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## **MEDICAL STAFF BYLAWS**

### **PART II: CREDENTIALS PROCEDURES**

#### **Davis Memorial Hospital**

# CREDENTIALS PROCEDURE MANUAL

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## **PART II: CREDENTIALS POLICY AND PROCEDURE MANUAL**

### **SECTION 1: CREDENTIALS COMMITTEE**

- 1.1 Composition: Membership of the Credentials Committee shall consist of at least five (5) members of the active medical staff. The President of the Staff will appoint the chair and other members. Members will be appointed for three (3) year terms with the initial terms staggered such that approximately one third of the members will be appointed each year. The chair will be appointed for a three (3) year term. The chair and members may be reappointed for additional terms without limit. Any member of the Credentials Committee, including the chair, may be relieved of his/her committee membership by a two-thirds vote of the Medical Executive Committee (MEC). Service on this committee shall be considered as the primary medical staff obligation of each member of the committee and other medical staff duties shall not interfere. The Credentials Committee may also include ex-officio members such as representatives from the hospital administration, and the board.
- 1.2 Meetings: The Credentials Committee shall meet on call of the chair or the president.
- 1.3 Responsibilities: The responsibilities of the Credentials Committee are as follows:
  - 1.3.1 To review and recommend action on all applications and reapplications for membership and status on the Davis Memorial Hospital medical staff.
  - 1.3.2 To review and recommend action on all requests for privileges for practitioners granted clinical privileges at Davis Memorial Hospital.
  - 1.3.3 To recommend eligibility criteria for the granting of medical staff membership and clinical privileges for Davis Memorial Hospital.
  - 1.3.4 To develop, recommend, and consistently implement policy and procedures for all credentialing activities at Davis Memorial Hospital.
  - 1.3.5 To review, and where appropriate take action on, reports that are referred to it from other medical staff committees, medical staff or hospital leaders;
  - 1.3.6 To perform such other functions as requested by the MEC.
- 1.4 Confidentiality: This committee shall function as a peer review committee consistent with federal and state law. All members of the Credentials Committee shall, consistent with the medical staff and hospital confidentiality policies, keep in strict confidence all papers, reports, and information obtained by virtue of membership on the committee.

## SECTION 2: QUALIFICATIONS FOR MEMBERSHIP

- 2.1 No practitioner shall be entitled to membership on the medical staff or to clinical privileges merely by virtue of licensure, membership in any professional organization, or privileges at any other healthcare organization.
- 2.2 The following qualifications must be met by all applicants for appointment to the medical staff before an application will be processed:
  - 2.2.1 Demonstrate that he/she has successfully graduated from an approved school of medicine, osteopathy, dentistry or podiatry.
  - 2.2.2 Have a current unrestricted license as a physician or dentist required for the practice of his/her profession within the state of West Virginia.
  - 2.2.3 Possess a current, valid unrestricted drug enforcement administration (DEA) number, if applicable.
  - 2.2.4 Demonstrate recent clinical performance and competence within the last twelve (12) months with an active clinical practice in the area in which clinical privileges are sought, for purposes of ascertaining current clinical competence.
  - 2.2.5 Provide evidence of skills to provide a type of service that the board has determined to be appropriate for performance within the hospital and for which a need exists.
  - 2.2.6 Provide evidence of professional liability insurance of a type and in an amount established by the board.
  - 2.2.7 Have a record that is free from current Medicare/Medicaid/CHAMPUS sanctions or felony convictions (within the last three (3) years), or occurrences that would raise questions of undesirable conduct.
  - 2.2.8 A physician applicant, MD or DO, must have successfully completed an allopathic or osteopathic residency program, approved by the Accreditation Council for Graduate Medical Education (ACGME) or the American Osteopathic Association (AOA) and be currently board certified or become board certified within seven (7) years of completing formal training as defined by the appropriate specialty board of the American Board of Medical Specialties or the American Osteopathic Association; **or be in active practice for the past fifteen (15) years, including at least ten (10) years as an active medical staff member at Davis Memorial Hospital.**
  - 2.2.9 Dentists must have graduated from an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation.

- 2.2.10 Oromaxillofacial surgeons must have graduated from an American Dental Association approved school of dentistry accredited by the Commission of Dental Accreditation and successfully completed an American Dental Association approved residency program and be board certified or become board certified within seven (7) years of completing formal training as defined by the American Board of Oral and Maxillofacial Surgery;
- 2.2.11 A podiatric physician, DPM, must have successfully completed a two-year (2) residency program in surgical, orthopedic, or podiatric medicine approved by the Council on Podiatric Medical Education of the American Podiatric Medical Association (APMA), and be board certified or become board certified within seven (7) years of completing formal training as determined by the American Board of Podiatric Surgery or the American Board of Podiatric Orthopedics and Primary Podiatric Medicine;
- 2.3 It is the policy of Davis Memorial Hospital to grant medical staff membership and clinical privileges only to individuals who meet the following criteria:
  - 2.3.1 Fulfill the criteria as identified in section 2.2 above.
  - 2.3.2 Demonstrate his/her background, experience and training, current competence, knowledge, judgment, ability to perform, and technique in his/her specialty for all privileges requested.
  - 2.3.3 Each individual shall provide evidence that both physical and mental health does not impair the fulfillment of his/her responsibilities of medical staff membership and the specific privileges requested by and granted to the applicant.
  - 2.3.4 Have appropriate personal qualifications, to include a record of applicant's observance of ethical standards including:
    - 2.3.4.1 Abstinence from any participation in fee splitting or other illegal payment, receipt, or remuneration with respect to referral or patient service opportunities.
    - 2.3.4.2 A record of working professionally and in a collaborative and cooperative manner with others within an institutional setting.
  - 2.4.5 Appropriate written and verbal communication skills.
  - 2.4.6 Any member of the medical staff who may have occasion to admit an inpatient must demonstrate the capability to provide continuous care by having a plan to reside and/or have established or plan to establish an office within a reasonable distance of Davis Memorial Hospital (unless the applicant is joining a group practice in which members of the group live within that distance). The applicant must provide evidence of acceptable patient coverage to the MEC.

### **SECTION 3: APPLICATION REQUEST PROCEDURE**

All requests for application for appointment to the medical staff and request for clinical privileges will be forwarded to medical staff services. Upon receipt of a request for an application, the Medical Staff Office will provide the potential applicant with an application form, a letter setting forth basic threshold criteria, a description of responsibilities for medical staff members, a privilege delineation overview, privilege request form(s), including criteria for privileges, and a detailed list of requirements for completion of the application. A copy of the medical staff bylaws overview or a complete set of medical staff bylaws and rules and regulations will be provided or made available to the applicant.

