



CREDENTIALING PROCEDURES MANUAL

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PART ONE - APPOINTMENT PROCEDURES

1.1 APPLICATION

An application for membership on the Medical Staff of Banner Boswell Medical Center ("Medical Center") must be submitted by the applicant in writing, signed and on the form designated by the Medical Executive Committee and approved by the Board. Prior to the application being submitted, the applicant will be provided access to a copy or summary of the Medical Staff Bylaws, Medical Staff Rules and Regulations, the respective Department and Section Rules and Regulations and applicable Medical Staff Policies and Procedures.

1.2 APPLICATION CONTENT

Every application must contain complete information regarding:

- a) Medical school and postgraduate training, including the name of each institution, degrees granted, programs completed, dates attended, and for all postgraduate training, names of those responsible for monitoring the applicant's performance. Verification of Medical School and Residency/Fellowship programs that occurred more than five (5) years from the date of the application will be verified by the AMA/AOA profile. Residency and Fellowship programs of applicants who completed the program within the past five 5 years of application will be verified by the program. ECFMG Certification is acceptable verification of graduation from a foreign medical school whenever it is not possible to obtain verification from the medical school.
- b) Military Service (if applicable)
- c) Verification of all current medical, dental, or other professional licensures or certifications to practice and sanctions against such license, termination or restriction of licensure and any previously successful or currently pending challenges to licensure (voluntary or involuntary). Expired licenses will be verified through NPDB report.
- d) Specialty or sub-specialty board certification, recertification, or eligibility status (referring staff are exempt from this requirement).
- e) Health status and any health impairments (including alcohol and/or drug dependencies) which may affect the applicant's ability to perform professional and medical staff duties fully, including freedom from infectious tuberculosis.
- f) Professional liability insurance coverage, in the amount acceptable to the Board including the names of present and past insurance carriers, and complete information on malpractice claims history and experience including claims, suits, and settlements made, concluded, and pending. Malpractice history will be reviewed as reported by the National Practitioner Data Bank. Verification from malpractice insurance carriers will be sought if concerns are identified which necessitate further investigation.
- g) Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, or voluntary or involuntary relinquishment (by resignation or expiration) of: license or certificate to practice in any state or country; DEA or other controlled substances registration; specialty or sub-specialty board certification or eligibility; staff membership status, prerogatives, or clinical privileges at any hospital, clinic, or health care institution; professional liability insurance coverage.
- h) Department assignment and specific clinical privileges requested (referring staff are exempt from requesting clinical privileges but will be assigned to a department).
- i) Supporting documentation as required in the department's criteria for privileges.
- j) Any sanctions or exclusions by the Office of the Inspector General of the Department of Health and Human Services, any exclusions from government contracts by the General Services Administration/any government entity, or any convictions of any crime relating to health care.

- k) Any pending or past felony criminal charges or convictions involving alcohol, drugs, criminal damage, assault or moral turpitude against the applicant including their resolution.
- l) Any pending or past misdemeanor charges or convictions involving alcohol, drugs, criminal damage, assault, or moral turpitude including their resolution.
- m) Names and addresses of all hospitals or health care organizations where the applicant has or has had any association, employment, privileges or practice with the inclusive dates of each affiliation. (The 10 primary facilities based on activity will be verified for teleradiologists.) All time intervals since graduation must be accounted for. Verification of practice history, employment (including self-employment), other staff memberships and time gaps greater than six (6) months will be verified for the previous 10 years unless concerns are identified, which necessitate further investigation.
- n) Information from the National Practitioner Data Bank (NPDB), and other data banks as required by the Medical Executive Committee and/or regulatory bodies.
- o) Evidence of the applicant's agreement to abide by the provisions of the Bylaws, Rules and Regulations, and Disruptive Conduct Policy.
- p) Photocopy of the applicant's driver's license or other government issued photo ID (e.g. passport), or copy of a current picture hospital identification card.
- q) Peer References (see Section 1.3 below)
- r) Applicant to provide the number of Continuing Medical Education credits obtained during the past year. Documentation of Continuing Medical Education may be requested at the discretion of the review Committees.

