prerogatives, department affiliation, and scope of clinical privileges, or defer action for further consideration.

1.8-6 REMOTE PRIVILEGES

Applications of physicians seeking remote privileges shall be reviewed by the Credentials Committee and the Executive Committee. The recommendation of the Executive Committee shall be forwarded to the Board as prescribed in Section 1.8-5.

1.8-7 EFFECT OF EXECUTIVE COMMITTEE ACTION

- (a) Favorable Recommendation: An Executive Committee recommendation that is favorable to the applicant in all respects shall be promptly forwarded to the Board.
- (b) Conditional Appointment/Reappointment: The Executive Committee may recommend that the applicant or member be granted conditional appointment for the term of appointment or reappointment. Conditional appointment/reappointment is not a reduction or limitation of membership or privileges, and does not constitute corrective action. Where the Executive Committee recommends conditional appointment/reappointment, the CEO will advise the member of the

Executive Committee's expectations for conduct and/or performance and the possible consequences if those expectations are not met.

- (c) Limited Period of Appointment: From time to time, the Executive Committee may recommend a period of appointment of less than two years. A limited appointment may be extended without completion of a new application and review required by these Bylaws provided that a reappointment application is completed and processed within two years. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.
- (d) Adverse Recommendation: An adverse Executive Committee recommendation shall entitle the applicant to the procedural rights provided in these Bylaws.
- (e) Deferral: Action by the Executive Committee to defer the application for further consideration shall be followed up at its next regular meeting or upon receipt of adequate information with its recommendations as to approval or denial of, or any special limitations on, staff appointment, staff category, prerogatives, department affiliation, and scope of clinical privileges.

1.8-8 **BOARD**

At its next regularly scheduled meeting and in accordance with the Banner Expedited Review Policy, the Board may adopt or reject, in whole or in part, a recommendation of the Executive Committee or refer the recommendation back to the Executive Committee 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 these Bylaws. Board action after completion of the procedural rights provided in the Bylaws or after waiver of these rights is effective as its final decision.

1.8-9 **VERIFICATION OF IDENTIFICATION**

Prior to practicing at BGMC each physician is required to present to the People Services Department to obtain a BGMC photo identification badge which has been verified by legible photo identification.

- a) The physician is required to present legible Federal/State government issues photo identification (i.e. drivers license, passport, etc)
- b) A physician must obtain a photo identification within 90 days of notification to People Services (or prior to practicing at BGMC, whichever comes first). The names of physicians who have not obtained identification will be provided to Medical Staff Services. Membership and privileges for these physicians will automatically expire per Section 6.6-13 of the Bylaws.

PART TWO - REAPPOINTMENT PROCEDURES

2.1 **INFORMATION COLLECTION AND VERIFICATION**

2.1-1 **FROM STAFF MEMBER**

- (a) Approximately 6 months prior to the expiration date of the current staff appointment, the Medical Staff Office or its agent shall send each staff member an application for

reappointment and notice of the date on which membership and privileges will expire. The application for reappointment must be submitted on the form approved by the Board. The application shall include information to demonstrate the member's continued compliance with the qualifications for medical staff membership and to update the member's credentials file.

- (b) Failure to return the satisfactorily completed forms shall be deemed a voluntary resignation from the staff and shall result in automatic termination of membership at the expiration of the current term unless such term is extended in writing for not more than 30-days by the department chairman.
- (c) The Medical Staff Office or its agent shall verify the information provided on the reappointment form and notify the staff member of any specific information inadequacies or verification problems. The staff member has the burden of producing adequate information and resolving any doubts about it.

