

**DUPONT HOSPITAL  
FORT WAYNE, INDIANA**

**CREDENTIALS COMMITTEE  
PROCEDURE MANUAL**

**ADOPTED BY MEDICAL EXECUTIVE COMMITTEE**

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## PART I. APPOINTMENT PROCEDURES

### 1.1 Application Procedures (Active, Courtesy and Consulting Staff)

#### 1.1.A Pre-Application Procedures

Prior to receipt of an application for Active or Courtesy Staff privileges, a prospective applicant shall be required to complete a pre-application questionnaire of a form and nature to be determined by resolution of the Board of Directors of the Hospital. The prospective applicant shall submit such information as is requested in this form. Only in the event that the information supplied by the prospective applicant is deemed acceptable shall the prospective applicant be provided with an application form.

#### 1.1.B Application (Active, Courtesy and Consulting Staff)

An application for Staff membership must be submitted by the applicant. The application must be in writing and on such forms as designated by the Medical Executive Committee. Prior to the application being submitted, the applicant will be provided a copy of the Medical Staff Bylaws (hereinafter the "Bylaws") and the Rules and Regulations of the Medical Staff. The applicant shall acknowledge in writing his responsibility to review the Bylaws prior to submitting an application.

### 1.2 Application Content (except for Affiliate Staff (see 1.2.L below))

Every application must furnish complete information concerning the following:

- 1.2.A Postgraduate training, including the name of each institution, degrees granted, programs completed, dates attended, and names of practitioners responsible for the applicant's performance;
- 1.2.B All currently valid medical, dental or other professional licensure or certifications, and Drug Enforcement Administration registration, and Indiana Controlled Substances Certificate, with the date and number of each;
- 1.2.C Specialty or subspecialty board qualification, certification and recertification;
- 1.2.D Any occupationally relevant physical or behavioral impairment that interferes with, or presents a substantial probability of interfering with, the obligations and responsibilities of the practitioner as described in the Bylaws, this manual and all other manuals of the Hospital or the Medical Staff;
- 1.2.E Professional liability insurance coverage, or other evidence of financial responsibility for professional liability, and information on malpractice claims history and experience (suits and settlements made, concluded and pending) during the past five years, including the names of present and past insurance carriers. Such proof shall be evidenced by submitting a certificate of insurance or other evidence of coverage. If an insurance policy covers more than one individual, then the certificate of insurance shall name each individual (not position) who is covered by that particular policy.
- 1.2.F The nature and specifics of any pending or completed action involving denial, revocation, suspension, reduction, limitation, probation, non-renewal or voluntary relinquishment, by resignation or expiration, of:
  - (1) License or certificate to practice any profession in any state or country;
  - (2) Drug Enforcement Administration (DEA), Indiana Controlled Substances Registration, or other controlled substances registration;

- (3) Membership or fellowship in local, state or national professional organization;
- (4) Specialty or subspecialty board certification or qualification;
- (5) Faculty membership at any medical or other professional school;
- (6) Staff membership status and clinical privileges at any other hospital, clinic or health care institution at which privileges have been or are currently held, including information on voluntary or involuntary reduction, limitation or loss of privileges at these institutions.
- 1.2.G Location of offices; names and addresses of other practitioners with whom the applicant is or was associated and inclusive dates of such association; names and location of any other hospital, clinic, or health care institution or organization where the applicant provides or provided clinical services with the inclusive dates of each affiliation;
- 1.2.H Clinical service assignment, Staff category and specific clinical privileges requested, along with documentation supporting the granting of requested privileges;
- 1.2.I Any current felony criminal charges pending against the applicant and any past charges including their resolution; and
- 1.2.J Notification of the applicant of the scope and extent of the authorization, confidentiality, immunity and release provisions of the Bylaws and the Credentials Committee Procedures Manual, which are contained in the above, shall be considered met with mailing of or other method of delivery of the documents referred to in this manual.
- 1.2.K The applicant shall provide a valid picture ID issued by a state or federal agency (e.g., drivers license or passport), and a valid email address.
- 1.2.L Each application for Affiliate Staff membership must include only the following:
  - (a) Documentation of professional liability insurance as described in Section 3.2.E of the Bylaws; and
  - (b) A true and accurate copy of the practitioner's license to practice in the State of Indiana as a medical doctor, doctor of osteopathy, doctor of podiatry or doctor of dentistry.

