

**GETTYSBURG HOSPITAL**

**CREDENTIALS**

**POLICY AND PROCEDURE MANUAL**

Updated December 1, 2008

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## GETTYSBURG HOSPITAL

### CREDENTIALS POLICY AND PROCEDURE MANUAL PROCEDURE MANUAL

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# **CREDENTIALS POLICY AND PROCEDURE MANUAL**

## **DEFINITIONS**

The definitions set forth in the Bylaws of the Medical Staff of Gettysburg Hospital shall apply to the provisions of this Credentials Policy and Procedure Manual.

## **ARTICLE I. APPOINTMENT PROCEDURES**

### **1.1 PREAPPLICATION**

Any Practitioner requesting appointment to the Medical Staff, or rights to exercise clinical privileges or perform patient care services in the Hospital, shall forward a request to the Vice President of Medical Affairs or designee for a pre-application form. The pre-application form requests background information on the Practitioner, as well as identification of the system entities in which the Practitioner would be requesting appointment or rights to exercise patient care services.

### **1.2 APPLICATION PACKET**

After the Pre-application form is completed and returned to the Hospital, and, after review, it is determined that all criteria are met, an application packet which includes application documents from all requested system entities will be provided to the Applicant. The application packet shall include the following items for Hospital Applicants - an application form; a privileges request form, a list of requirements for completing the application packet and information on how to view the following documents - the Medical Staff Bylaws, Rules and Regulations, and accompanying manuals.

### **1.3 APPLICATION CONTENT**

Every applicant must furnish complete information concerning the following:

- (a) Postgraduate training, including the name of each institution attended, degrees granted, programs completed, dates attended, and names of practitioners responsible for the applicant's performance;
- (b) Copies of all currently valid medical, dental, and other professional licenses or certifications, and Drug Enforcement Administration registration, with the date and number of each;
- (c) Specialty or sub-specialty board eligibility, qualification, certification, or recertification status;
- (d) Health impairments, if any, affecting the applicant's ability to perform professional and Medical Staff duties fully;
- (e) Professional liability insurance coverage as required by Section 3.1.4 of the Medical Staff Bylaws, and information on malpractice claims history and experience (suits, settlements, and judgments pending, made, or concluded) during the past ten (10) 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 license or certificate to practice any profession in any state or

country; Drug Enforcement Administration or other controlled substances registration; membership or fellowship in local, state, or national professional organizations; specialty or sub-specialty board eligibility, qualification, or certification; faculty membership at any medical or other professional school; or staff membership status, prerogatives, or clinical privileges or rights to perform patient care services at any other hospital, clinic, or health care institution or organization;

(g) Location of offices, names and addresses of other practitioners with whom the applicant is or was associated and inclusive dates of such association; and names and locations 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;

(h) The Department and/or Division to which the applicant is seeking appointment; the Staff category which the applicant is seeking; and the specific clinical privileges or rights to perform patient care services in the Hospital which the applicant is requesting;

(i) Any current felony charges pending against the applicant and any past charges, including their resolution;

(j) Any sanctions of any kind imposed or proposed to be imposed by any federal, state, or third party payor; and

(k) Applicant's acceptance of the scope and extent of the authorization, immunity, and release provisions as set forth in the application form.

#### **1.4 EFFECT OF APPLICATION**

The applicant must sign the application and in so doing:

(a) attests to the correctness and completeness of all information furnished;

(b) authorizes Hospital representatives to consult with and request information or documents from others who have been associated with him or who may have information bearing on his competence, professional ability, ethical character, other qualifications, physical and mental health status, insurance coverage, and/or all other matters included or sought in the application;

(c) consents to Hospital representatives' inspection of all records and documents that may be material to an evaluation of his competence, professional ability, ethical character, other qualifications, physical and mental health status, insurance coverage, and/or all other matters included or sought in the application;

(d) agrees to maintain an ethical practice and to provide continuous care to his patients;

(e) signifies that he has read the current Medical Staff Bylaws, Rules and Regulations, and accompanying manuals and agrees to abide by their provisions and with all other standards, policies, and rules of the Staff and the Hospital; and

(f) agrees to waive all legal claims against any Hospital representative who acts in accordance with this Article according to the terms of the release contained in the Hospital's application form.

For purposes of this section, the term "Hospital representatives" includes but is not limited to the Board; its directors and committees; the Chief Executive Officer or his designee; the Vice President of Medical Affairs or his designee; registered nurses and other employees of the Hospital; the Medical Staff and all Medical Staff appointees, Allied Health Professionals; clinical units and committees which have responsibility for collecting and evaluating the applicant's credentials or acting upon his application; and any authorized representative of any of the foregoing.