### **SECTION 4: INITIAL APPOINTMENT PROCEDURE**

- 4.1 Upon receipt of a completed application <sup>1</sup> the Chair of Credentials Committee, CEO, or VPMA in collaboration with Medical Staff Office will determine if the requirements of section 2.2 are met. In the event the requirements of section 2.2 are not met the potential applicant will be notified that he/she is ineligible for membership on the Davis Memorial Hospital medical staff. Additionally, if information is missing from the application, a letter requesting missing information will be sent to the potential applicant. If the requested information is not returned to the Medical Staff Office within forty-five (45) days of the receipt of the missing information letter, this may be interpreted as a voluntary withdrawal of the application. If the requirements of section 2.2 are met, the application will be accepted for further processing.
- 4.2 The applicant must sign the application and in so doing:
  - 4.2.1 Attests to the accuracy and completeness of all information on the application or accompanying documents and agrees that any inaccuracy, omission, or misrepresentation, whether intentional or not, depending on the seriousness of the omission and/or at the discretion of the Chief of Staff or Chief Executive officer may be grounds termination of the application process. If the inaccuracy, omission or misstatement is discovered after an individual has been granted appointment, the discovery may be grounds for automatic relinquishment of appointment and clinical privileges. Neither the rejection of the application, nor the relinquishment of appointment and clinical privileges shall entitle an individual to any hearing or appeals. Signifies his/her willingness to appear for any requested interviews in regard to his/her application.

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<sup>1</sup> “Completed application” definition – means that all relevant data forms, and application information that the applicant can provide has been submitted and received by the Medical Staff Office.

- 4.2.2 Authorizes hospital and medical staff representatives to consult with prior and current associates and others who may have information bearing on his/her professional competence, character, ability to perform the privileges requested, ethical qualifications, ability to work cooperatively with others, and other qualifications for membership and the clinical privileges requested or wish to maintain.
- 4.2.3 Consents to hospital and medical staff representatives' inspection of all records and documents that may be material to an evaluation of his/her professional qualifications and competence to carry out the clinical privileges requested, of his/her physical and mental health status, and of his/her professional and ethical qualifications.
- 4.2.4 Releases from liability, promises not to sue and grants immunity to the hospital, its medical staff, and its representatives for acts performed and statements made in connection with evaluation of the application and his/her credentials and qualifications to the fullest extent permitted by law.
- 4.2.5 Releases from liability and promises not to sue, all individuals and organizations who provide information to the hospital or the medical staff, including otherwise privileged or confidential information to Davis Memorial Hospital representatives concerning his/her background, experience, competence, professional ethics, character, physical and mental health, emotional stability, utilization practice patterns, and other qualifications for staff appointment and clinical privileges.
- 4.2.6 Consents to authorize Davis Memorial Hospital medical staff and administrative representatives to release to other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters that Davis Memorial Hospital may have concerning him/her and release Davis Memorial Hospital representatives from liability for so doing. For the purposes of this provision, the term "Davis Memorial Hospital representatives" includes the board, its directors and committees, the CEO or his/her designee, registered nurses and other employees of Davis Memorial Hospital, the medical staff organization, and all medical staff appointees, clinical units, and committees which have responsibility for collecting and evaluating the applicant's credentials or acting upon his/her application, and any authorized representative of any of the foregoing.
- 4.2.7 Signifies that he/she has been oriented to the current medical staff bylaws and associated manuals and agrees to abide by their provisions in regard to his/her application for appointment to the medical staff, with such orientation to include at least one of the following: receiving a copy of the bylaws and associated manuals, receiving a summary of the bylaws and associated manuals, or receiving a summary of expectations of medical

staff members and having the bylaws and manuals made available to the applicant.

- 4.2.8 Agrees to immediately notify the Medical Staff Office if any of the following occur:
- 4.2.8.1 Have any disciplinary actions been initiated or are any pending against you by any state licensure board?
  - 4.2.8.2 Has your license to practice in any state ever been relinquished, denied, limited, suspended, or revoked, whether voluntarily or involuntarily?
  - 4.2.8.3 Have you ever been asked to surrender your license?
  - 4.2.8.4 Have you ever been suspended, sanctioned, or otherwise restricted from participating in any private, federal, or state health insurance program (for example, Medicare, CHAMPUS, or Medicaid)?
  - 4.2.8.5 Have you ever been the subject of an investigation by any private, federal, or state agency concerning your participation in any private, federal, or state health insurance program?
  - 4.2.8.6 Has your narcotics registration certificate ever been relinquished, limited, denied, suspended or revoked?
  - 4.2.8.7 Is your narcotics registration certificate currently being challenged?
  - 4.2.8.8 Have you ever been named as a defendant in any criminal proceeding?
  - 4.2.8.9 Have your employment, medical staff appointment, or clinical privileges ever been suspended, diminished, revoked, refused, or limited at any hospital or other health care facility, whether voluntarily or involuntarily?
  - 4.2.8.10 Have you ever withdrawn your application for appointment, reappointment, or clinical privileges or resigned from the medical staff before a hospital's or health facility's governing board made a decision?
  - 4.2.8.11 Have you ever been the subject of focused individual monitoring at any hospital or health care facility?
  - 4.2.8.12 Have you ever been examined by any specialty board, but failed to pass the examination? Please provide details.
  - 4.2.8.13 If not certified, have you applied for the certification exam?



- 4.2.8.14 If no, do you intend to apply for the certification exam?
- 4.2.8.15 Have you been accepted to take the certification exam?
- 4.2.8.16 If yes, what dates are you scheduled to take the certification exam?
- 4.2.8.17 What are the date(s) of the next recertification examination (if applicable)?
- 4.2.8.18 Have any professional liability claims or suits ever been filed against you or are presently pending?
- 4.2.8.19 Have any judgments or settlements been made against you in professional liability cases?

4.3 Procedure for processing applicants for initial staff appointment:

- 4.3.1 A completed application includes, at a minimum, a signed, dated application form and request for privileges, copies of all documents and information necessary to confirm applicant meets criteria for membership and privileges, and references. An application shall become incomplete if the need arises for new, additional, or clarifying information at any time. An incomplete application will not be processed.
- 4.3.2 The burden is on the applicant to provide all required information and it is the applicant's responsibility for ensuring that the Medical Staff Office receives supporting documents verifying information on the application. If all supporting documents required are not received within forty-five (45) days, this will be interpreted as a voluntary withdrawal of the application.
- 4.3.3 Upon receipt of a completed application as defined above, the applicant will be sent a letter of acknowledgment by the medical staff services. Individuals seeking appointment and reappointment have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, character, ethics, and other qualifications, and of resolving any doubts.
- 4.3.4 Any applicant not meeting the minimum objective requirements for membership to the medical staff will not have his/her application processed and will not be entitled to a fair hearing.
- 4.3.5 Upon receipt of a completed application, the Medical Staff Office will verify its contents from acceptable sources and collect additional information as follows:
  - 4.3.5.1 Information from all prior and current liability insurance carriers concerning claims, suits, settlements and judgments, (if any) during the past five years;

- 4.3.5.2 Documentation of the applicant's past clinical work experience;
- 4.3.5.3 Licensure status in all current or past states of licensure;
- 4.3.5.4 Information from the AMA or AOA Physician Profile, Federation of State Medical Board, HHS/OIG list of excluded individuals, FACIS (Fraud and Abuse Control Information System), or other such data banks including criminal background check;
- 4.3.5.5 Completion of professional training programs including residency and fellowship programs;
- 4.3.5.6 Information from the National Practitioner Data Bank;
- 4.3.5.7 The hospital will directly contact the references and request information from physicians and non-physicians applicable to the individual specialty regarding current clinical ability, ethical character and ability to work with others; and
- 4.3.5.8 Additional information as may be requested to ensure applicant meets the criteria for medical staff membership.

NOTE: In the event there is undue delay in obtaining required information, the Medical Staff Office will request assistance from the applicant. During this time period, the "time periods for processing" the application will be appropriately modified. Failure of an applicant to adequately respond to a request for assistance after thirty (30) days will be deemed a withdrawal of the application.