1.3 REFERENCES

The application must include the names of three (3) medical or health care professionals, not related to the applicant, who have personal knowledge of the applicant's qualifications and who will provide specific written comments on these matters. The named individuals must have acquired the requisite knowledge through recent observation (within the past two years) of the applicant's professional performance and clinical competence over a reasonable period of time. References that are "fair" or "poor" shall be viewed as unfavorable in connection with the evaluation of an application. Where any of the references are less than favorable, further references shall be required. A maximum of two professional references may be from applicant's current practice associates. At least one reference will be queried for verification of current competency in performing privileges requested.

1.4 EFFECT OF APPLICATION

The applicant must sign the application and in so doing:

- (a) Attest to the correctness and completeness of all information furnished and in so doing acknowledge that any material misstatement in or omission from the application may constitute grounds for denial or revocation of appointment;
- (b) Signify willingness to appear for interviews in connection with the application;
- (c) Signify willingness to undergo a physical or mental health evaluation upon the request of the Professional Health Committee;
- (d) Agree to abide by the terms of these Bylaws, the Rules and Regulations of the assigned department, and the policies of the Medical Staff and the Medical Center, regardless if membership and/or clinical privileges are granted;
- (e) Agree to comply with the Medical Center's Disruptive Conduct Policy;
- (f) Agree to maintain an ethical practice and to provide continuous care to his or her patients;

- (g) Authorize and consent to representatives of the Medical Staff and Medical Center consulting with any individual who or entity which may have information bearing on the applicant's qualifications and consent to the inspection of all records and documents that may be material to the evaluation of such qualifications;
- (h) Authorize and consent to the sharing of information in accordance with the Banner Health Board's Sharing of Information policy; and
- (i) Release from any liability Banner Health, the Board, Medical Center employees, Medical Staff members, and all others who review, act on, or provide information regarding the applicant's qualifications for staff appointment and clinical privileges.

1.5 **APPLICATION FEE**

An application fee in the amount established by the Medical Executive Committee must be submitted by the applicant prior to the processing of the application. In addition, applicants will be required to pay medical staff dues at the time of application.

1.6 **GOVERNMENT ISSUED PHOTO IDENTIFICATION VERIFICATION**

Each applicant who will be exercising clinical privileges in the Medical Center must present to the Medical Staff Services Department and present a government issued form of identification as part of the application process. Approved forms of identification are: a) state issued driver's license, b) state issued identification, c) visa, and d) passport. Applicants who have not presented ID verification prior to approval of application by the Board will be placed in a Pending by Facility status and privileges will not be activated until they have presented their ID verification. Providers who have not presented identification within 180 days of board approval of their application will be deemed to have voluntarily resigned from staff.

1.7 **PROCESSING THE APPLICATION**

1.7-1 **APPLICANT'S BURDEN**

The applicant has the burden of producing adequate information for a proper evaluation of his or her qualifications and of resolving any doubts about any of the qualifications required for staff membership, department assignment, or clinical privileges, and of satisfying any requests for information or clarification (including health examinations). The applicant has the burden of demonstrating his or her qualifications to the satisfaction of the Medical Center. The Medical Staff and Medical Center have determined that what constitutes acceptable documentation of an applicant's qualifications, including competence and conduct, at another facility may not be acceptable to the Medical Staff and the Medical Center. Applications not demonstrating compliance with the requirements for Medical Staff membership and privileges will be deemed to be incomplete. Incomplete applications will not be processed. If information is not obtained from the applicant within ninety (90) days after a written request has been made, the application will be deemed withdrawn.

1.7-2 **VERIFICATION OF INFORMATION**

An Initial Pre-Application Request Form shall be submitted to the Banner Health Arizona Region – Credentials Verification Office ("CVO") who shall forward a copy to the Medical Center's Medical Staff Office to determine eligibility. If the applicant meets minimum established eligibility criteria, the CVO will be notified and the applicant will be provided a more detailed application for completion. Representatives of the CVO shall collect and verify the references, licensure, and other qualification evidence submitted, complete a criminal background review and notify the applicant of any problems in obtaining the required information. Upon such notification, it is the applicant's obligation to obtain the required information. Either the CVO or the Medical Center's Medical Staff Office will query the National Practitioner Databank in connection with its processing of all applications. When collection and verification is accomplished, the application shall be deemed to be complete and shall be transmitted with all supporting materials to the Medical Center's Medical Staff Office who then will submit the application to the chairman of the department in which the applicant seeks privileges and to the Credentials Committee.