## **1.5 PROCESSING THE APPLICATION**

### **1.5.1 APPLICATION PACKET**

Upon request and receipt of the non-refundable application fee, the amount of which will be set from time to time by the Vice President of Medical Affairs, eligible applicants will be given an application packet, as defined in Section 1.2 of this Credentials Policy and Procedure manual. Providing all necessary documentation is received by the Medical Staff Office from the applicant upon the initial request for application, processing and approval/denial of the application should be accomplished within four months.

### **1.5.2 ADDITIONAL DOCUMENTATION**

Documentation necessary to complete an application shall consist of the following (it is the applicant's responsibility to provide all of the following documentation, or to see that it is provided. Until all of the following documentation is received, the application will not be processed further):

- (a) A completed, signed application form and privileges request form;
- (b) A copy of the applicant's current license in the Commonwealth of Pennsylvania and, where applicable, his DEA number and certificate;
- (c) A copy of the applicant's current professional liability insurance policy in the minimum amount required by Section 3.1.4 of the Medical Staff Bylaws;
- (d) Copies of certifications and letters confirming completion of an approved residency/training program or other educational curriculum;
- (e) Verification (copies of certificates or copy of letter from appropriate specialty board) of board status (i.e., board qualification, eligibility, or certification); and
- (f) Three (3) letters of recommendation sent directly to the Vice President of Medical Affairs from persons who have recently worked with the applicant and directly observed his professional performance for at least one (1) year and who can and will provide reliable

information regarding current clinical ability, judgment, ethical character, and ability to work with others. (References must be from individuals practicing in a field similar to the applicant.)

(g) A signed “Disclosure and authorization to obtain Criminal Background Reports.”

(h) For Allied Health Professionals, copies of current collaborative or supervisory agreements as required by Pennsylvania law.

### **1.5.3 LETTER OF ACKNOWLEDGMENT**

Upon receipt of a completed and signed application form, the applicant will be sent a letter of acknowledgment by the office of the Vice President of Medical Affairs or designee. The letter of acknowledgment will detail any remaining documentation that must be submitted to complete the application as set forth in Section 1.4.2 above.

### **1.5.4 VERIFICATION AND ADDITIONAL INFORMATION**

Upon receipt of a completed and signed application form and supporting documentation as set forth in 1.5.2 above, the office of the Vice President of Medical Affairs, or designee will seek to verify the application’s contents and collect additional information as follows (In the event of undue delay in obtaining the information required in this Section 1.5.4, the Office of the Vice President of Medical Affairs or designee will request assistance from the applicant. Failure of an applicant to respond adequately to a request for assistance will, after thirty (30) days, result in termination of the application process, without any recourse to the procedural rights afforded by Article II of the Corrective Action Procedures and Fair Hearing Plan.):

(a) Information from past insurance carriers concerning malpractice claims history and experience (suits, settlements, and judgments pending, made, or concluded) during the past ten (10) years;

(b) Completed references from all past practice settings;

(c) Sufficient information documenting the applicant’s clinical work, in acceptable form, to enable the applicant to be privileged;

(d) Verification of licensure status in all current and past states of licensure;  
and

(e) A criminal background check will be performed for all new applicants to the medical staff. If any of the following are discovered, the practitioner may be ineligible for appointment to the Medical Staff.

(i) any conviction of, or plea of guilty or no contest to, or received probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of, any felony charge, or any misdemeanor charge related to controlled substances, illegal drugs, insurance or health care fraud or abuse, violence, or moral turpitude;

(f) Any other information required by applicable state or federal law or regulations -- e.g., obtaining reports from the National Practitioner Data Bank, and confirmation of the Cumulative Sanctions List maintained by the Office of the Inspector General of the Department of Health and Human Services.

### **1.5.5 TELEPHONE FOLLOW-UP**

The Vice President of Medical Affairs, or his designee, may solicit additional information from each hospital, clinic, or health care institution or organization at which the applicant was a member of the staff or exercised clinical privileges or rights to perform patient care services during the past ten (10) years.

### **1.5.6 SUMMARY**

With the completion of the applicant's file, (i.e., all documentation listed above has been received), the file will then be presented to the appropriate Department Chairman(men).

### **1.5.7 INTERVIEW**

The Department Chairman, or his designee, may, at their discretion, interview the applicant and document the results of the interview. A copy of the interview documentation will be placed in the applicant's file.

### **1.5.8 ASSIGNMENT OF THE REVIEW PROCESS**

Upon completion of the applicant's file, the Vice President of Medical Affairs, the relevant Department Chairman and the Chairman of the Credentials Committee (following review of the applicant by the full Credentials Committee), or, in the event of the unavailability of any of them, their designees, shall assign the applicant to one of the following review processes, depending upon the extent to which the applicant has clearly demonstrated his qualifications for Medical Staff appointment, category of Staff appointment, Department and Division affiliation, and clinical privileges or rights to perform patient care services:

- (a) expedited review; or
- (b) full review.