- 4.3.6 When the items identified in 4.3.5 above have been obtained, the file will then be reviewed by the Service Chief, VPMA, Chair of Credentials Committee, and the Medical Staff Office Service Professional or designee who will categorize the application as follows:
  - 4.3.6.1 Category 1: A completed file<sup>2</sup> that does not raise concerns as identified in the criteria for category 2. Applicants in category 1 will be granted medical staff membership and privileges following approval by the following: Service Chief, Chairperson of the Credentials Committee acting on behalf of the Credentials Committee, the MEC\*, and a Board Committee consisting of at least two individuals\*\*. The MEC may act on requests for expedited appointment, clinical privileges and reappointment only when a quorum as defined in the bylaws is present.

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<sup>2</sup> Complete file –definition –indicates that the primary source verification has been completed as well as items listed under 4.3.5

\* The MEC may act on requests for expedited appointment, clinical privileges and reappointment only when a quorum as defined in the bylaws is present.

\*\*Board bylaws must delineate the composition and authority of this committee.

Category 2: If one or more of the following criteria are identified in the course of review of a completed file, the application will be treated as category 2. The Service Chief, Credentials Committee, the MEC and the Board, reviews applications in category 2. The Credentials Committee may request that an appropriate subject matter expert assess selected applications. At all stages in this review process, the burden is upon the applicant to provide evidence that he/she meets the criteria for membership on the medical staff and for the granting of requested privileges. Criteria for category 2 applications include but are not necessarily limited to the following:

- 4.3.6.2.1 The application is deemed to be incomplete. <sup>(1)</sup>
- 4.3.6.2.2 The final recommendation of the MEC is adverse or with limitation. <sup>(2)</sup>
- 4.3.6.2.3 The applicant is found to have experienced an involuntary termination of medical staff membership <sup>(3)</sup> or involuntary limitation, reduction, denial, or loss of clinical privileges at another organization. <sup>(4)</sup>
- 4.3.6.2.4 Applicant is, or has been, under investigation by a state medical board or has prior disciplinary actions or legal sanctions. <sup>(5)</sup>
- 4.3.6.2.5 Applicant has had two (2) or more malpractice cases filed within the past five (5) years or one final adverse judgment in a professional liability action in excess of \$100,000.00 <sup>(6)</sup>
- 4.3.6.2.6 Applicant changed medical schools or residency programs or has gaps in training or practice.
- 4.3.6.2.7 Applicant has changed practice locations more than three times in the past ten (10) years.
- 4.3.6.2.8 Applicant has practiced or been licensed in three or more states.
- 4.3.6.2.9 Applicant has one or more reference responses that raise concerns or questions.

- 4.3.6.2.10 Discrepancy found between information received from the applicant and references or verified information.
- 4.3.6.2.11 Applicant has an adverse data bank report.
- 4.3.6.2.12 The request for clinical privileges is not reasonable based upon applicant's experience, training, and competence, and/or is not in compliance with applicable criteria.
- 4.3.6.2.13 Applicant has been removed from a managed care panel for reasons of professional conduct or quality.
- 4.3.6.2.14 Applicant has potentially relevant physical or mental health problems.
- 4.3.6.2.15 Other as determined by the Service Chief or other representative of the institution.

#### 4.4 Applicant Interview:

- 4.1. All applicants may be required to participate in an interview as part of the application for appointment to the medical staff at the discretion of the Credentials Committee. The interview is to be conducted by Service Chief and one or more individuals selected by the Credentials Committee for this purpose. The interview may be used to solicit information required to complete the credentials file or clarify information previously provided, e.g., malpractice history, reasons for leaving past healthcare organizations, or other matters bearing on the applicant's ability to render care at the generally recognized level for the community.
- 4.2. Procedure: The applicant will be notified when the verification process is complete and that he/she should contact the responsible individual to schedule an interview. It is the responsibility of the applicant to contact this individual to arrange the interview. Failure of the applicant to schedule an interview with the designated medical staff leader within thirty (30) days will be deemed a withdrawal of the application.

#### 4.5 Service Chief Action:

- 4.5.1 All completed applications are presented to the Service Chief for review, interview, and recommendation. The Service Chief reviews the application to ensure that it fulfills the established standards for membership and clinical privileges. The Service Chief, in consultation with the CEO and Medical Staff Office professional, determines whether the application is forwarded as a category 1 or category 2. The Service Chief may obtain input if necessary from an appropriate subject matter expert. A report must be forwarded to the Credentials Committee within fifteen (15) days. The chairperson takes action as follows:

- 4.5.1.1 Deferral: Service Chiefs may not defer consideration of an application. In the event a chair is unable to formulate a report for any reason, the chair must so inform the Credentials Committee. The applicant will be notified.
- 4.5.1.2 Favorable recommendation: The Service Chief must document his/her findings pertaining to adequacy of education, training and experience for all privileges requested. Reference to any criteria for clinical privileges must be documented and included in the credentials file. When the Service Chief's recommendation is favorable to the applicant in all respects, the application shall be promptly forwarded, together with all supporting documentation, to the Credentials Committee.
- 4.5.1.3 Adverse recommendation: The Service Chief will document the rationale for all unfavorable findings. Reference to any criteria for clinical privileges not met will be documented and included in the credentials file. The application, along with the Service Chief's adverse recommendation and supporting documentation, will be forwarded to the Credentials Committee.

#### 4.6 Credentials Committee Action:

- 4.6.1 If the application is designated category 1, it is presented to the Credentials Chair for review and recommendation. The Credentials Chair reviews the application to ensure that it fulfills the established standards for membership and clinical privileges. The Credentials Chair has the opportunity to determine whether the application is forwarded as a category 1 or may change the designation to a category 2. If forwarded as a category 1, the Credentials Chair acts on behalf of the Credentials Committee and the application is presented to the MEC for review and recommendation. If designated category 2, the Credentials Committee reviews the application and votes for one of the following actions:
  - 4.6.1.1 Deferral: Action by the Credentials Committee to defer the application for further consideration or gathering of information from the applicant or other sources must be followed within thirty (30) days by subsequent recommendations as to approval or denial of, or any special limitations to, staff appointment, category of staff and prerogatives, Service affiliations, and scope of clinical privileges.
  - 4.6.1.2 Favorable recommendation: When the Credentials Committee's recommendation is favorable to the applicant in all respects, the application shall be promptly forwarded, together with all supporting documentation, to the MEC. The Credentials Committee may recommend the imposition of specific

conditions. These conditions may relate to behavior or to clinical issues. The Credentials Committee may also recommend that appointment be granted for a period of less than two years in order to permit closer monitoring of an individual's compliance with any conditions.

- 4.6.1.3 Adverse recommendation: When the Credentials Committee's recommendation is adverse to the applicant, the application shall be forwarded to the MEC.