### 1.3 References (except for Affiliate Staff)

The application must include the names of three individuals who have personal knowledge of the applicant's current clinical ability, ethical character and ability to work cooperatively with others, who will provide specific written, substantive comments on these matters upon request from Hospital or Medical Staff authorities. The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time, and at least one must have had organizational responsibility for supervision of his performance, e.g., clinical service chair, section chief, training program director. This information should include a statement on the applicant's current competence based upon quality assurance studies that would clearly document his experience, results of treatment, etc.

#### 1.4 Effect of Application

The applicant must sign the application, and in so doing:

- 1.4.A Attests to the correctness and completeness of all information furnished;
- 1.4.B Signifies his willingness to appear for interviews in connection with his application;
- 1.4.C Agrees to abide by the terms of the Bylaws, rules and regulations, policies, and procedure manuals of the Medical Staff and those of the Hospital if granted membership and/or clinical privileges, and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not membership and/or privileges are granted;
- 1.4.D Agrees to maintain an ethical practice and to provide continuous care to his patients;
- 1.4.E Authorizes and consents to the Hospital's consultation with prior associates or others who may have information bearing on professional or ethical qualifications and competence, and consents to their inspecting all records and documents that may be material to evaluation of said qualifications and competence;
- 1.4.F Releases from any liability all those who, in good faith and without malice, review, act on, or provide information regarding the applicant's competence, professional ethics, character, health status and other qualifications for Staff appointment and clinical privileges.

#### 1.5 Processing the Application

##### 1.5.A Applicant's Burden

The applicant has the burden of producing adequate information for a proper evaluation of his/her experience, training, current competence, demonstrated ability, and health status. The applicant must resolve any doubts about these or any of the qualifications required for Staff membership, the requested Staff category assignment, or clinical privileges. In addition, the applicant must satisfy any reasonable requests for information or clarification, including health examinations, made by the Medical Executive Committee or other appropriate Staff or Board authorities. If the applicant fails to provide all information requested, the application will be treated as void, and the applicant will have no due process rights.

##### 1.5.B Verification of Information

The completed application is submitted to the Medical Staff Office. That office collects or verifies the references, licensure and other qualifications evidence submitted, and requests information as required from the National Practitioner Data Bank, and promptly notifies the applicant of any problems in obtaining the information. Upon such notification, it is the applicant's obligation to obtain the required information. When collection and verification are accomplished, the Medical Staff Office transmits the application and all supporting materials to the chair of each clinical service in which the applicant seeks privileges. During the initial appointment process, the hospital shall not routinely perform criminal checks unless circumstances otherwise dictate.

## 1.6 Clinical Service Action

The chairman of each clinical service in which the applicant seeks privileges reviews the application within 30 days and its supporting documentation and forwards to the Credentials Committee a report evaluating the evidence of the applicant's training, experience, and demonstrated ability. This report shall state the clinical service chair's recommendation as to approval or denial of, and any special limitations on staff appointment, category of Staff membership and prerogatives, clinical service affiliation, and scope of clinical privileges.

A clinical service chair may also conduct an interview with the applicant. If the clinical service chair requires further information about an applicant, he/she may defer transmitting his report, but the deferral must not exceed 30 days from the time the information was made available. In case of a deferral, the clinical service chair must notify the applicant, the President of the Staff, and the Chief Executive Officer in writing of the deferral and the grounds thereof.

## 1.7 Credentials Committee Action

The Credentials Committee reviews the application, the supporting documentation, the reports from the clinical service chair, and any other relevant information available to it. The chair may interview the applicant if he deems it necessary to obtain further information. The Credentials Committee then transmits to the Medical Executive Committee its written report and recommendations as to approval or denial of, any special limitations of Staff appointment, category of Staff membership and prerogatives, clinical service affiliation, and scope of clinical privileges. If the Credentials Committee requires further information about an applicant, it may request the applicant to appear before the committee. Notification by the Chief Executive Officer through the Medical Staff Office shall be promptly given to the applicant if the Credentials Committee requires further information about the applicant or if the committee's report to the Medical Executive Committee is considered adverse; provided, that no such adverse recommendation by the Credentials Committee shall entitle the applicant to the due process rights described in Article X of the Bylaws. A Credentials Committee deferral shall not exceed thirty days and in all cases would require notification of the President of Staff, the Chief Executive Officer and the applicant, stating in writing the reasons for the deferral.

## 1.8 Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the clinical service chair, , and Credentials Committee and any other relevant information available to it. The Medical Executive Committee defers action on the application or prepares a written report with recommendations as to approval or denial of, or any special limitations on Staff appointment, category of Staff membership and prerogatives, clinical service affiliation, and scope of clinical privileges.