## **1.6 DELEGATED CREDENTIALING PROCESS**

### **1.6.1 PROCESS**

In circumstances where the Hospital contracts with a Joint Commission accredited organization for telemedicine services, the Hospital may choose to delegate the responsibility of credentialing to the telemedicine organization, by accepting the credentialing process of the telemedicine organization. Continued JCAHO accreditation and/or any change in accreditation status will be assessed at the time of each JCAHO review. Any change in JCAHO accreditation status could necessitate a review of the contractual arrangement with the Hospital.

In the circumstance of delegated credentialing, the credentialing and privileging processes will differ in the following ways:

- (a) Pre-application form requests, letters of acknowledgement, and notices of final decision will not be required or included in the delegated process.
- (b) All medical staff dues and fees are waived.
- (c) Information consistent with that required in Section 1.3, Application Content, and 1.5.2, Additional Documentation, must be made available upon request by the Hospital.
- (d) The verification of information and documentation is also delegated to the telemedicine organization.
- (e) Physicians who provide telemedicine services at the Hospital must be properly trained, licensed in the state of Pennsylvania, experienced in performing telemedicine services, and shall meet the same criteria, as established for the regular medical staff at the Hospital.
- (f) The Hospital shall grant clinical privileges to the telemedicine physician using credentialing information provided from the telemedicine organization, with approval of the Dept. Chairmen, Credentialing Committee, Medical Executive Committee, and Hospital Board.
- (g) The physician shall be privileged at the Hospital for the same services and procedures as the telemedicine organization.
- (h) The services provided by the telemedicine organization shall be consistent with commonly accepted quality standards.
- (i) Once the telemedicine services begin, the Hospital shall provide, when available, information relevant to assessing the quality of care, treatment, and services provided to the telemedicine organization. Minimally, the information provided shall include sentinel events, and complaints received from patients, licensed independent practitioners, and staff at the Hospital.

## **1.7 EXPEDITED REVIEW PROCESS**

### **1.7.1 ELIGIBILITY FOR EXPEDITED REVIEW**

Determinations of an applicant's eligibility for expedited review shall be based on the applicant meeting criteria for expedited review which have been approved by the Medical Executive Committee. The determination that an applicant is not eligible for expedited review should not be viewed as an indication that the applicant is unqualified, and shall not be deemed an "adverse event" as defined in Article IX of the Medical Staff Bylaws. In general, expedited review is only for those applicants who, upon a thorough review of their application file and a personal interview, have clearly demonstrated their qualifications for Medical Staff appointment, category of Staff appointment, Department and Division affiliation, and clinical privileges or rights to perform patient care services, as requested, without any unresolved questions or issues.

### **1.7.2 PROCESS**

(a) Approval: An applicant will be recommended for approval for Medical Staff Appointment, Department and Division affiliation, and scope of clinical privileges or rights to perform patient care services, as requested, upon review and signed recommendation for approval by the relevant Department Chairman, the Chairman of the Credentials Committee (or designee) and the Medical Executive Committee. After obtaining these recommendations for approval, the Hospital Board or a subcommittee of the Board consisting of at least two members will review the recommendation for Appointment and privileges requested. The Board or the Board subcommittee may adopt or reject in whole or in part these recommendations. Action by the Board or the Board subcommittee will be handled in the manner described in Section 1.6.1 above.

(b) Non-Approval: If the relevant Department Chairman, the Chairman of the Credentials Committee (or designee) or the Medical Executive Committee do not give their signed approval of the applicant under the expedited review process, for any reason, the application shall be referred to the Vice President of Medical Affairs for review under the full review process, as described below.

## **1.8 FULL REVIEW PROCESS**

### **1.8.1 DEPARTMENT AND DIVISION ACTION**

(a) Department Chairman: The Chairman of each Department in which the applicant seeks clinical privileges or rights to perform patient care services shall review the application and its supporting documentation and forward to the Credentials Committee a written report evaluating the applicant's training, experience, demonstrated ability, competence, and judgment, and stating how the applicant's skills are expected to contribute to the clinical and educational activities of the Department. In connection with his report, the Department Chairman may make telephone calls to solicit additional information from the applicant's past practice settings. The Chairman will consult with the appropriate Division Chief on these matters prior to making a final recommendation. This report shall state the Department Chairman's recommendation as to approval or denial of, or any special limitations on, Medical Staff

appointment, category of Staff appointment, Department and Division affiliation, and scope of clinical privileges or rights to perform patient care services.