#### 4.7 Medical Executive Committee Action:

- 4.7.1 If the application is designated Category 1, it is presented to the MEC where the application is reviewed to ensure that it fulfills the established standards for membership and clinical privileges. The president has the opportunity to determine whether the application is forwarded as a category 1 or may change the designation to a category 2. If forwarded as a category 1, the MEC acts and the application is presented to the board. If designated a category 2, the MEC reviews the application and votes for one of the following actions:

- 4.7.1.1 Deferral: Action by the MEC to defer the application for further consideration must be followed within thirty (30) days by subsequent recommendations as to approval or denial of, or any special limitations to, staff appointment, category of staff and prerogatives, Service affiliations, and clinical privileges. The CEO shall promptly notify the applicant by special, written notice of the action to defer.
- 4.7.1.2 Favorable recommendation: When the MEC's recommendation is favorable to the applicant in all respects, the application shall be forwarded, together with all supporting documentation, to the board.
- 4.7.1.3 Adverse recommendation: When the MEC's recommendation is adverse to the applicant, a special notice shall be sent to the applicant. No such adverse recommendation will be acted upon by the board until after the practitioner has exercised or has waived his/her right to a hearing as provided in the hearing and appeals plan. A recommendation shall not be considered adverse to the applicant if clinical privileges not central and directly related to the applicant's prior training and practice are deferred until such time as the hospital has had sufficient opportunity (after initial appointment) to observe the applicant's practice and qualifications to exercise the deferred privileges.

#### 4.8 Board Action:

- 4.8.1 If the application is designated category 1, it is presented to the board or an appropriate subcommittee of at least two members where the application is reviewed to ensure that it fulfills the established standards for membership and clinical privileges. The CEO has the opportunity to determine whether the application is forwarded as a category 1 or may change the designation to a category 2. If designated a category 2, the board reviews the application and votes for one of the following actions: A report is prepared for the board, identifying those practitioners who were appointed and granted clinical privileges as category 1 applicants. This report is for information only, since the board committee is authorized to act on behalf of the board for category 1 applicants. If an application is designated a category 2, the board reviews the application and votes for one of the following actions.
  - 4.8.1.1 Favorable recommendation: The board may adopt or reject in whole or in part a favorable recommendation of the MEC or refer the recommendation to the MEC for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made. Favorable action by the board is effective as its final decision.
  - 4.8.1.2 Adverse recommendation: If the board's action is adverse to the applicant, a special notice will be sent to him/her and he/she shall then be entitled to the procedural rights provided in the hearing and appeals plan.
  - 4.8.1.3 After procedural rights: In the case of an adverse MEC recommendation, the board shall take final action in the matter as provided in the hearing and appeals plan.
  - 4.8.1.4 All appointments to medical staff membership and the granting of privileges are for a period not to exceed twenty-four (24) months, except as described in section 5 below concerning provisional status.
- 4.9 Basis for recommendation and action: The report of each individual or group required to act on an application, including the board, must state in writing the reasons for each recommendation or action taken, with specific reference to the completed application and all other documentation considered.
- 4.10 Conflict resolution: Whenever the board determines that it will decide a matter contrary to the MEC's recommendations, the matter will be submitted to a committee of equal members of the MEC and board for review and recommendation before the board makes its final decision. The board chairman shall be authorized to vote in order to break a tie. The committee will submit its recommendation to the board within thirty (30) days of submission.
- 4.11 Notice of final decision: Notice of the board's final decision shall be given through the CEO to the MEC and to the chair of each Service concerned. The applicant

shall receive written notice of appointment and special notice of any adverse final decisions. A decision and notice of appointment includes the staff category to which the applicant is appointed, the Service to which he/she is assigned, the clinical privileges he/she may exercise, and any special conditions attached to the appointment.

- 4.12 Time periods for processing: All individuals and groups required to act on an application for staff appointment must do so in a timely and good faith manner, and, except for good cause, each application will be processed within the following time periods:

Medical Staff Office (to collect, verify and summarize)	60 days
Service Chief (to review and report)	15 days
Credentials Committee (analyze and recommend)	30 days
Medical Executive Committee (to reach final recommendation)	30 days
Board of Trustees (render final decision)	30 days

These time periods are deemed guidelines and do not create any right to have an application processed within these precise periods. If the provisions of the fair hearing plan are activated, the time requirements provided therein govern the continued processing of the application.

#### **SECTION 5: PROVISIONAL STATUS**

- 6.1 Provisional period: All initial appointments and clinical privileges, as well as any new clinical privileges granted to an existing medical staff appointee, are subject to Focused Professional Practice Evaluation (FPPE) during which time all individuals with provisional privileges shall be subject to review of their performance in accordance with the Focused Professional Practice Evaluation (FPPE) Proctoring Policy.
- 5.1 Action required: Based upon a report concerning the applicant's performance during the provisional period the Credentials Committee makes a recommendation to the MEC concerning continuing or terminating the provisional period.
- 5.2 Termination by practitioner: If the practitioner no longer wishes the privilege or privileges at issue, then his/her request for the deletion of these privileges will not create an adverse action triggering the hearing and appeal plan.
- 5.3 Adverse conclusions: Whenever a provisional period (including any period of extension) expires with an adverse recommendation for the practitioner based on reasons of professional conduct or quality of care issues, or whenever extension is denied, the CEO will provide him/her with special notice of the adverse result and of his/her entitlement to procedural rights provided in the hearing and appeal plan.



## SECTION 6: REAPPOINTMENT

- 6.1 All reappointments and renewals of clinical privileges are for a period not to exceed twenty-four (24) months. The granting of new clinical privileges to existing medical staff members will follow the steps described in section 4 above concerning the initial granting of new clinical privileges and section 5 above concerning provisional status for those privileges. A suitable peer shall substitute for the Service Chief in the evaluation of current competency of the Service Chief and recommend appropriate action to the Credentials Committee.
- 6.2 Information collection and verification
  - 6.2.1 From appointee: On or before four (4) months prior to the date of expiration of a medical staff appointment, a representative from the Medical Staff Office notifies the appointee, of the date of expiration and supplies him/her with an application for reappointment. At least sixty days prior to this date, the appointee furnishes, in writing, A completed reapplication form which includes complete information to update his/her file on items listed in his/her original application.
    - 6.2.1.1 Information concerning continuing training and education internal and external to the hospital during the preceding period.
    - 6.2.1.2 Specific request for the clinical privileges sought on reappointment, with any basis for changes.
    - 6.2.1.3 By signing the reapplication form, the appointee agrees to the same terms as identified in section 4.2 above.
  - 6.2.2 Failure, without good cause, to provide any requested information, at least thirty (30) days prior to the expiration of appointment will result in a cessation of processing of the application and automatic expiration of appointment. Once the information is received, the Medical Staff Office verifies this additional information and notifies the staff appointee of any information inadequacies or verification problems. The staff appointee then has the burden of producing adequate information and resolving any doubts about the data.
  - 6.2.3 From internal and/or external sources: The Medical Staff Office collects information regarding each staff appointee's professional and collegial activities to include those items listed in Section 4.2.9.1-4.2.9.19.
  - 6.2.4 The following information is also collected:
    - 6.2.4.1 A summary of clinical activity and Ongoing Professional Practice Evaluations (OPPE) at this hospital for each appointee due for reappointment.