### 1.8.A Effect of Medical Executive Committee Action

#### (1) Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up in a timely manner with subsequent recommendations as to approval or denials of, or any special limitations on Staff appointment, category of Staff membership and prerogatives, clinical service affiliation, and scope of clinical privileges. The Chief Executive Officer through the Medical Staff Office promptly sends the applicant written notice of an action to defer.

(2) Favorable Recommendation

When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the Medical Executive Committee promptly forwards it, together with supporting documentation, to the Board.

(3) Adverse Recommendation

When the Medical Executive Committee's recommendation to the Board is adverse to the applicant, the Chief Executive Officer, through the Medical Staff Office, immediately so informs the applicant by special notice, and the applicant is then entitled to the procedural rights as provided in Article X of the Bylaws. An "adverse recommendation" by the Medical Executive Committee is defined as a recommendation to deny appointment, requested staff category, requested clinical service assignment, or to deny or restrict requested clinical privileges.

1.9 Board's Action

- (1) 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 Medical Executive Committee, stating the reasons for such referral back and setting a time limit within which subsequent recommendation must be made.

If the Board's decision is adverse to the applicant, the Chief Executive Officer, through the Medical Staff Office, immediately so informs the applicant by special notice, and the applicant is then entitled to the procedural rights as provided in Article X of the Bylaws.

- (2) When the Board has reached its final decision, the Chief Executive Officer, through the Medical Staff Office, by written notice, shall promptly inform the applicant of that decision.

Notice of the Board's final decision is also given by the Chief Executive Officer through the Medical Staff Office to the Medical Executive Committee, and to the chair of each clinical service concerned.

A decision and notice to appoint includes:

- (a) The Staff category to which the applicant is appointed;
- (b) The clinical service to which he is assigned;
- (c) The clinical privileges he may exercise; and
- (d) Any special conditions attached to the appointment.

(3) Adverse Board Action

"Adverse action" by the Board means action to deny, in full or in part, appointment, requested Staff category, requested clinical service or section assignment. (Revocation or suspension of Staff membership, denial of appointment or reappointment, termination or significant reduction of clinical privileges, resignation resulting from disciplinary action).

- (a) Report of adverse Board action shall be given by the Chief Executive Officer through the Medical Staff Office to the Indiana Medical Licensing Board, as required by Indiana Statute IC 16-10-1-6.5(b), and to the

## National Practitioner Data Bank.

### 1.10 Reapplication After Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment, Staff category, clinical service or section assignment or clinical privileges is not eligible to reapply to the Medical Staff or for the denied category, clinical service, section or clinical privileges for a period of three years. Any such reapplication is processed as an initial application, and the applicant must submit such additional information as the Staff or the Board may require in demonstration that the basis for the earlier adverse action no longer exists.

### Special Appointment Issues

Appointment to the Affiliate Staff shall be based upon information provided by a practitioner's primary practice institution concerning the practitioner's Staff membership, licensing and malpractice insurance. Applicants for appointment/reappointment to the Affiliate Staff shall be exempted from the requirements of Part I of this Manual so long as the information provided by the practitioner's primary practice institutions, in the judgment of the Credentials Committee, sufficient to permit evaluation of the practitioner's credentials. Should an Affiliate Staff member seek appointment to the Active, Courtesy or Consulting Staff, the full credentialing process, including the requirements of Part I of this Manual shall apply.

## PART II. REAPPOINTMENT PROCEDURES

### 2.1 The schedule for the reappointment process shall be as follows, in even numbered years:

March	Anesthesiology, Dentistry, Emergency Medicine, Pathology, Radiology
May	Obstetrics/Gynecology, Pediatrics, Cardiovascular
July	Medicine (includes all sections/subspecialties)
September	Family Practice, Psychiatry
November	Surgery (includes all sections/subspecialties)

### 2.2 Information Collection and Verification

#### 2.2.A From Staff Member

At least 90 days prior to the date of expiration of current privileges, the member (except for Affiliate Staff members, who shall update the documentation required under 1.2.L of this Manual) shall furnish in writing:

- (1) Complete information to update his file on the items listed in Subpart 1.2 of this manual;
  - (a) Continuing education activities during the past two years, including 40 hours of category I CME as they specifically apply to the privileges requested by the applicant and as established by the Medical Staff and/or clinical services. Also, achievement of initial board certification or recertification during the applicable two-year period shall be considered adequate;
  - (b) Current valid medical, dental, or other professional licensure or certifications as applicable, and Drug Enforcement Administration registration and Indiana Controlled Substances Cer-