File(s) with pending items may not be submitted to the Credentials Committee for consideration and/or action. Exceptions may be made with the agreement of the Department Chairman and the Credentials Chairman; however pending items must be finalized prior to MEC.

1.7-3 DEPARTMENT CHAIRMAN ACTION

Following Credentials Committee determination that the applicant meets all eligibility criteria for membership, applications shall be submitted to the Department Chairman of each department in which the applicant seeks privileges for review and recommendation of appointment, privileges and limitations, if any. A department chairman may conduct an interview with the applicant or designate a committee to conduct such interview. The Department Chairman will forward his/her recommendation to the next regularly scheduled meeting of the Medical Executive Committee along with the recommendation of the Credentials Committee. The Medical Executive Committee shall review the professional qualifications and recommendations for clinical privileges and limitations if any of the applicant.

1.7-4 CREDENTIALS COMMITTEE ACTION

Upon receipt of all necessary documentation, the Credentials Committee at its next regularly scheduled meeting shall review the completed application, the supporting documentation, and any other relevant information and determine if the applicant meets all of the necessary qualifications for staff membership and privileges requested. The Credentials Committee shall prepare and submit to the Department a report of the Committee's recommendations concerning the applicant's appointment, privileges and limitations, if any. The Credentials Committee may conduct an interview with the applicant or may designate a committee to conduct such interview. The Credentials Committee will interview a candidate if any of the following criteria exists.

- (a) Current challenge or previous successful challenge to licensure or registration – the State licensing agency or DEA restricted the practitioner's authority to treat patients or to prescribe medications or initiated an investigation seeking such restriction.
- (b) Final recommendation that is adverse or has limitations – a final adverse recommendation to deny, terminate, revoke, suspend, limit or otherwise restrict membership or clinical privileges based upon conduct or quality of care concerns. Such recommendation does not include action taken because of the loss of malpractice coverage, failure to complete an application, failure to pay staff dues, failure to complete medical records, failure to provide evidence of TB testing, failure to complete supervision or other requirements of the provisional period, failure to become Board certified within the time period specified in the Medical Staff Bylaws, the failure to establish compliance with minimum qualifications established in the Medical Staff Bylaws or in rules and regulations and conditional appointment or a term of appointment that is less than two years.
- (c) Involuntary termination or restriction – another hospital or healthcare facility has taken action or made a final recommendation to deny, terminate, revoke, suspend, limit or otherwise restrict the applicant's membership or clinical privileges as defined in paragraph B above.
- (d) Malpractice claims involving an excessive number of claims (i.e. three or more within a five year period); or settlement(s) or judgment(s) of \$250,000 or more; or claims that indicate an unusual pattern (i.e., involve same procedure, treatment or diagnosis). An interview may be waived with the agreement of the Department Chairman and the Credentials Chairman.
- (e) Negative peer references unless problem is validated to the satisfaction of the Chief Medical Officer, Department Chair or Credentials Committee Chair via telephone or written response.
- (f) Negative information from the licensing board involving disciplinary action or licensure restrictions including but not limited to stipulation, probation, and decree of censure.
- (g) Significant NPDB information

- (h) At the request of: Chairman of Credentials Committee, Department Chairman, Chief of Service, Chief of Staff, Chief Executive Officer or Chief Medical Officer.

1.7-5 MEDICAL EXECUTIVE COMMITTEE ACTION

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

1.7-6 EFFECT OF MEDICAL EXECUTIVE COMMITTEE ACTION

- (a) Favorable Recommendation: A Medical Executive Committee recommendation that is favorable to the applicant in all respects shall be promptly forwarded to the Board.
- (b) Conditional Appointment/Reappointment: The Medical Executive Committee may recommend that the applicant be granted conditional appointment for the term of appointment or reappointment. Conditional appointment/reappointment is not a reduction or limitation of membership or privileges, and does not constitute corrective action. Where the Medical Executive Committee recommends conditional appointment/reappointment, the CEO will advise the applicant of the Medical Executive Committee's expectations for conduct and/or performance and the possible consequences if those expectations are not met.
- (c) Limited Period of Appointment: From time to time, the Medical Executive Committee may recommend a period of appointment of less than two years. A limited appointment may be extended without completion of a new application and review required by these Bylaws provided that a reappointment application is completed and processed within two years. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.
- (d) Adverse Recommendation: An adverse Medical Executive Committee recommendation shall entitle the applicant to the procedural rights provided in the Fair Hearing Plan.
- (e) Deferral: Action by the Executive Committee to defer the application for further consideration shall be followed up at its next regular meeting or upon receipt of adequate information with its recommendations as to approval or denial of, or any special limitations on, staff appointment, staff category, prerogatives, department affiliation, and scope of clinical privileges.