(b) Vice President – Patient Care Services: The application for all Advanced Practice Nurses (CRNA, CRNP, CNM) is forwarded by the Chairman of the appropriate department to the Vice President – Patient Care Services. The Vice President – Patient Care Services reviews the application, support documentation, references and recommendation from the department chair, and will consult with the department chair if there are any areas of concern identified from the professional nursing practice perspective. The Vice President – Patient Care Services then submits signature of approval and forwards to Credentials Committee for action.

(c) Alternative Process: If the Vice President of Medical Affairs, after approval of the Credentials Committee, considers it appropriate to use an outside consultant (i.e., one with no affiliations to the Hospital or its Medical Staff) as a replacement for the Department Chairman and/or Division Chief in the appointment process, the Vice President of Medical Affairs may do so.

### **1.8.2 CREDENTIALS COMMITTEE ACTION**

The Credentials Committee shall review the application, the supporting documentation, the reports from the Department Chairman and Division Chief or outside consultant (if any), and any other relevant information available to it. The Credentials Committee then shall transmit to the Medical Executive Committee the written report of the Credentials Committee and recommendations as to approval or denial of, or any special limitations on, Medical Staff appointment, category of Staff appointment, Department and Division affiliation, and scope of clinical privileges or rights to perform patient care services. If the Credentials Committee requires further information about an applicant, it may defer transmitting its report, and it shall seek, from relevant sources, the required additional information.

### **1.8.3 MEDICAL EXECUTIVE COMMITTEE ACTION**

As soon after receipt of the Credentials Committee recommendation as is reasonably practical, the Medical Executive Committee shall review the application, the supporting documentation, the reports and recommendations from the Department Chairman, Division Chief, outside consultant (if any), and Credentials Committee, and any other relevant information available to it. The Medical Executive Committee shall either defer action on the application or prepare a written report with recommendations as to approval or denial of, or any special limitations on, Medical Staff appointment, category of Staff appointment, Department and Division affiliation, and scope of clinical privileges or rights to perform patient care services.

### **1.8.4 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION**

(a) Deferral: Action by the Medical Executive Committee to defer an application for further consideration must be followed, as soon as is reasonably practical, by subsequent recommendations as to approval or denial of, or any special limitations on, Medical

Staff appointment, category of Staff appointment, Department and Division affiliation, and scope of clinical privileges or rights to perform patient care services.

(b) Favorable Recommendation: When the Medical Executive Committee's recommendation is favorable to the applicant as to approval of Medical Staff appointment, category of Staff appointment, Department and Division affiliation, and scope of clinical privileges or rights to perform patient care services, the Vice President of Medical Affairs shall promptly forward it, together with all supporting documentation, to the Board. "All supporting documentation" means the completed application packet and the reports and recommendations of the Department Chairman, Division Chief, outside consultant (if any), Credentials Committee, and Medical Executive Committee, including the existence of any dissenting views.

(c) Adverse Recommendation: When the Medical Executive Committee's recommendation is adverse to the applicant as defined in Article IX of the Medical Staff Bylaws, the Vice President of Medical Affairs shall so inform the applicant by special notice, and the applicant shall then be entitled to the procedural rights as provided in the Corrective Action Procedures and Fair Hearing Plan.

### **1.8.5 BOARD ACTION**

(a) On a Favorable Recommendation: The Board may adopt or reject in whole or in part a favorable recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee for further consideration, stating the reasons for such referral and setting a time limit within which a subsequent recommendation must be made. Favorable action by the Board is effective as its final decision. If, after a favorable recommendation of the Medical Executive Committee, the Board's action is adverse to the applicant as defined in Article IX of the Medical Staff Bylaws, the Vice President of Medical Affairs shall promptly so inform the applicant by special notice, and he shall then be entitled to the procedural rights as provided in Article II of the Corrective Action Procedures and Fair Hearing Plan.

### **1.8.6 BASIS FOR RECOMMENDATIONS AND ACTIONS**

The report of each individual or group, including the Board, required to act on an application must state the reasons for each recommendation or action taken. The existence of any dissenting views at any point in the process must also be noted in the majority report.

### **1.8.7 CONFLICT RESOLUTION**

Whenever the Board determines that it will decide a matter contrary to the latest recommendation of the Medical Executive Committee, if any, the matter shall be resolved pursuant to the procedure outlined in Article VII of the Fair Hearing Plan regarding Appellate rights.

### **1.8.8 NOTICE OF FINAL DECISION**

(a) The Vice President of Medical Affairs shall give the applicant written notice of the Board's final decision, with copies to the President of the Medical Staff, and to the Department Chairman of each Department concerned.