- tificate with the expiration date and number of each;
- (c) Specialty or subspecialty Board qualification, certification and/or recertification, including documented evidence of any change in certification;
  - (d) Health impairments, if any, affecting the applicant's ability in terms of skill, attitude, or judgment to perform professional and Medical Staff duties fully.
  - (e) Professional liability insurance coverage, or other evidence of financial responsibility for professional liability, and information on malpractice claims history and experience (suits and settlements made, concluded, and pending) during the past two years, including the names of present and past insurance carriers;
  - (f) The nature and specifics of any pending or completed action involving denial, revocation, suspension, reduction, limitation, probation, non-renewal or voluntary relinquishment, by resignation or expiration, of:
    - (1) License or certificate to practice any profession in any state or country;
    - (2) Drug Enforcement Administration (DEA), Indiana Controlled Substances Registration Certificate (CSRC), other controlled substances registration;
    - (3) Membership or fellowship in local, state or national professional organization;
    - (4) Specialty or subspecialty board certification or eligibility;
    - (5) Faculty membership at any medical or other professional school;
    - (6) Staff membership status and clinical privileges at any other hospital, clinic or health care institution at which privileges have been or are currently held. Applicants who do not have an active practice at Dupont Hospital of sufficiency to judge their current competence, ability, and quality assurance activities, etc., should provide information from the hospital at which the majority of their practice is performed. This should include statements from the Chief Executive Officer and/or the department chief as to information from their quality assurance department which would provide adequate information as to their ability, current competence, etc.
  - (g) Location of offices (if changed since last credentialing); names and addresses of other practitioners with whom the applicant is or was associated and the inclusive dates of such associations (if changed since last credentialing); names and locations of any other hospital, clinic, or health care institution or any organization where the applicant provides or provided clinical

services with the inclusive dates of each affiliation (if changes since last credentialing);

- (h) Clinical service assignment, Staff category and specific clinical privileges requested;
  - (i) Any current felony criminal charges pending against the applicant and any past charges including their resolution; and,
  - (j) Notification of the applicant of the scope and extent of the authorization, confidentiality, immunity and release provisions of the Bylaws and the Credentials Committee Procedures Manual, which are contained in the above, shall be considered met with mailing of or other methods of delivery of the documents referred to in this manual.
- (2) Continuing training and education external to the Hospital during the preceding period;
  - (3) Specific request for the clinical privileges sought on reappointment, with documentation for any basis for changes; and,
- (4) Requests for changes in Staff category or clinical service assignments;
- (5) Statement of reference (from colleague practicing same specialty) attesting that the applicant has adequate health status and current clinical competence to perform the privileges requested.
  - (6)
  - (6) Current email address.

Failure, without good cause, to provide this information is deemed a voluntary resignation from the Staff and results in automatic termination of membership at the expiration of the current term. A practitioner whose membership is so terminated is entitled to the procedural rights provided in Article X of the Bylaws for the sole purpose of determining the issue of good cause.

The Credentials Committee verifies this additional information, and notifies the Staff member of any information inadequacies or verification problems. The Staff member then has the burden of producing adequate information and resolving any doubts about the data.

If the applicant has not been regularly involved in the activities of the Hospital, his/her status shall be modified to that of Courtesy Staff. The term “regularly involved” means:

Care and treatment of at least 24 patients per biennial reappointment period as measured by patient contacts, which are defined as admissions, discharges, consultations, daily rounds, procedures (inpatient or outpatient), anesthetic administrations, and/or evaluations and services performed in the Emergency Department.

#### 2.2.B From Internal Sources

The Medical Staff Office collects for each Staff member's credentials and peer review file all relevant information regarding the individual's professional and collegial activities, performance, and conduct in this Hospital. Such information shall include, without limitation, patterns of care as demonstrated in the findings of quality assurance activities, participation in relevant continuing education activities, ; timely and accurate completion of medical records; compliance with all applicable Bylaws, policies, rules and regulations,

and procedures of the Hospital and Staff. This information should also include a recommendation from the chair of the clinical service or services to which the applicant is seeking reappointment privileges, which should include a statement as to the applicant's level of current competence, as well as to the individual's judgment and citizenship performance at the Hospital.

#### 2.2.C From External Sources

As required by the Health Care Quality Improvement Act of 1986, the National Practitioner Data Bank will be queried at each reappointment time for information pertaining to the applicant. During the reappointment process, the hospital shall not routinely perform criminal checks unless circumstances otherwise dictate.