1.7-7 BOARD

At its next regularly scheduled meeting and in accordance with the Banner Expedited Review Policy, the Board may adopt or reject, in whole or in part, a recommendation of the Medical Executive Committee or refer the recommendation back to the Medical Executive Committee for further consideration stating the reasons for such referral. Favorable action by the Board is effective as its final decision. If the Board's action is adverse to the applicant in any respect, the CEO shall, by special notice, promptly so inform the applicant who is then entitled to the procedural rights provided in the Fair Hearing Plan. Board action after completion of the procedural rights provided in the Fair Hearing Plan or after waiver of these rights is effective as its final decision.

PART TWO - REAPPOINTMENT PROCEDURES

2.1 INFORMATION COLLECTION AND VERIFICATION

2.1-1 FROM STAFF MEMBER

- (a) The Medical Staff Office or its agent, as approved by the Medical Executive Committee, shall send each

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

- (b) The Medical Staff Office or its agent shall verify the information provided on the reappointment form and notify the staff member of any specific information inadequacies or verification problems. The staff member has the burden of producing adequate information for a proper evaluation of his or her qualifications and of resolving any doubts about any of the qualifications required for reappointment, department assignment, or clinical privileges, and of satisfying any request for information or clarification to the satisfaction of the applicable Department,
- (c) If the Staff member does not have sufficient clinical activity at Boswell Hospital during the previous two-year period (eight patient contacts or less), a letter will be sent to the member notifying him/her that because of his/her low level of clinical activity, the Medical Staff is unable to adequately assess his/her performance. Therefore, prior to recommendation for reappointment, additional information will need to be supplied by a hospital or other facility where he/she is actively practicing. A "low clinical activity" form will be forwarded to the facility of the member's selection for completion. The form is to be completed by the HIMS Director or designee where they are actively practicing. Practitioners that have an "office based practice" will be sent a letter requesting the number and types of procedures performed during the previous two-year period or requiring the practitioner to provide copies of ten (10) history and physical exams. In addition, a competency reference will be forwarded to a peer that can attest to the practitioner's clinical competency within the last 12 months. It is the member's responsibility to ensure the Hospital where he/she actively practices completes all necessary forms in order to assess his/her capabilities for reappointment.

If a practitioner does not have clinical activity other than within an office setting at the first reappointment cycle, the practitioner will be invited to convert to the "referring" or "community-based" category. Pursuant to Sections 4.2-4 and 4.3-4 of the Medical Staff Bylaws, failure to demonstrate treatment of patients in a Hospital setting during two reappointment periods may result in a practitioner reverting to community-based or referring category.

- (d) Failure to return the satisfactorily completed forms shall be deemed a voluntary resignation from the staff and shall result in automatic termination of membership at the expiration of the current term.

2.1-2 FROM INTERNAL SOURCES

The Medical Staff Office shall collect relevant information since the time of the member's last appointment regarding the individual's professional and collegial activities, performance, clinical or technical skills and conduct in the Medical Center (referring staff category will be exempt from this information). Such information may include:

- (a) Findings from the performance review and utilization management activities;
- (b) Participation in relevant continuing education activities or other training or research programs at the Medical Center;
- (c) Level of clinical activity at the Medical Center;
- (d) Health status;
- (e) Timely and accurate completion of medical records;
- (f) Cooperativeness in working with other practitioners and hospital personnel;
- (g) General attitude toward and interaction with peers, patients and the Medical Center personnel and will

include results from patient satisfaction and employee surveys as available; and

- (h) Compliance with all applicable Bylaws, department rules and regulations, and policies and procedures of the Medical Staff and Medical Center;