(b) A decision and notice to appoint shall include:

- (i) the Staff category to which the applicant is appointed;
- (ii) the Department and Division to which he is assigned;
- (iii) the clinical privileges or rights to perform patient care services he may exercise; and
- (iv) any special conditions attached to the appointment.

### **1.9 EMERGENCY PRIVILEGES**

In case of an emergency which could result in serious harm to a patient, or in which the life of a patient is in immediate danger, any Medical Staff Appointee or Practitioner who has the right to perform patient care services in the Hospital 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 Practitioner's license, but regardless of Department or Division affiliation, category, or level of privileges. A Practitioner exercising emergency privileges is obligated to summon all consultative assistance considered necessary and to arrange appropriate follow-up care.

### **1.10 DISASTER PRIVILEGES**

For purposes of this Section, a disaster is defined as a natural or manmade event that significantly disrupts the environment of care, significantly disrupts care, treatment, and services, or that results in sudden, significantly changed, or increased demands for the Hospital's services, or a situation in which there is immediate danger of loss of life or a permanent or serious disability and in which any delay in treatment might increase that danger. Disaster is further defined as a natural disaster, national emergency, bioterrorism, act of war, or other similar mass emergency. Following activation of the Hospital emergency management plan or following a disaster in which the treatment of patients on an emergent basis requires the assistance of medical practitioners who are not members of the Medical Staff, the President of the Medical Staff, the Chief Executive Officer, or their designees, may grant disaster privileges to a medical practitioner whose skills and services are necessary to treat Hospital patients. Prior to granting disaster privileges to any medical practitioner that is not on the Medical Staff, the Chief Executive Officer, the President of the Medical Staff, or their designee, may grant disaster privileges upon presentation of a valid government-issued photo identification issued by a federal or state agency AND one of the following:

- A current picture hospital ID card that clearly identifies professional designation
- A current license to practice
- Primary source verification of the license
- Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), Medical Reserve Corp (MRC), Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organization or group
- Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by federal, state, or municipal entity)
- Identification by a current hospital or medical staff member(s) who possess personal knowledge regarding the volunteer's ability to act as a licensed independent practitioner during a disaster

Verification shall take place as soon as the immediate situation is under control, and is typically completed within 72 hours from the time the volunteer practitioner presents to the organization. When the situation does not permit verification to occur within 72 hours, there must be documentation explaining why primary verification was not completed, with evidence of the practitioner's demonstrated abilities.

The medical staff is responsible for oversight of the volunteer practitioner through direct observation, mentoring, and record review, when necessary. Based on preliminary information of the volunteer practitioner's professional practice through observation, the VPMA or his designee makes a decision within 72 hours whether the disaster privileges initially granted are continued.

The Vice President of Medical Affairs may rely on telephone or electronic verification by the appropriate entity. When an emergency situation no longer exists, such Practitioner must request the privileges necessary to continue to treat the patient. In the event such privileges are denied or in the event the Practitioner does not desire to request such privileges, the patient shall be referred by the Practitioner or, in the default thereof, by the Vice President of Medical Affairs, to another Practitioner who has been awarded appropriate privileges to provide the care required.

## **ARTICLE II. CONCLUSION AND EXTENSION OF PROVISIONAL PERIOD**

### **2.1 SUCCESSFUL CONCLUSION**

### **2.1.1 DEPARTMENT CHAIRMAN**

Sixty (60) days before the end of a Practitioner's provisional period, the office of the Vice President of Medical Affairs, through the credentialing office, shall notify the Chairman in each Department in which the Practitioner was granted clinical privileges or rights to perform patient care services, by written notice, of the date the Practitioner's provisional period ends. The applicable Department Chairman shall, at least thirty (30) days before the end of the Practitioner's provisional period, recommend whether the provisional period should be concluded by virtue of the Practitioner's demonstration of his qualifications for Medical Staff appointment, his ability to abide by the Medical Staff Bylaws and Rules and Regulations and the specific Rules and Regulations of any Department to which he is appointed or granted clinical privileges or rights to perform patient care services, and of his ability to exercise the clinical privileges or rights to perform patient care services granted. The Department Chairman shall forward his recommendation to the Credentials Committee.

### **2.1.2 ACTION REQUIRED**

The Credentials Committee shall consider the recommendation of the Department Chairman and shall make a recommendation to the Medical Executive Committee, which shall in turn consider the recommendations of the Department Chairman and the Credentials Committee and make a recommendation to the Board. Final processing shall follow the procedures set forth in Section 1.7 of this Credentials Policy and Procedure Manual for the appointment process.