#### 2.3 Effect of Application

The applicant must sign the application, and in so doing:

- (1) Attests to the correctness and completeness of all information furnished;
- (2) Signifies his willingness to appear for interviews in connection with his application;
- (3) Agrees to abide by the terms of the Bylaws, rules and regulations, policies, and procedure manuals of the Medical Staff and those of the Hospital if granted membership and/or clinical privileges, and to abide by the terms thereof in all matters relating to consideration of the application without regard to whether or not membership and/or privileges are granted;
- (4) Agrees to maintain an ethical practice and to provide continuous care to his patients;
- (5) Authorizes and consents to Hospital representatives' consulting with prior associates or others who may have information bearing on professional or ethical qualifications and competence, and consents to their inspecting all records and documents that may be material to evaluation of said qualifications and competence;
- (6) Releases from any liability all those who, in good faith and without malice, review, act on or provide information regarding the applicant's competence, professional ethics, character, health status and other qualifications for Staff appointment and clinical privileges.

#### 2.4 Clinical Service Action

Each chairman of a clinical service in which the Staff member requests or has exercised privileges reviews the member's file and forwards to the Credentials Committee a written report, including a statement as to whether or not he knows of or has observed or been informed of any conduct which indicates significant present or potential physical or behavioral problems affecting the practitioner's ability to perform professional and Medical Staff duties appropriately and with recommendations for reappointment or nonreappointment and for Staff category, clinical service and clinical privileges.

#### 2.5 Credentials Committee Action

The Credentials Committee reviews the report of the clinical service chairs and any other information it deems necessary, and forwards to the Medical Executive Committee a written report with recommendations for reappointment or nonreappointment and for Staff category, clinical service assignment, and clinical privileges.

## 2.6 Medical Executive Committee Action

The Medical Executive Committee reviews the Credentials Committee's recommendations and defers action on the reappointment or prepares a written report to the Board with recommendations for reappointment or non-reappointment and for Staff category, clinical service assignment, and clinical privileges.

## 2.7 Final Processing

Final processing of reappointments follows the procedure set forth in Part I. For purposes of reappointment, an "adverse action" by the Board or as used in those sections means a recommendation or action to deny reappointment; to deny a requested change in Staff category or clinical service; to change without the Staff member's consent his Staff category, clinical service; or to deny or restrict requested clinical privileges. The terms "applicant" and "appointment" as used in those sections shall be read respectively as "Staff member" and "reappointment".

## 2.8 Bases for Recommendation and Action

The report of each individual or group required to act on a reappointment shall state the reasons for each recommendation made or action taken, with specific reference to the Staff member's credentials file and all other documentation considered. Any dissenting views at any point in the process must also be reduced to writing, supported by reasons and references and transmitted with the majority report.

## 2.9 Time Periods for Processing

Transmittal of the notice to a Staff member and his providing updated information is to be carried out in accordance with Section 2.1.A of this manual. Thereafter and except for good cause, all persons and groups required to act must complete such action so that all reappointment reports and recommendations are transmitted to the Medical Executive Committee and in turn to the Board prior to the expiration date of Staff membership of the member whose reappointment is being processed.

The time periods specified are to guide the acting parties in accomplishing their tasks. If reappointment processing has not been completed by an appointment expiration date, through no fault of the Staff member, the member maintains his current membership status and clinical privileges until the time that processing is completed, unless corrective action is taken with respect to all or any part thereof. If the delay is attributable to the practitioner's failure to provide information required by Section 2.1.A, his Staff membership terminates on the expiration date as provided in Section 2.1.A unless explicitly extended by the Board. An appointment extension does not create a right of automatic reappointment for the coming term.

## 2.10 Requests for Modification of Membership Status or Privileges

A Staff member may, either in connection with reappointment or at any other time, request modification of his Staff category, clinical service or section assignment, or clinical privileges by submitting a written application or letter to the Chairman of the Credentials Committee on the prescribed form. Such applications shall be processed in the same manner as an application for reappointment.

## PART III. SYSTEMS AND PROCEDURES FOR DELINEATING CLINICAL PRIVILEGES

### 3.1 Levels of Clinical Privileges

Clinical privileges at this Hospital will be granted at the levels indicated below to practitioners demonstrating specific qualifications for the exercise of privileges at those levels.

### 3.2 Core Privileges

#### 3.2.A Defined

This system recognizes that the combination of an applicant's completion of an approved residency training program, recent direct or indirect experience and references submitted from physicians who have had the opportunity to observe the applicant's practice form the basis for determining competence.