2.1-3 FROM EXTERNAL SOURCES

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

- (a) Peer references (referring staff category will be exempt from this information).
- (b) National Practitioner Data Bank.
- (c) Professional Liability Insurance – current coverage and any malpractice claims history resulting in settlements or judgments including as reported by the National Practitioner Data Bank. Verification from prior malpractice insurance carriers will be sought if concerns are identified which necessitate further investigation.
- (d) Verification of all current medical, dental, or other professional licensures or certifications to practice and sanctions against such license, termination or restriction of licensure and any previously successful or currently pending challenges to licensure (voluntary or involuntary). (State licenses will be verified where ten (10) primary facilities are located for teleradiologists based on activity).
- (e) Board Certification status (excluding referring staff).
- (f) Continuing Medical Education. Number of CMEs only.
- (g) Primary hospital Staff memberships and clinical privileges - for relevant professional experience and termination or restriction of membership or clinical privileges (voluntary or involuntary) including Teleradiologists.
- (h) Medicare/Medicaid Sanctions.
- (i) DEA Registration.
- (j) Additional information from other databanks, including the NPDB, may be gathered by the Medical Staff Office or its agent, as required by the Medical Executive Committee and/or regulatory agencies.

2.2 DEPARTMENT EVALUATION

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

2.3 CREDENTIALS COMMITTEE AND MEDICAL EXECUTIVE COMMITTEE ACTION

The Credentials Committee and then the Medical Executive Committee shall review the department chairman's recommendation and any relevant information available to it and either make a recommendation for reappointment or non-reappointment and for staff category, department assignment, and clinical privileges, or defer action for further consideration.

2.4 FINAL PROCESSING AND BOARD ACTION

Final processing of reappointments follows the procedure set forth in Sections 1.7-6 and 1.7-7. For purposes of reappointment, the terms "applicant" and "appointment" as used in those Sections shall be read respectively, as "staff member" and "reappointment."

2.5 TIME PERIODS FOR PROCESSING

In accordance with the Medical Staff Bylaws, the appointment of each staff member shall expire every two years on the last day of the birth month of the practitioner. All recommendations for reappointment should be presented to the Board prior to the expiration of the appointment period.

2.6 REAPPOINTMENTS OF LIMITED DURATION

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

2.7 AHP REAPPOINTMENT PROCESS

All AHP's shall be reappointed to the AHP staff at least every two years. The Medical Staff Services Department or the designee shall send an application for reappointment and notice of the date on which privileges or scope of care expires. Completed applications for reappointment are submitted to the Allied Health Subcommittee, the Credentials Committee, the Department Chairman, the Medical Executive Committee and the Board. Failure to return the satisfactorily completed forms shall be deemed a voluntary resignation. Inadequacies or verification problems shall be reported to the applicant who will have the burden of producing adequate information and resolve any concerns.

PART THREE - PROCEDURES FOR DELINEATING CLINICAL PRIVILEGES

3.1 PROCEDURE FOR DELINEATING PRIVILEGES

In accordance with Article Five of the Medical Staff Bylaws, each application for appointment and reappointment must contain a request for the specific clinical privileges desired by the practitioner. Specific requests must also be submitted for modifications of privileges in the interim between reappointment periods.

3.1-1 PROCESSING REQUESTS

All requests for clinical privileges will be processed according to the procedures outlined in Parts One and Two of this Manual, as applicable.

3.2 CONSULTATION OR SUPERVISION

Special requirements for consultation or supervision may be attached to any grant of privileges as a condition to the exercise of such privileges. In such cases, the practitioner must arrange for the number and types of cases to be reviewed or observed as required by the department. After the satisfactory completion of such supervision, the practitioner may be granted unsupervised privileges.

PART FOUR – FAST TRACKING NEW APPLICANTS, REAPPOINTMENTS & NEW AND/OR REVISED PRIVILEGES

4.1 POLICY

In order to increase efficiency of the credentialing process, all applications will be categorized into a Category One or Category Two. Applications deemed as Category One will be eligible for "fast-track" and will be processed in an expeditious manner once the file is determined to be complete. Applications deemed as Category Two will be processed through the traditional process.

4.1-1 NEW APPLICANT FILES & REAPPOINTMENTS

All credentials files will be analyzed for completeness by the Medical Staff Office and categorized as a Category One eligible for fast-tracking or Category Two non-eligible for fast-tracking requiring full review by the Credentials Committee.

Category One:

1. Peer references were returned promptly with good responses.
2. Peer references were returned promptly and contain no suggestions that the physician is anyone other than a highly-qualified physician capable of exercising good clinical judgment and is able to work collaboratively with the health care team.