## **2.2 EXTENSION OF PROVISIONAL PERIOD**

If the Department Chairman is unable to recommend conclusion of a Practitioner's provisional period because the Practitioner's caseload at the Hospital was inadequate to demonstrate ability to exercise the privileges or rights granted to him or because the Practitioner failed to abide by the Medical Staff Bylaws and Rules and Regulations and/or the specific Rules and Regulations of any Department to which he is appointed or granted clinical privileges or rights to perform patient care services, and the Practitioner submits to the Credentials Committee a statement to this effect describing his case load and signed by the applicable Department Chairman, the Practitioner's provisional period may be extended for one (1) additional year by approval of the Credentials Committee, the Medical Executive Committee, and the Board. Only one (1) such extension is permissible. Failure to complete successfully the provisional appointment will result in a forfeiture of the Practitioner's Staff appointment, clinical privileges, or rights to perform patient care services in the Hospital.

## **2.3 SHORTENED PROVISIONAL PERIOD**

If a Practitioner wishes to end his provisional period in less than one (1) year, he may request the applicable Department Chairman to submit the required documentation to the Credentials Committee after a six (6) month period. No provisional period will be for a period shorter than six (6) months.

## **ARTICLE III. REAPPOINTMENT PROCEDURES**

### **3.1 INFORMATION COLLECTED AND VERIFICATION**

#### **3.1.1 FROM PRACTITIONERS**

At least three (3) months before the expiration of a Medical Staff appointment, the Vice President of Medical Affairs or designee shall notify each Practitioner of the date of expiration and provide him with a form seeking information for reappointment. At least sixty (60) days before the expiration of his appointment (unless the Medical Executive Committee grants an extension of no more than thirty (30) days), each Practitioner shall complete the reappointment form and furnish at least the following:

- (a) complete information to update the Practitioner's credentials file on items listed in his original application;
- (b) proof of continuing training and education external to the Hospital during the preceding period and in accordance with all requirements mandated by the applicable licensing board (although, a first-year, provisional physician who was a resident in a training program the year before appointment to the Gettysburg Hospital Medical Staff will not be required to provide CME credit information at their first reappointment);
- (c) specific requests for clinical privileges or rights to perform patient care services sought on reappointment, with any basis for requested changes;
- (d) any requests for changes in staff category or Department or Division assignment; and
- (e) The names and locations of any other hospital, clinic, or health care institution or organization where the Practitioner provides or provided clinical services, with the inclusive dates of each application.

Failure, without good cause, to provide this information shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of appointment at the expiration of the term, without any procedural rights. Appointees of the Honorary category are exempted from the requirement of completing reappointment forms. The Vice President of Medical Affairs shall verify the additional information provided, and shall notify the practitioner of any information inadequacies or verification problems. The Practitioner then has the burden of producing adequate information and resolving any doubts about the data.

#### **3.1.2 FROM INTERNAL AND EXTERNAL SOURCES**

The Vice President of Medical Affairs also shall collect from the Practitioner's credentials file and other relevant sources information regarding the Practitioner's professional and collegial activities and performance and conduct in the Hospital and at any other hospital, clinic, or health care institution or organization where the practitioner provides or provided clinical services. Such information shall include but not be limited to patterns of care as

demonstrated in findings of quality assurance activities; continuing education activities; attendance at required Medical Staff and Department meetings; service on Medical Staff, Department, and Hospital committees; timely and accurate completion of medical records; and compliance with the Medical Staff Bylaws, Rules, and Regulations, and accompanying manuals, and all other standards, policies, and rules of the Medical Staff and the Hospital.

### **3.1.3 OTHER INFORMATION**

The Vice President of Medical Affairs also shall collect any other information required by applicable state or federal law or regulations -- e.g., National Practitioner Data Bank reports or confirmation of the Office of Inspector General Cumulative Sanctions List.

At the time of reappointment or at any other time during any period of appointment, the Vice President of Medical Affairs may require that a criminal background report be performed if deemed to be reasonably necessary based upon the circumstances. If any of the following are discovered, the practitioner may be ineligible for reappointment to the Medical Staff, and may be subject to removal from the Medical Staff.

(a) any conviction of, or plea of guilty or no contest to, or received probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of, any felon charge, or any misdemeanor charge related to controlled substances, illegal drugs, insurance or health care fraud or abuse, violence, or moral turpitude.

### **3.1.4 ASSIGNMENT OF REVIEW PROCESS**

Upon collection and verification of all relevant information regarding an applicant for reappointment, the Vice President of Medical Affairs, the relevant Department Chairman and the Chairman of the Credentials Committee (following review of the applicant by the full Credentials Committee), or, in the event of the unavailability of any of them, their designees, shall assign the applicant to one of the following review processes, depending upon the extent to which the applicant has clearly demonstrated his qualifications for reappointment to the Medical Staff, category of Staff appointment, Department and Division affiliation, and clinical privileges or rights to perform patient care services:

- (a) expedited review; or
- (b) full review.