#### 3.2.B Eligibility

To be eligible for Core Privileges, a practitioner must be certified, or qualified for certification, by the specialty or subspecialty board within which the particular procedure or condition falls, or must provide evidence of a comparable degree of competence based on equivalent training and extensive experience; and, in either case, the practitioner must demonstrate the ability, skill and judgment requisite to the exercise this level core set of privileges.

### 3.3 Special Requests

#### 3.3.A Defined

Privileges that are considered Special Requests mean the practitioner may perform the particular surgical or special procedure, or may treat the particular medical condition or problem, when the minimum threshold criteria have been met.

#### 3.3.B Eligibility

To be eligible for a privilege that is considered a Special Request, a practitioner must be certified, or qualified for certification, by the specialty or subspecialty Board within which the particular procedure or condition falls, or must provide evidence of a comparable degree of competence based on equivalent training and extensive experience; and, in either case, the practitioner must demonstrate the ability, skill and judgment required to the exercise of this level of privileges.

### 3.4 Consultation

Special requirements for consultation as a condition to the exercise of particular privileges may be attached to any grant of privileges at any level, in addition to requirements for consultation in specified circumstances provided for in the Bylaws, or in the rules and regulations and policies of the Staff or any of its clinical units, or the Hospital.

### 3.5 Clinical Service Responsibility

To implement this method for granting clinical privileges, each clinical service must define, in writing, the various levels for the procedures, conditions and problems that fall within its clinical area. These definitions must be approved by the Credentials Committee and the Medical Executive Committee and by the Board, must be periodically reviewed and revised and must form the basis for clinical service and/or section clinical privileges recommendations.

### 3.6 Procedure for Delineating Privileges

#### 3.6.A Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant or Staff member. Specific requests must also be submitted for temporary privileges and for modifications of privileges, including reductions, in the interim between reappraisals.

#### 3.6.B Processing Requests

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

## PART IV. PROVISIONAL PERIOD PROCESS

### 4.1 Provisional Period Requirements

4.1.A Between 12 and 18 months after a practitioner's initial appointment to the Staff, the Medical Staff Office will bring the practitioner's name before the Credentials Committee for consideration of conclusion of the provisional period. The Credentials Committee shall review the practitioner's QA file and may request and consider letters:

- (1) From a member of the Active Staff in good standing, attesting that by observing performance, the practitioner has demonstrated his qualifications for Staff membership and clinical privileges and for his Staff category, that he has not abused his prerogatives and that he has discharged his membership obligations;
- (2) From a peer reference (colleague in the same specialty) to attest to the applicant's current clinical competence and health status;
- (3) From the chairman of each clinical service(s) in which he/she was granted initial or increased clinical privileges, that the practitioner has satisfactorily demonstrated his ability to exercise those privileges;

If the applicant has not been regularly involved in the activities of the Hospital, his/her status shall be modified to that of Courtesy Staff. The term "regularly involved" means:

Care and treatment of at least 12 patients per provisional period as measured by patient contacts, which are defined as admissions, discharges, consultations, daily rounds, procedures (inpatient or outpatient), anesthetic administrations, and/or evaluations and services performed in the Emergency Department.

#### 4.1.B Action Required

The Credentials Committee considers the information available to it and determines whether there is any reason why the provisional period should not be concluded favorably. If not, the provisional period is concluded. Otherwise, the Credentials Committee prepares a written report with recommendations and supporting documentation for transmittal to the Medical Executive Committee. For purposes of concluding the provisional period, an "adverse recommendation" by the Medical Executive Committee or the Board means a recommendation or action to change, without the Staff member's consent, his clinical service assignment; to reduce Staff category assignment without his consent; or to deny or restrict requested clinical privileges. The terms "applicant" and "appointment" as used in those sections shall be read respectively as "Staff member" and conclusion of the provisional period.

#### 4.2 Procedural Rights

Whenever a provisional period expires without favorable conclusion for the practitioner, the practitioner's staff appointment shall automatically terminate. The Chief Executive Officer, through the Medical Staff Office, will provide the practitioner with special notice of the adverse result and of his entitlement to the procedural rights provided in the Bylaws, Article X.