3. The applicant completed a normal education/training sequence.
4. No malpractice claims or no significant malpractice claims.
5. The Chairmen determined malpractice action does not represent a quality of care/judgment issue requiring attention.
6. The applicant has an unremarkable medical staff/employment history.
7. In good standing at all hospital affiliations.
8. The applicant reports an acceptable health status.
9. The applicant has never been sanctioned by a third-party payer (e.g., Medicare, Medicaid, etc.)
10. No challenges to his or her licensure or registration.
11. No new disciplinary actions with the licensing board that have not previously been reviewed by the Credentials Committee and the physician's Department (applies to reappointment applications)
12. Has not been involuntarily terminated from the medical staff at another organization.
13. No history of limited, reduced, denied, or lost clinical privileges.
14. Privileges are specific to physician's specialty by training and education. Physician has adequately demonstrated current competency and recent experience for the Department Chairman to make recommendations regarding privileges requested.
15. Privileges vary from specialty, but the physician has demonstrated adequate education, training current competency, and recent experience for the Department Chairman to make a recommendation regarding privileges requested.
16. Credentials file (and items contained therein), demonstrate that the physician meets all Medical Staff bylaws and rules and regulations requirements for appointment.
17. The applicant has never been convicted of a felony.
18. The applicant's history shows an ability to relate to others in a harmonious, collegial manner.

Category Two

Any appointment or reappointment not meeting the above criteria or any Bylaws or Rules and Regulations requirement, or determined to need further critical review by the Medical Staff leadership. Files meeting Category One criteria can be fast tracked. Files rated Category Two require presentation to the Department Chairman and the Credentials Committee. Files classified as Category One are referred to the Department Chairman and the Credentials Committee Chairman on behalf of the committee/department. If the recommendation of the Department Chairman and the Chairman of the Credentials Committee differ, the application is referred to the traditional credentialing process. If the Department Chairman's and the Credentials Committee Chairman's recommendations concur, the application is forwarded to the Medical Executive Committee. The recommendation of the MEC is forwarded to the Board of Directors for final action. Files classified as Category Two require that the file be processed through the Department Chairman, Credentials Committee, Medical Executive Committee and Board of Directors.

4.1-2

ADDITIONAL PRIVILEGE REQUESTS AND/OR REVISION OF CLINICAL PRIVILEGES

All new privilege requests and revision of clinical privileges will be analyzed for completeness by the Medical Staff Office and categorized as a Category One eligible for fast-tracking or Category Two non-eligible for fast-tracking requiring full review by the Credentials Committee.

- (a) Category One: Any request for additional privileges or revision to clinical privileges or change in observation status may be "fast tracked" through the Credentials Committee Chairman and the Department Chairman if the applicant meets all eligibility criteria for the procedure; has successfully completed all supervised/observed case requirements; and there are no suggestions in the verified materials of potential problems or issues to resolve; no significant malpractice actions; no reports of disciplinary action; and no license restrictions or any type of investigation.

- (b) Category Two: Any request for additional privileges or revision to clinical privileges or change in observation status not meeting the above criteria, any Bylaws or Rules and Regulations requirement, or determined to need further review by the Medical Staff leadership will be classified as Category Two. Files classified as Category Two require the file be processed through the Department Chairman, Credentials Committee, Medical Executive Committee and Board of Directors. If the recommendation of the Department Chairman and the Chairman of the Credentials Committee differ, the application is referred to the traditional credentialing process.

PART FIVE - LOA, REINSTATEMENT, RESIGNATION

5.1 LEAVE OF ABSENCE

A Medical Staff member or an Allied Health Professional (AHP) may request a voluntary leave of absence to enter military service, to pursue specialized studies in medical or related scientific fields or if an illness prevents him from actively practicing medicine. In addition, a family leave may be granted. The staff member must request a leave of absence by giving written notice to the Chief of Staff through the applicable department chairman. The notice must state the reason for the leave and the approximate period of time of the leave which may not extend beyond the current term of appointment. During the period of the leave, the staff member's clinical privileges, prerogatives, and responsibilities, including payment of staff dues, are suspended. The request for such leave shall be considered by the Medical Executive Committee which shall forward its recommendation on the request to the Board for final action. A Staff member must cover or arrange for coverage for scheduled call responsibilities prior to being granted a leave.