- 6.2.4.2 Performance and conduct in this hospital and/or other healthcare organizations, including, without limitation, patterns of care as demonstrated in findings of quality assessment/performance improvement activities, his/her clinical judgment and skills in the treatment of patients, and his/her behavior and cooperation with hospital personnel, patients and visitors.
  - 6.2.4.3 Verification of the required hours if any of category one continuing medical education activities.
  - 6.2.4.4 Service on medical staff, Service, and hospital committees.
  - 6.2.4.5 Timely and accurate completion of medical records.
  - 6.2.4.6 Compliance with all applicable bylaws, policies, rules, regulations and procedures of the hospital and medical staff.
  - 6.2.4.7 Any gaps in employment or practice since the previous appointment or reappointment
- 6.3 Procedure for processing applications for staff reappointment: When the items identified in 6.2.1, 6.2.3, and 6.2.4 above have been obtained, the file will then be reviewed by the VPMA Service Chief or his/her designee who, in consultation with the Medical Staff Office Service Professional or designee, will categorize the reapplication as follows:
- 6.3.1 Category 1: A completed reapplication that does not raise concerns as identified in the criteria for category 2. Re-applicants in category 1 will be reviewed through the same process as for category 1 initial applications as described in section 4 above.
  - 6.3.2 Category 2: If one or more of the following criteria is identified in the course of review of a completed reapplication, the reapplication will be treated as category 2. Reapplications in category 2 are approved through the same procedure as category 2 initial applications. Criteria for category 2 reapplications include but are not necessarily limited to the following:
    - 6.3.2.1 The application is deemed to be incomplete <sup>(1)</sup>
    - 6.3.2.2 The final recommendation of the MEC is adverse or with limitation <sup>(2)</sup>
    - 6.3.2.3 The applicant is found to have experienced an involuntary termination of medical staff membership <sup>(3)</sup> or involuntary limitation, reduction, denial, or loss of clinical privileges at another organization <sup>(4)</sup>
    - 6.3.2.4 Applicant is, or has been, under investigation by a state medical board or has had prior disciplinary actions or legal sanctions <sup>(5)</sup>

- 6.3.2.5 Applicant has had two (2) or more malpractice cases filed within the past five (5) years or one final adverse judgment in a professional liability action in excess of \$100,000.00 <sup>(6)</sup>
  - 6.3.2.6 Applicant has gaps in practice since the most recent re-credentialing.
  - 6.3.2.7 Applicant has one or more reference responses which raise concerns or questions.
  - 6.3.2.8 Discrepancy found between information received from the applicant and references or verified information.
  - 6.3.2.9 Applicant has an adverse data bank report.
  - 6.3.2.10 The request for clinical privileges is not reasonable based upon applicants experience, training, and competence and/or is not in compliance with applicable criteria.
  - 6.3.2.11 Removal from managed care panel for reasons of professional conduct or quality.
  - 6.3.2.12 Potentially relevant physical or mental health problems.
  - 6.3.2.13 Information from the quality monitoring and improvement program at Davis Memorial Hospital raises possible concerns with the applicant's quality of care or capacity to fulfill the responsibilities of medical staff membership and the requested privileges.
- 6.4 All applications for reappointment will be processed through the same procedure described in section 4 above for initial appointment. In addition, as part of the assessment of the appointee's performance, the Service Chief or one or more subject matter experts may/will be asked to provide relevant information concerning provider's clinical and professional qualifications for reappointment for staff category and clinical privileges and to evaluate the credentials application. Such evaluation will include providing information as to whether or not he/she 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, as well as relevant information concerning provider's clinical and professional qualifications for reappointment for staff category and clinical privileges.
- 6.5 For the purpose of reappointment, an "adverse recommendation" by the board as used in Section 4 means a recommendation or action to deny reappointment, or to deny or restrict requested clinical privileges. The terms "applicant" and "appointment" as used in these sections shall be read respectively, as "staff appointee" and "reappointment."

- 6.6 Criteria for reappointment: It is the policy of Davis Memorial Hospital to approve for reappointment only those individuals who meet the criteria for initial appointment as identified in Section 2 and have been determined by the MEC to provide have high quality, effective care that is consistent with Davis Memorial Hospital standards of ongoing quality as determined by the MEC and hospital performance improvement program, and support the mission of Davis Memorial Hospital.

#### SECTION 7: CLINICAL PRIVILEGES

- 7.1 Exercise of privileges: A practitioner providing clinical services at Davis Memorial Hospital may exercise only those privileges granted to him/her by the board or emergency privileges as described herein.
- 7.2 Requests: Each application for appointment or reappointment to the medical staff must contain a request for specific clinical privileges desired by the applicant. Specific requests must also be submitted for temporary privileges and for modification of privileges in the interim between reappraisals.
- 7.3 Basis for privileges determination:
- 7.3.1 Requests for clinical privileges will be considered only when accompanied by evidence of education, training, experience, and demonstrated current competence as specified by the hospital in its board approved criteria for clinical privileges.
- 7.3.2 Privileges for which no criteria have been established:
- 7.3.2.1 In the event a request for privileges is submitted for which no criteria have been established, the request will be tabled for a reasonable period of time, usually not to exceed sixty (60) days, during which the MEC will, upon recommendation from the Credentials Committee and appropriate subject matter specialists, formulate the necessary criteria and recommend these to the board. Once objective criteria have been established, the original request will be processed as described herein. *See "Privilege Delineation and Criteria Determination Algorithm".*
- 7.3.2.2 For the development of criteria, the medical staff service professional or designee will compile information relevant to the privileges requested which may include, but need not be limited to, position and opinion papers from specialty organizations, white papers from the Credentialing Resource Center and others as available, position and opinion statements from interested individuals or groups, and documentation from other hospitals in the region as appropriate.

- 7.3.2.3 Criteria to be established for the privilege(s) in question include education, training, board status or certification (if applicable), and experience. Proctoring requirements, if any, will be addressed including who may serve as proctor and how many proctored cases will be required. Hospital related issues such as equipment and management will be referred to the appropriate hospital Service director.
  - 7.3.2.4 If the privileges requested overlap two or more specialty disciplines, an ad hoc committee will be appointed by the chair of the Credentials Committee to recommend criteria for the privilege(s) in question. This committee will consist of at least one, but not more than two, members from each involved discipline. The chair of the ad hoc committee will be a member of the Credentials Committee who has no vested interest in the issue.
- 7.3.3 Valid requests for clinical privileges will be evaluated on the basis of prior and continuing education, training, experience, utilization practice patterns, current ability to perform the privileges requested, and demonstrated current competence, ability, and judgment. Additional factors that may be used in determining privileges are patient care needs for and the hospital's capability to support the type of privileges being requested and the availability of qualified coverage in the applicant's absence. The basis for privileges determination to be made in connection with periodic reappointment or a requested change in privileges must include observed clinical performance and documented results of the staff's performance improvement program activities. Privileges determinations will also be based on pertinent information from other sources, especially other institutions and health care settings where a professional exercises clinical privileges.
- 7.3.4 The procedure by which requests for clinical privileges are processed are as outlined in Section 4 of this manual.
- 7.4 Special conditions for dental privileges: Requests for clinical privileges for dentists are processed in the same manner as all other privilege requests. Privileges for surgical procedures performed by dentists and/or oral surgeons will require that all dental patients receive a basic medical evaluation (history and physical) by a physician member of the medical staff with privileges to perform such an evaluation, which will be recorded in the medical record. Oral surgeons may be granted the privilege of performing a history and physical on their own patients upon submission of documentation of completion of an accredited postgraduate residency in oral/maxillofacial surgery and demonstrated current competence.
- 7.5 Special conditions for licensed independent practitioners not qualified for medical staff appointment but practicing without supervision: Requests for privileges from

such individuals are processed in the same manner as requests for clinical privileges by physicians, with the exception that such individuals are not granted membership on the Davis Memorial Hospital medical staff and do not have the rights and privileges of such membership. Only those categories of practitioners approved by the board for patient care at Davis Memorial Hospital are eligible to apply for privileges. Such professionals may, subject to any licensure requirements or other limitations, exercise independent judgment only within the areas of his/her professional competence and participate directly in the medical management of patients under the supervision of a physician who has been accorded privileges to provide such care. *See "Medical Staff Allied Health Practitioner Policy: Policy for the Granting of Privileges for Individuals Not Eligible for Medical Staff Membership".*