### PART V. LEAVE OF ABSENCE

- 5.1 Any Staff member experiencing an illness of such severity that requires his/her absence from clinical practice for over sixty (60) days, must upon return from said absence present evidence in the form of a statement by his/her attending physician that he/she is physically able to perform all clinical privileges previously granted or the exceptions thereof.
- 5.2 The Medical Executive Committee may consider requests for leaves of absence for other reasons (protracted foreign missionary service, additional specialty training, etc.), and may grant such leaves provided that, if the duration of the leave extends beyond the practitioner's next reappointment date, reappointment must be accomplished prior to the practitioner's return to the Staff.

### PART VI. PRACTITIONERS PROVIDING CONTRACTUAL PROFESSIONAL SERVICES

#### 6.1 Exclusivity Policy

In recognition of the Hospital's policy that certain Hospital facilities will be used on an exclusive basis in accordance with contracts between the Hospital and qualified practitioners, such that other Staff members must, except in emergency or life-threatening circumstances, adhere to this exclusivity policy in arranging for the care of their patients, applications for initial appointment or for clinical privileges related to those Hospital facilities and services designated as subject to the Hospital's exclusivity policy will not be accepted for processing unless submitted in accordance with an existing or proposed contract with the Hospital.

#### 6.2 Qualifications

A practitioner who is or who will be providing specified professional services pursuant to a contract with the Hospital must meet the same membership qualifications, must be processed for appointment, reappointment and clinical privileges in the same manner, and must fulfill all of the obligations of his membership category as any other applicant or Staff member.

#### 6.3 Effect of Staff Membership Termination

Because practice at the Hospital is always contingent upon continued Staff membership and is also constrained by the extent of clinical privileges enjoyed, a practitioner's right to use Hospital facilities is automatically terminated when Staff membership expires or is terminated. Similarly, the extent of his clinical privileges is automatically limited to the extent that pertinent clinical privileges are diminished.

6.4 Effect of Contract Expiration or Termination

6.4.A The effect of expiration or other termination of a contract upon a practitioner's Staff membership status and clinical privileges will be governed solely by the terms of the practitioner's contract with the Hospital.

6.4.B If the contract is silent on the matter or if there is no written contract, then contract expiration or other termination alone will not affect the practitioner's Staff membership status or clinical privileges, except that the practitioner may not thereafter exercise any clinical privileges for which exclusive contractual arrangements have been made.

PART VII. APPOINTMENT PROCEDURE FOR ALLIED HEALTH PROFESSIONALS

7.1 Application and Application Content

Applications for allied health professionals must be submitted jointly by the applicant and the practitioner-sponsor. The sponsor agrees that the allied health professional will be under his/her direction at all times and assumes full responsibility for his/her actions in dealing with patients. Each such application shall contain the information described in Subpart 7.2, as well as the following:

- (1) A copy of the applicant's current license (if applicable);
- (2) A copy of a current certificate of malpractice insurance in a form acceptable to the Hospital and in an amount sufficient to qualify the applicant as a health care provider under the Indiana Medical Malpractice Act (I.C. 16-9.5-1-1 et seq.)

7.2 References

The application must include the names of two individuals, one of whom is a physician other than the applicant's sponsor and another of whom must be a peer. The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time.

7.3 Effect of Application

The practitioner-sponsor and the applicant must sign the application, and in so doing agree to abide by Sections 1.4.A through 1.4.F of this manual.

7.4 Processing the Application

7.4.A Applicant's and Practitioner-Sponsor's Burdens

The practitioner-sponsor and the applicant have the burden of producing adequate information for a proper evaluation of the applicant's experience, training, demonstrated ability, and health status, and of resolving any doubts about these or any of the qualifications required for the services to be provided, and of satisfying any reasonable requests for information or clarification, including health examinations, as made by appropriate Staff or Board authorities.

7.4.B Verification of Information

As set out in Section 1.5.B, except that the practitioner-sponsor will also be notified by the Medical Staff Office of any problems in obtaining information.

7.5 Clinical Service Action

- (1) The chair of each clinical service in which the applicant's sponsor has

privileges reviews the application and its supporting documentation against written guidelines for the performance of specified services. It is the responsibility of the Medical Executive Committee with input, where applicable, from the physician chair of the clinical service involved to develop the written guidelines for the performance of specified services by allied health professionals. For each category of allied health professionals, such guidelines must include, without limitation:

- (a) Specification that services may only be provided for patients of the allied health professional's sponsor;
  - (b) A description of the services to be provided and procedures to be performed, including the equipment or special procedures or protocols that specific tasks may involve; responsibility for charting services provided in the patient's medical record; and,
  - (c) Definition of the degree of assistance that may be provided by an allied health professional in the treating of patients on Hospital premises and any limitations thereon, including the degree of practitioner supervision required for each service.
- (2) A clinical service chair may also, at his discretion, conduct an interview with the applicant.