## **3.2 EXPEDITED REVIEW PROCESS**

### **3.2.1 ELIGIBILITY FOR EXPEDITED REVIEW**

Determinations of an applicant's eligibility for expedited review shall be solely within the discretion of the Vice President of Medical Affairs, the relevant Department Chairman, and the Chairman of the Credentials Committee (following review of the applicant by the full

Credentials Committee), or, in the event of the unavailability of any of them, their designees. The determination that an applicant is not eligible for expedited review should not be viewed as an indication that the applicant is unqualified, and shall not be deemed an “adverse event” as defined in Article IX of the Medical Staff Bylaws. In general, expedited review is only for those applicants who, upon a thorough review of relevant information, have clearly demonstrated their qualifications for reappointment to the Medical Staff, category of Staff appointment, Department and Division affiliation, and clinical privileges or rights to perform patient care services, as requested, without any unresolved questions or issues.

### **3.2.2 PROCESS**

(a) Approval: An applicant will be deemed approved for reappointment to the Medical Staff, category of staff appointment, Department and Division affiliation, and scope of clinical privileges or rights to perform patient care services, as requested, upon review and signed approval by the Vice President of Medical Affairs, the relevant Department Chairman, the Chairman of the Credentials Committee, the President of the Medical Staff, and the Chief Executive Officers of the Hospital (or, in the event of the unavailability of any of them, their designees). Notice of a final decision of approval shall be provided by the Vice President of Medical Affairs to the Medical Executive Committee and the Hospital Board of Directors at their next meeting, and written notice shall be given to the applicant in the manner set forth in Section 1.6.8 above.

(b) Non-Approval: If the Vice President of Medical Affairs, the relevant Department Chairman, the Chairman of the Credentials Committee, the President of the Medical Staff, or the Chief Executive Officers of the Hospital (or, in the event of the unavailability of any of them, their designees) do not give their signed approval of the applicant under the expedited review process, for any reason, the applicant shall be referred to the Vice President of Medical Affairs for review under the full review process, as described below.

## **3.3 FULL REVIEW PROCESS**

### **3.3.1 DEPARTMENT ACTION**

Each Chairman of a Department in which the Practitioner requests or has exercised privileges or rights to perform patient care services, and the Vice President – Patient Care Services (for advanced practice nurses) shall review the Practitioner’s credentials file and forward to the Credentials Committee a written report of the Practitioner’s performance, including a statement as to whether or not he knows of, or has observed or been informed of, any conduct which indicates significant problems (physical or behavioral) affecting the Practitioner’s ability to perform his professional and Medical Staff duties appropriately, and with recommendations for reappointment or non-reappointment to the Medical Staff, and for Staff category, Department and Division assignment, and clinical privileges or rights to perform patient care services.

### **3.3.2 FURTHER ACTION REQUIRED**

The Credentials Committee shall consider the recommendation of the Department Chairman and the Vice Present – Patient Care Services shall make a recommendation to the Medical Executive Committee, which in turn shall consider the recommendations of the Department Chairman and the Credentials Committee and make a recommendation to the Board. Final processing shall follow the procedures set forth in Section 1.8.1 to 1.8.8 of this Credentials Policy and Procedure Manual for the appointment process.

### **3.4 REQUEST FOR MODIFICATION OF MEMBERSHIP STATUS OR PRIVILEGES**

A Practitioner, either in connection with reappointment or at any other time, may request modification of his Staff category, Department or Division assignment, or clinical privileges or rights to perform patient care services by submitting a written request to the appropriate Department Chairman. A request for such a modification shall be processed according to the procedures set forth in Sections 3.2 and 3.3 above.

## **ARTICLE IV. LEAVE OF ABSENCE**

### **4.1 VOLUNTARY LEAVE**

#### **4.1.1 INSTIGATION**

A Practitioner may obtain a voluntary leave of absence by giving written notice to the Vice President of Medical Affairs for transmittal to the President of the Medical Staff, the appropriate Department Chairman, and the Board. The notice must state the approximate period of time of the leave, which may not exceed one (1) year, except for military service, pursuant to a draft, national emergency or other forced induction into the military service, or an impaired Practitioner pursuant to Section 4.2 of this Credentials Policy and Procedures Manual. In the case of military service or an impaired Practitioner, the voluntary leave of absence shall terminate three months after the end of the military service or impairment, as appropriate. During the period of time of the leave, all of the Practitioner's prerogatives, responsibilities, and clinical privileges or rights to perform patient care services are suspended.