- 7.6 Special conditions for podiatric privileges: Requests for clinical privileges for podiatrists are processed in the same manner as all other privilege requests. All podiatric patients will receive a basic medical evaluation (history and physical) by a West Virginia licensed physician that will be recorded in the medical record.
- 7.7 Special conditions for the aging practitioner: At the age of 65, practitioners shall complete an annual examination that addresses both the physical and mental capacity for the privileges requested. The annual physical and mental exams are to be conducted by a physician acceptable to the credentials committee/MEC, documented on the approved form and submitted to the credentials committee/MEC by the date requested. The physical exam is a "fitness to work" evaluation and must indicate that the practitioner has no physical or mental problem that may interfere with the safe and effective provision of care permitted under the privileges granted. In addition to the physical exam, a practitioner may be required to undergo proctoring of his/her clinical performance as part of the assessment of his/her capacity to perform the requested privileges. Such proctoring may be required in the absence of any previous performance concerns. The scope and duration of the proctoring shall be determined by the MEC upon recommendation of the service chief and credentials committee.
- 7.8 Temporary privileges: Temporary privileges may be granted by the CEO acting on behalf of the board, upon written concurrence of the Service Chief in which the privileges will be exercised, or the President of the Medical Staff, provided there is verification of current licensure and current competence. Temporary privileges may be granted only in two (2) circumstances: (1) to fulfill an important patient care need, and (2) when an initial applicant with a complete, clean application is awaiting review and approval of the MEC and the board.
  - 7.8.1 In the first circumstance temporary privileges may be granted on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time, while the full credentials information is verified and approved. Examples include:
    - 7.8.1.1 Care of specific patients(s): Upon receipt of a written request for specific temporary privileges for the care of one or more

specific patients from a practitioner who is not an applicant for staff appointment; such privileges shall be granted no more than four (4) times in any twelve month period.

- 7.8.2 In the second circumstance temporary privileges may be granted for up to one hundred twenty (120) days when the new applicant for medical staff membership or privileges is waiting for a review and recommendation by the MEC and approval by the board. Criteria for granting temporary privileges in these circumstances include the applicant providing evidence of the following which has been verified by Davis Memorial Hospital: current licensure; education; training and experience, current competence, current DEA (if applicable); current professional liability insurance in the amount required; malpractice history; one positive reference specific to the applicant's competence, and ability to perform the privileges requested from a responsible medical peer; and results from a query to the National Practitioner Data Bank. Additionally, the application must meet the criteria for Category 1, expedited credentialing consideration as noted in Section 4 of this manual.
- 7.8.3 Special requirements of consultation and reporting may be imposed as part of the granting of temporary privileges. Except in unusual circumstances, temporary privileges will not be granted unless the practitioner has agreed in writing to abide by the bylaws, rules, and regulations and policies of the medical staff and Davis Memorial Hospital in all matters relating to his/her temporary privileges. Whether or not such written agreement is obtained, these bylaws, rules, regulations, and policies control all matters relating to the exercise of clinical privileges.
- 7.8.4 Termination of temporary privileges: The CEO, acting on behalf of the board and after consultation with the President of the Medical Staff, may terminate any or all of the practitioner's privileges based upon the discovery of any information or the occurrence of any event of a nature which raises questions about a practitioner's professional qualifications or ability to exercise any or all of the temporary privileges granted, and may at any other time terminate any or all of a practitioner's temporary privileges. Where the life or well being of a patient is determined to be endangered, any person entitled to impose summary suspension under the medical staff bylaws may effect the termination. In the event of any such termination, the practitioner's patients then will be assigned to another practitioner by the CEO or his/her designee. The wishes of the patient shall be considered, when feasible, in choosing a substitute practitioner.
- 7.8.5 Rights of the practitioner with temporary privileges: A practitioner is not entitled to the procedural rights afforded by the hearing and appeal procedures outlined in the medical staff bylaws because his/her request for temporary privileges is refused or because all or any part of his/her temporary privileges are terminated or suspended.

- 7.8.6 Emergency privileges: In case of an emergency, any medical staff appointee is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the appointee's license, but regardless of Service affiliation, staff category, or level of privileges. A practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up.

## **SECTION 8: INVESTIGATION AND CORRECTIVE ACTION**

Criteria for Initiation: Any person may provide information to any member of the MEC about the conduct, performance, or competence of medical staff members. When reliable information indicates a member may have exhibited acts, demeanor, or conduct, reasonably likely to be (1) detrimental to patient safety or to the delivery of quality patient care within Davis Memorial Hospital; (2) unethical; (3) contrary to the medical staff bylaws and rules and regulations; or (4) below applicable professional standards, a request for an investigation or action against such member may be initiated by the president, a Service Chief, CEO, or MEC of DMC, or, if a situation arises in one of the affiliate hospitals (Broadus, Webster) whereby the medical staff is limited by size to perform a fair peer review, the Service Chief, CEO, MEC, or president of the affiliate hospital may request review by the DMC peer review committee.

- 8.1 Initiation: A request for an investigation must be submitted by one of the above parties to the MEC through the president, and supported by reference to specific activities or conduct alleged. If the MEC initiates the request, it shall make an appropriate record of the reasons.
- 8.2 Investigation: If the MEC concludes an investigation is warranted, it shall direct an investigation to be undertaken. The MEC may conduct the investigation itself, or may assign the task to an appropriate Medical Staff Officer, medical staff clinical Service, or standing or ad hoc committee of the medical staff, or refer out to an external peer review consultant. If the investigation is delegated to an officer or committee other than the MEC, such officer or committee shall proceed with the investigation in a prompt manner and shall forward a written report of the investigation to the MEC as soon as practicable. The report may include recommendations for appropriate corrective action. The member shall be notified that the investigation is being conducted and shall be given an opportunity to provide information in a manner and upon such terms as the investigating body deems appropriate. The individual or body investigating the matter may, but is not obligated to, conduct interviews with persons involved, however, such investigation shall not constitute a "hearing" as that term is used in the hearing and appeal plan, nor shall the procedural rules with respect to hearings or appeals apply. Despite the status of any investigation, at all times the MEC shall retain authority and discretion to take whatever action may be warranted by the circumstances including summary suspension, termination of the investigative process; or other action.
- 8.3.1 An External Peer Review Consultant should be considered when:



- 8.3.1.1 Litigation seems likely; an outside review is almost always the best course of action in these circumstances. Every step should be taken to avoid even the appearance that the outside reviewers are being asked to achieve a certain result.
  - 8.3.1.2 The hospital is faced with ambiguous or conflicting recommendations from the medical staff committees, or where there does not appear to be a strong consensus for a particular recommendation. In these circumstances it may be wise for the MEC or even the board to retain an objective external reviewer.
  - 8.3.1.3 There is not one on the medical staff with expertise in the subject under review, or when the only physicians on the medical staff with that expertise are direct competitors, partners, or associates of the physician under review.
- 8.4 Medical Executive Committee Action: As soon as practicable after the conclusion of the investigation the MEC shall take action that may include, without limitation:
  - 8.4.1 Determining no corrective action be taken, and if the MEC determines there was not credible evidence for the complaint in the first instance, removing any adverse information from the member's file.
  - 8.4.2 Deferring action for a reasonable time where circumstances warrant.
  - 8.4.3 Issuing letters of admonition, censure, reprimand, or warning, although nothing herein shall be deemed to preclude Service Chiefs from issuing informal written or oral warnings outside of the mechanism for corrective action. In the event such letters are issued, the affected member may make a written response which shall be placed on the member's file.
  - 8.4.4 Recommending the imposition of terms of probation or special limitation upon continued medical staff membership or exercise of clinical privileges, including, without limitation, requirements for co-admissions, mandatory consultation, or monitoring.
  - 8.4.5 Recommending reduction, modification, suspension or revocation of clinical privileges.
  - 8.4.6 Recommending reductions of membership status or limitation of any prerogatives directly related to the member's delivery of patient care.
  - 8.4.7 Recommending suspension, revocation, or probation of medical staff membership.
  - 8.4.8 Taking other actions deemed appropriate under the circumstances.

- 8.5 Subsequent Action: If the MEC recommends corrective action as set forth in the hearing and appeal plan, that recommendation shall be transmitted to the board. The recommendation of the MEC shall become final action unless the member requests a hearing, in which case the final decision shall be determined as set forth in the hearing and appeal plan.
- 8.6 Precautionary Restriction Or Suspension:
- 8.6.1 Criteria For Initiation: Whenever a member's conduct appears to require that immediate action be taken to protect the life or well-being of patient(s) or to reduce a substantial and imminent likelihood of significant impairment of the life, health, safety of any patient, prospective patient, or other person, the CEO, the president, the MEC, or the Service Chief of the Service in which the member holds privileges may restrict or suspend the medical staff membership or clinical privileges of such member as a precaution. Unless otherwise stated, such precautionary restriction or suspension shall become effective immediately upon imposition and the person or body responsible shall promptly give written notice to the member, the MEC, the CEO and the board. The restriction or suspension may be limited in duration and shall remain in effect for the period stated or, if none, until resolved as set for the herein. Unless otherwise indicated by the terms of the precautionary restriction or suspension, the member's patients shall be promptly assigned to another member by the Service Chief or by the CEO, considering where feasible, the wishes of the patient in the choice of a substitute member.
- 8.6.2 Medical Executive Committee Action: As soon as practicable after such precautionary restriction or suspension has been imposed, a meeting of the MEC shall be convened to review and consider the action and if necessary begin the investigation process as noted in 8.3. Upon request, the member may attend this meeting at the discretion of the MEC and make a statement concerning the issues under investigation, on such terms and conditions as the MEC may impose, although in no event shall any meeting of the MEC, with or without the member, constitute a "hearing" within the meaning defined in the hearing and appeal plan, nor shall any procedural rules with respect to hearing and appeal apply. The MEC may modify, continue, or terminate the precautionary restriction or suspension, but in any event it shall furnish the member with notice of its decision.
- 8.6.3 Procedural Rights: Unless the MEC promptly terminates the summary restriction or suspension prior to or immediately after reviewing the results of the investigation described in 8.3, the member shall be entitled to the procedural rights afforded by the hearing and appeal plan.
- 8.7 Automatic Suspension or Limitation: In the following instances, the member's privileges or membership may be suspended or limited as described, which action shall be final without a right to hearing or further review, except where a bona fide dispute exists as to whether the circumstances have occurred.

8.7.1 Licensure:

- 8.7.1.1 Revocation and Suspension: Whenever a member's license or other legal credential authorizing practice in this or other state is revoked or suspended, medical staff membership and clinical privileges shall be automatically revoked as of the date such action becomes effective.
- 8.7.1.2 Restriction: Whenever a member's license or other legal credential authorizing practice in this or other state is limited or restricted by the applicable licensing or certifying authority, any clinical privileges which the member has been granted at Davis Memorial Hospital which are within the scope of said limitation or restriction shall be automatically limited or restricted in a similar manner, as of the date such action becomes effective and throughout its term.
- 8.7.1.3 Probation: Whenever a member is placed on probation by the applicable licensing or certifying authority, his or her membership status and clinical privileges shall automatically become subject to the same terms and conditions of the probation as of the date such action becomes effective and throughout its term.
- 8.7.1.4 Medicare Program: Whenever a member is sanctioned or barred from the Medicare program, medical staff membership and clinical privileges shall be automatically revoked as of the date such action becomes effective.

8.7.2 Controlled Substances:

- 8.7.2.1 Whenever a member's DEA certificate is revoked, limited, or suspended, the member shall automatically and correspondingly be divested of the right to prescribe medications covered by the certificate, as of the date such action becomes effective and throughout its terms.
  - 8.7.2.2 Probation: Whenever a member's DEA certificate is subject to probation, the member's right to prescribe such medications shall automatically become subject to the same terms of the probation, as of the date such action becomes effective and throughout its term.
- 8.7.3 Medical Executive Committee Deliberation: As soon as practicable after action is taken or warranted as described in Section 8.7.1 or Section 8.7.2, the MEC shall convene to review and consider the facts, and may recommend such further corrective action as it may deem appropriate following the procedure generally set forth in the section 8.3.

- 8.7.4 Medical Record Completion Requirements: Penalties for failure to satisfy these requirements shall be delineated in medical staff rules and regulations or policy and procedures.
- 8.7.5 Professional Liability Insurance: Failure to maintain professional liability insurance of a type and in an amount required by the Board of Trustees and sufficient to provide coverage for all clinical privileges granted shall be grounds for automatic suspension of a members' clinical privileges, and if within ninety (90) days after written warnings of the delinquency the member does not provide evidence of required professional liability insurance, the member's membership shall be automatically terminated. The Medical Staff Office must be notified immediately of any change in professional liability insurance carrier or coverage.

#### **SECTION 9: PRECEPTORSHIP FOR PRACTITIONERS REENTERING INPATIENT CARE**

- 9.1 A practitioner who has not provided acute inpatient care for the past five (5) years or more who requests clinical privileges at the hospital must arrange for a preceptor ship with a current member in good standing of the medical staff who practices in the same specialty during the first portion of his/her provisional period.
- 9.2 A description of the preceptor ship program including details of monitoring and consultation must be written and submitted for approval to the Credentials Committee and MEC. At a minimum, the preceptorship program must include the following:
  - 9.2.1 All inpatient admissions must be co-managed by the preceptor for a minimum of six (6) months or fifty (50) admissions, whichever occurs first. The preceptor must agree to see each admitted patient within twelve (12) hours of admission or earlier if the situation requires (ICU patients must be seen within four (4) hours of admission). Preceptors must also make daily rounds, as well as share in any clinical management decisions.
  - 9.2.2 Practitioner applicant must maintain a log of all patients attended that will include patient name, date of admission, unit assignment, and diagnosis.
  - 9.2.3 Prior to the termination of the preceptorship, the preceptor must submit a written evaluation of the applicant addressing the applicant's clinical competence, ability to get along with others, the quality and timeliness of medical records documentation, ability to perform the privileges requested, and professional ethics and conduct. This evaluation will be forwarded to the appropriate Service Chief and the chair of the Credentials Committee to be processed according to the procedures in section 5 of this manual.