#### 7.6 Credentials Committee Action

As stated in Section 1.7, except that the practitioner-sponsor and the allied health professional may be requested to appear before the Credentials Committee prior to the Credentials Committee's recommendations being forwarded to the Medical Executive Committee and the Board. Any required notifications are sent to the practitioner-sponsor and the allied health professional applicant.

#### 7.7 Medical Executive Committee Action

The Medical Executive Committee, at its next regular meeting, reviews the application, the supporting documentation, the reports and recommendations from the clinical service chairs, and Credentials Committee, and any relevant information available to it. The Medical Executive Committee then recommends to the Board that the application either be accepted or denied.

##### 7.7.A Effect of Medical Executive Committee Action

(1) Deferral

As in Section 1.8.A (1) except the practitioner-sponsor is also notified of action to defer.

(2) Favorable recommendation

When the Medical Executive Committee's recommendation is favorable to the applicant in all respects, the Medical Executive Committee promptly forwards it, together with supporting documentation, to the Board.

(3) Adverse Recommendation

When the Medical Executive Committee's recommendation is adverse to the applicant, the Chief Executive Officer, through the Medical Staff Office, shall provide written notice to the practitioner-sponsor and the applicant.

7.8 Board's Action

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 Medical Executive Committee, stating the reasons for such referral back and setting a time limit within which subsequent recommendation must be made.

When the Board has reached its final decision, the Chief Executive Officer, through the Medical Staff Office, by written notice, shall promptly inform the applicant and the practitioner-sponsor of that decision.

If the Board's decision is adverse to the applicant, the Chief Executive Officer, through the Medical Staff Office, immediately so informs the applicant and the practitioner-sponsor by special notice. The applicant is not entitled to the procedural rights as provided in Article X of the Bylaws.

7.9 Temporary Status

There are no provisions for temporary privileges for Allied Health Professionals.

Annual Review Process

Each allied health professional must submit the following information to the Medical Staff Office annually:

AHP scope of practice form  
Physician sponsor evaluation  
Peer reference evaluation  
Safety acknowledgement

The Medical Staff Office also collects for each AHP's credential file all relevant information regarding the individuals conduct in the hospital. Such information shall include, without limitation, patterns of care as demonstrated in the findings of quality assurance activities and compliance with all applicable policies and procedures of the Hospital and Staff.

The review process will follow Section 7.5-8.

PART VIII. AMENDMENT

8.1 Amendment

This Credentials Committee Procedures Manual may be amended or repealed, in whole or in part, by one of the following mechanisms:

8.1.A A resolution of the Medical Executive Committee recommended to and adopted by the Board; or,

8.1.B A resolution of the Medical Staff and confirmed by the Medical Executive Committee, and approved by the Board.

8.2 Responsibilities and Authority

The procedures outlined in the Bylaws and Hospital Corporate Bylaws regarding Medical Staff responsibility and authority to formulate, adopt, and recommend the Bylaws and amendments thereto, and the circumstances under which the Board may resort to its own initiative in accomplishing those functions apply as well to the formulation, adoption and amendment to this Credentials Committee Procedures Manual.

PART IX. REPORTING TO INDIANA MEDICAL LICENSING BOARD AND NATIONAL PRACTITIONER DATA BANK

9.1 Reporting

9.1.A Indiana Medical Licensing Board

The governing board shall report, in writing, to the Indiana Medical Licensing Board the results and circumstances of any final, substantive, and adverse disciplinary action taken by the governing board regarding a physician on the Medical Staff, or an applicant for the Medical Staff, if the action results in voluntary or involuntary resignation, termination, nonappointment, revocation or significant reduction of clinical privileges or Staff membership. Such a report shall not be made for nondisciplinary resignations or for minor disciplinary action taken regarding physicians. The governing board and its employees, agents, consultants, and attorneys have absolute immunity from civil liability for communications, discussions, actions taken and report made concerning disciplinary action or investigation taken or contemplated, if such reports or actions are made in good faith and without malice.

9.1.B National Practitioner Data Bank

Information as required by the Health Care Quality Improvement Act of 1986 is reported as prescribed by law to the National Practitioner Data Bank.

Approved by the Medical Executive Committee on: November 5, 2007

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Chairman, Medical Executive Committee

Approved by the Board of Directors on: November 13, 2007

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Chairman, Board of Directors