2.1-2 **FROM INTERNAL SOURCES**

The Medical Staff Office shall collect relevant information since the time of the member's last appointment regarding the individual's professional and collegial activities, performance, clinical or technical skills and conduct in the Medical Center. Such information may include:

- (a) Findings from the performance review and utilization management activities;
- (b) Participation in relevant continuing education activities or other training or research programs at the Medical Center;
- (c) Level of clinical activity at the Medical Center;
- (d) Health status;
- (e) Timely and accurate completion of medical records;
- (f) Cooperativeness in working with other practitioners and hospital personnel;
- (g) General attitude toward and interaction with peers, patients and the Medical Center personnel and will include results from patient satisfaction and employee surveys as available; and
- (h) Compliance with all applicable Bylaws, department rules and regulations, and policies and procedures of the medical staff and Medical Center;

2.1-3 **FROM EXTERNAL SOURCES**

The Medical Staff Office shall collect relevant information since the time of the member's last appointment regarding the individual's professional and collegial activities, performance, clinical or technical skills and conduct. Such information may include:

- (a) Peer references.
- (b) National Practitioner Data Bank.
- (c) Professional Liability Insurance – current coverage and any malpractice claims history resulting in settlement or judgments.

- (d) Arizona Licensure – verification of current license to practice and sanctions against license, termination or restriction of licensure and any previously successful or currently pending challenges to licensure (voluntary or involuntary).
- (e) Board Certification status.
- (f) Continuing Medical Education.
- (g) Hospital Staff memberships and clinical privileges - for relevant professional experience and termination or restriction of membership or clinical privileges (voluntary or involuntary).
- (h) Medicare/Medicaid Sanctions.
- (i) DEA Certification.
- (j) Additional information from other databanks, including the NPDB, may be gathered by the Medical Staff Office or its agent, as required by the Executive Committee and/or regulatory agencies.

For individuals with Remote Membership, the Medical Staff Office shall verify that the member remains a member in good standing of another Banner medical staff with the privileges requested at the Medical Center. The Medical Staff Office shall maintain evidence of an internal review of the member's performance and send to the distant site information that is useful to assess the member's quality of care, treatment, and services for use in privileging and performance improvement. At a minimum, this information includes all adverse outcomes related to reviewable sentinel events that result from the telemedicine services provided, and complaints from patients, physicians and staff.

2.2 DEPARTMENT EVALUATION

The chairman of each department in which the staff member requests or has exercised privileges shall review the reappointment application and all supporting information and documentation, and evaluate the information for continuing satisfaction of the qualifications for staff appointment, the category of assignment and the privileges requested. The department report and recommendations shall be sent to the Executive Committee.

2.3 EXECUTIVE COMMITTEE ACTION

The Executive Committee shall review the member's file, the department reports, and any other relevant information available to it and either make a recommendation for reappointment or nonreappointment and for staff category, department assignment, and clinical privileges, or defer action for further consideration.

2.4 FINAL PROCESSING AND BOARD ACTION

Final processing of reappointments follows the procedure set forth in Sections 5.6-6 and 1.6-7. For purposes of reappointment, the terms "applicant" and "appointment" as used in those Sections shall be read respectively, as "staff member" and "reappointment".

2.5 TIME PERIODS FOR PROCESSING

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

2.6 REAPPOINTMENTS OF LIMITED DURATION

From time to time, the Executive Committee may recommend a period of reappointment of less than two years. These limited reappointments may be extended without completion of a new application and review required by these Bylaws provided that a reappointment application is completed and processed at least once every two years. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.

PART THREE - PROCEDURES FOR DELINEATING CLINICAL PRIVILEGES

3.1 PROCEDURE FOR DELINEATING PRIVILEGES

3.1-1 REQUESTS

Each application for appointment and reappointment must contain a request for the specific clinical privileges desired by the practitioner. Specific requests must also be submitted for modifications of privileges in the interim between reappointment periods.

3.1-2 SUPERVISION OR CONSULTATION

Whenever a practitioner requests clinical privileges not previously granted to the practitioner by the Board, the practitioner must arrange for the number and types of cases to be reviewed or observed as may be required in the department or section rules and regulations, unless a waiver of supervision or consultation has specifically been recommended by the department and the Executive Committee and approved by the Board. After the completion of such supervision or consultation, the practitioner may be granted unsupervised privileges.