## **SECTION 10: REAPPLICATION AND MODIFICATIONS OF MEMBERSHIP STATUS OR PRIVILEGES AND EXHAUSTION OF REMEDIES**

- 10.1 Reapplication after adverse credentials decision: Except as otherwise determined by the MEC or board in light of exceptional circumstances, a practitioner who has received a final adverse decision or who has resigned or withdrawn an application for appointment or reappointment or clinical privileges is not eligible to reapply to the medical staff for a period of one (1) year from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal. Any such application is processed in accordance with the procedures then in force. As part of the reapplication, the practitioner must submit such additional information as the medical staff and/or board requires demonstrating that the basis of the earlier adverse action no longer exists. If such information is not provided, the reapplication will be considered incomplete and voluntarily withdrawn and will not be processed any further.
- 10.2 Reapplication after administrative revocation: A practitioner who has had his/her appointment or clinical privileges administratively revoked for failure to maintain current professional liability insurance in the specified amount or failure to maintain and complete medical records will be reinstated for appointment and appropriate privileges upon submission of documentation that he/she has resolved the reason for the revocation.
- 10.3 Request for modification of appointment status or privileges: A staff appointee, either in connection with reappointment or at any other time, may request modification of staff category, Service assignment, or clinical privileges by submitting a written request to the medical staff services. A modification request must contain all pertinent information supportive of the request. All requests for additional clinical privileges must be accompanied by information demonstrating additional education, training, and current clinical competence in the specific privileges requested. A modified application is processed in the same manner as a reappointment, which is outlined in section 6 of this manual. A practitioner who determines that he/she no longer exercises, or wishes to restrict or limit the exercise of, particular privileges that he/she has been granted shall send written notice, through the medical staff services, to the Credentials Committee and MEC. A copy of this notice shall be included in the practitioner's credentials file.
- 10.4 Resignation of staff appointment: A practitioner may resign his/her staff appointment and/or clinical privileges by providing written notice to the appropriate Service Chief or president of the medical staff. The resignation shall specify the reason for the resignation and the effective date. A practitioner who resigns his/her staff appointment and/or clinical privileges is obligated to fully and accurately complete all portions of all medical records for which he/she is responsible prior to the effective date of resignation. Failure to do so shall result in an entry in the practitioner's credentials file acknowledging the resignation and indicating that it became effective under unfavorable circumstances and shall be considered a matter of professional conduct that could adversely affect the health or welfare of a patient and so is reportable to the National Practitioner Data Bank, pursuant to the HCQIA (Health Care Quality Improvement Act) of 1986.

- 10.5 Exhaustion of administrative remedies: Every practitioner agrees that he/she will exhaust all of the administrative remedies afforded in the various sections of this manual, the bylaws and the hearing and appeals plan before initiating legal action against the hospital or its agents.
- 10.6 Reporting requirements: The CEO or his/her designee shall be responsible for assuring that the hospital satisfies its obligations under the Health Care Performance improvement Act of 1986 and its successor statutes. Actions that must be reported include any negative professional review action against a physician related to clinical incompetence or misconduct that lead to a reduction in clinical privileges of greater than thirty (30) days, resignation, surrender of privileges, or acceptance of privilege reduction either during investigation or to avoid investigation.

#### **SECTION 11: LEAVE OF ABSENCE**

- 11.1 Leave request: A staff appointee may obtain a voluntary leave of absence by providing written notice to the president of the medical staff. The notice must state the reasons for the leave and approximate period of time of the leave, which may not exceed one year except for military service. During the period of time of the leave, the staff appointee may not exercise clinical privileges or prerogatives and has no obligation to fulfill medical staff responsibilities.
- 11.2 Termination of leave: At least thirty (30) days prior to the termination of the leave, or at any earlier time, the staff appointee may request reinstatement by sending a written notice to the president of the medical staff. The staff appointee must submit a written summary of relevant activities during the leave if the MEC or board so requests. The MEC makes a recommendation to the board concerning reinstatement, and the applicable procedures concerning the granting of privileges are followed.

#### **SECTION 12: PRACTITIONER PROVIDING CONTRACTUAL SERVICES**

- 12.1 Exclusivity policy: Whenever hospital policy specifies that certain hospital facilities or services may be provided on an exclusive basis in accordance with contracts or letters of agreement between Davis Memorial Hospital and qualified practitioners, then other staff appointees must, except in an emergency or life threatening situation, adhere to this exclusivity policy in arranging for or providing care. Application for initial appointment or for clinical privileges related to Davis Memorial Hospital facilities or services covered by exclusive agreements will not be accepted or processed unless submitted in accordance with the existing contract or agreement with the hospital.
- 12.2 Qualifications: A practitioner who is or will be providing specified professional services pursuant to a contract or a letter of agreement with the hospital must meet the same qualifications, must be processed in the same manner, and must fulfill all the obligations of his/her appointment category as any other applicant or staff appointee.

- 12.3 Effect of disciplinary or corrective action recommended by the medical executive committee: the terms of the medical staff bylaws will govern disciplinary action taken or recommended by the medical executive committee.
- 12.4 Effect of contract or employment expiration or termination: The effect of expiration or other termination of a contract upon a practitioner's staff appointment and clinical privileges will be governed solely by the terms of the practitioner's contract with Davis Memorial Hospital. If the contract or the employment agreement is silent on the matter, then contract expiration or other termination alone will not affect the practitioner's staff appointment status or clinical privileges.

#### **SECTION 13: MEDICAL ADMINISTRATIVE OFFICERS**

- 13.1 A medical administrative officer is a practitioner engaged by the hospital either full or part time in an administratively responsible capacity, whose activities may also include clinical responsibilities such as direct patient care, teaching, or supervision of the patient care activities of other practitioners under the officer's direction.
- 13.2 Each medical administrative officer must achieve and maintain medical staff appointment and clinical privileges appropriate to his/her clinical responsibilities and discharge staff obligations appropriate to his/her staff category in the same manner applicable to all other staff members.
- 13.3 Effect of removal from office or adverse change in appointment status or clinical privileges:
  - 13.3.1 Where a contract exists between the officer and the hospital, its terms govern the effect of removal from the medical administrative office on the officer's staff appointment and privileges and the effect of an adverse change in the officer's staff appointment or clinical privileges on his remaining in office.
  - 13.3.2 In the absence of a contract or where the contract is silent on the matter, removal from office has no effect on appointment status or clinical privileges. The effect of an adverse change in appointment status or clinical privileges on continuance in office will be as determined by the board after requesting and considering the recommendations of relevant components and officials of the staff.
  - 13.3.3 A medical administrative officer has the same procedural rights as all other staff members in the event of an adverse change in appointment status or clinical privileges unless the change is, by contract a consequence of removal from office.

#### **SECTION 14: USE OF TERMS**

- 14.1 When used herein the terms “Credentials Committee Chairperson,” “president,” “medical staff service professional or designee,” “CEO,” and “Board” are construed to include “designee.”
- 14.2 “Subject matter expert” is an individual chosen by the Credentials Committee, president or MEC to assist and advise them in evaluation of recommendations for clinical privileges for their peers.