#### **4.1.2 TERMINATION**

A Practitioner must, at least thirty (30) days before the termination of his leave, or may at any earlier time, request reinstatement by sending a written request for reinstatement to the Vice President of Medical Affairs. The Practitioner must submit a written summary of relevant activities during the leave, if the Medical Executive Committee or Board so requests, and the practitioner must demonstrate that he is then qualified for Medical Staff appointment and for the category of Staff appointment, Department and Division affiliation, and clinical privileges or rights to perform patient care services that he is requesting. The Medical Executive Committee shall make a recommendation to the Board concerning reinstatement, and further action on the request for reinstatement shall follow the procedures set forth in Section 1.7 of this Credentials Policy and Procedure Manual for the appointment process.

## **4.2 IMPAIRED PRACTITIONERS**

### **4.2.1 INSTIGATION**

In the event the Medical Executive Committee or the Board, in the course of the reappointment process or corrective action, considers any Practitioner to be impaired because of drug or alcohol dependence or mental, physical, or aging problems, the impaired Practitioner shall have the right to take an indefinite leave of absence to seek appropriate diagnosis and treatment, including any diagnosis or treatment recommended by the Medical Executive Committee or the Board. If the Practitioner opts for this indefinite leave of absence, all of his prerogatives, responsibilities, and clinical privileges or rights to perform patient care services are suspended, and any application he has submitted for reappointment is deemed withdrawn and any corrective action regarding his conduct is deemed concluded, without any recourse to the procedural rights afforded by Article II of the Corrective Action Procedures and Fair Hearing Plan.

### **4.2.2 TERMINATION**

When the Practitioner who has opted for the indefinite leave of absence set forth in Section 4.2.1 above believes that he has been sufficiently rehabilitated to return to the Hospital, he may request reinstatement by sending a written request for reinstatement to the Vice President of Medical Affairs. The Practitioner has the burden of demonstrating removal of his impairment and that he is then qualified for Medical Staff appointment and for the category of Staff appointment, Department and Division affiliation, and clinical privileges or rights to perform patient care services that he is requesting. The Medical Executive Committee shall make a recommendation to the Board concerning reinstatement, and further action on the request for reinstatement shall follow the procedures set forth in Section 1.7 of this Credentials Policy and Procedure Manual for the appointment process.

## **ARTICLE V. RESIGNATIONS**

### **5.1 NOTIFICATION**

A Practitioner who chooses to resign from the Medical Staff or Allied Health Staff must submit a signed letter of resignation to the Vice President of Medical Affairs. The letter must contain the effective date of the resignation.

## **ARTICLE VI. PROFESSIONAL SERVICES PROVIDED PURSUANT TO CONTRACT**

### **6.1 QUALIFICATIONS**

A Practitioner who is or will be exercising clinical privileges or who has or will have rights to perform patient care services pursuant to a contract with the Hospital must meet the same qualifications, must be processed for appointment, reappointment, and clinical privileges or rights to perform patient care services in the same manner, and must fulfill all the obligations of his appointment category, as any other practitioner.

## **6.2 EFFECT OF CONTRACT**

A contract may restrict right of access to Hospital equipment, facilities, and personnel exclusively to contracting Practitioners; provided, however, that for contracts initially entered into after the effective date of the Medical Staff Bylaws:

(a) the contract was not initially entered into without consultation with the Medical Executive Committee as to the reasons for and alternatives to the arrangement; and

(b) any Practitioner whose existing privileges or rights would be affected by the Hospital's initial entry into the contract was given a reasonable opportunity to become a party in the initial contract.

## **6.3 BOARD ACTION**

In the event the provisions of Section 6.2 of this Credentials Policy and Procedure Manual are followed and a Practitioner's existing privileges or rights are adversely affected by the Hospital's initial entry into a contract, such event shall be deemed adverse pursuant to Article IX of the Medical Staff Bylaws, and the Practitioner shall be entitled to a hearing and an appellate review as provided in Article II and Article VIII of the Corrective Action Procedures and Fair Hearing Plan.

## **ARTICLE VI. ADOPTION AND AMENDMENT**

### **7.1 AMENDMENT**

This Credentials Policy and Procedural Manual may be amended or repealed, in whole or in part, as provided by Sections 12.2.2 of the Medical Staff Bylaws.

### **7.2 ADOPTION**

**7.2.1 MEDICAL STAFF**

The foregoing Credentials Policy and Procedure Manual was adopted and recommended to the Board by the Medical Staff in accordance with and subject to the Medical Staff Bylaws.

\_\_\_\_\_  
PRESIDENT OF THE MEDICAL STAFF

\_\_\_\_\_  
DATE

**7.2.2 BOARD**

The foregoing Credentials Policy and Procedure Manual was approved and adopted by resolution of the Board after considering the Medical Staff's recommendation.

\_\_\_\_\_  
CHAIRMAN OF THE BOARD OF DIRECTORS

\_\_\_\_\_  
DATE