3.1-3 PROCESSING REQUESTS

All requests for clinical privileges will be processed according to the procedures outlined in Parts I and II of this manual, as applicable.

3.1 CONSULTATION OR SUPERVISION

Requirements for consultation or supervision may be attached to any grant of privileges as a condition to the exercise of such privileges.

PART FOUR- LEAVE OF ABSENCE

4.1 LEAVE STATUS

A staff member may obtain a voluntary leave of absence for personal, family, health or educational reasons by giving written notice to the Chief of Staff through the applicable department chairman. The notice must state the approximate period of time of the leave which may not exceed one year. The written notice must include the specific reason(s) for the leave. During the period of the leave, the staff member's clinical privileges, prerogatives, and responsibilities, including payment of staff dues, are suspended. The request for such leave shall be transmitted to the Executive Committee which shall forward its recommendation on the request to the Board for final action. A member must cover or arrange for coverage for scheduled call responsibilities prior to being granted a leave.

4.2 REACTIVATION

The staff member must request reactivation by sending a written notice to the Medical Staff Office. The staff member must submit a written summary of relevant activities during the leave and, if the term of appointment has expired, must also complete an application for reappointment. The staff member must also provide evidence of current licensure, DEA registration, and liability insurance coverage. The procedures in Sections 1.6 of this manual shall be followed in evaluating and acting on the reactivation request. Failure to request reactivation of privileges after the two year maximum will be considered automatic expiration of privileges and a non-reviewable action.

4.3 PROCESS FOR REACTIVATION

Requests for reactivation must be approved by the Chairman of the applicable Department and the Chief of Staff, or their respective designee, and the Board before privileges may be

reactivated. If the term of appointment has expired, the application for reappointment shall be processed as set forth in Article 5 of these Bylaws.

PART FIVE - DELAYS, REAPPLICATIONS, AND REPORTING

5.1 DELAYS

All applications will be processed within a reasonable amount of time not to exceed 150 days from review by the Credentials Committee. However, any practitioner who believes that his or her request for membership and or privileges has been improperly delayed may request the Chief of Staff to investigate the reason for such delay. The Chief of Staff shall inform the practitioner of the reasons for the delay, if a delay has occurred, and shall notify the practitioner of the additional time expected to be necessary to act upon the practitioner's request.

5.2 REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION

Except as otherwise provided in the Bylaws or as determined by the credentials committee in light of exceptional circumstances, an applicant or staff member who has received a final adverse decision regarding appointment or reappointment or staff category, department assignment, or clinical privileges is not eligible to reapply to the medical staff or for the denied category, department, or privileges for a period of two years from the date of the notice of the final adverse decision. Any such reapplication will be processed in accordance with the procedures set forth in Section 1.6 of this manual. The applicant or staff member must submit such additional information as the medical staff and the Board may require in demonstration that the basis of the earlier adverse action no longer exists. If such information is not provided, the request will be considered incomplete and voluntarily withdrawn.

5.3 REQUESTS WHILE ADVERSE RECOMMENDATION IS PENDING

No applicant or staff member may submit a new application for appointment, reappointment, staff category, a particular department assignment, or clinical privileges while an adverse recommendation is pending. The Executive Committee shall not submit to the Board any additional recommendations regarding a practitioner while an adverse recommendation is pending.

5.4 REPORTING REQUIREMENTS

The Medical Center shall comply with any reporting requirements applicable under the Health Care Quality Improvement Act, including required reporting to the NPDB, and under the Arizona Revised Statutes. The Medical Center shall also comply with the Banner Sharing of Information Policy.

PART SIX - AMENDMENT & ADOPTION

6.1 AMENDMENT

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

6.2 ADOPTION

6.2-2 BOARD OF DIRECTORS

This Credentialing Procedures Manual was approved and adopted by the Banner Health Board of Directors on September 21, 2006.

Revised: June 21, 2007
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