- 5.1.1 Staff members or AHPs who are not involved in direct patient care for longer than 45 days shall require the Staff member or AHP to request a LOA.

Exclusion Criteria: These absences will not be subject to the Leave of Absence request process:

1. Maternity leave for uncomplicated pregnancy (90 calendar days or less)
2. Paternity leave (90 calendar days or less)
3. Family leave (90 calendar days or less)
4. Educational leave / sabbatical (90 calendar days or less)
5. Vacation / personal leave for non-health related reason (90 calendar days or less)

- 5.1.2 Physicians or AHPs on LOA due to military duty may be granted a leave for a longer period of time if the duration of their duty extends beyond the one (1) year limit as long as the period of time is still within the applicant's current appointment period.

5.2 REINSTATEMENT FOLLOWING LEAVE OF ABSENCE

No later than **thirty (30)** days prior to the conclusion of the LOA, the practitioner may request reinstatement of clinical privileges. The request for reinstatement must be sent to the Chairman of the department, and must include a written summary of any professional activities in which the individual participated during the LOA. Practitioners who were serving in the military must submit a copy of discharge status. Practitioners returning from a LOA for illness must submit a physician's report. Any leave extending greater than ninety (90) calendar days will require an interview with the Department Chair prior to a recommendation regarding the practitioner's reinstatement being forwarded to the Credentials Committee.

The Chairman of the department will present the practitioner's request to the Credentials Committee for recommendation. Upon receipt of the recommendation of the above named individual the Chair of the Credentials Committee will forward the departmental recommendation and the Credentials Committee recommendation to the Medical Executive Committee and the Board of Directors for approval. The practitioner taking a LOA bears the burden of providing information and documentation sufficient to demonstrate current competence and all other applicable qualifications for Medical Staff membership and clinical privileges. The practitioner shall provide any information requested, including executing any authorizations and releases that may be necessary to allow third parties, including the practitioner's physician, to respond to any requests for information or clarification. In the event that the practitioner is denied reinstatement or modifications or conditions to the practitioner's clinical privileges requiring a report to the National APPs Data Bank, the practitioner shall be afforded the hearing and appellate review rights stated in the Medical Staff Bylaws and the Fair Hearing Plan.

- 5.2-1 Reinstatement from Medical Leave of Absence:
If the LOA was for health reasons, the practitioner's request for reinstatement must be accompanied by (a) a report from the practitioner's physician to the Professional Health Committee indicating that the practitioner is physically and/or mentally capable of resuming a hospital practice and safely exercising the clinical privileges requested.
- 5.2-2 Failure to Request Reinstatement:
Absence for longer than one (1) year shall result in automatic relinquishment of Medical Staff appointment and clinical privileges unless an extension is requested in writing at least thirty (30) days prior to the end of the leave and granted by the Board. Extensions will be considered only in extraordinary cases of hardship and when extension of a leave is found to be in the best interest of the Medical Center. The extension cannot extend beyond the practitioner's current appointment period.
- 5.2-3 Reappointment While on Leave of Absence:
Practitioners whose recertifying cycle expires during a LOA will be required to complete the reappointment application and process necessary to have their privileges considered for renewal following a LOA.

5.3 **RESIGNATION**

Physicians on the Medical Staff who wish to resign their membership may do so by sending or delivering a written notice to the Medical Staff Services Department of the Medical Center. Such notice requires at least fifteen (15) days written notice. All bylaws, rules and regulations, policies and obligations, including Emergency Department on-call assignments, shall continue to apply in the interim period. A voluntary resignation from the Medical Staff shall be effective after: 1) the physician has completed and signed all medical records, including discharge summaries, for which he or she is responsible; and 2) the physician has completed or arranged for alternative coverage for any call rotation period.

5.4 **REINSTATEMENT FOLLOWING RESIGNATION**

Physicians may request reinstatement of membership and privileges within six (6) months of resignation date by sending written notice to the Medical Staff Office, completing an application for reappointment and providing a summary of relevant activities from the time of resignation, which will be verified. Physicians requesting reinstatement of membership and privileges more than six (6) months from resignation date must complete a new application for staff membership and privileges as described in Part One of this Manual.

5.5 **PROCESS FOR REINSTATEMENT**

Requests for reinstatement of membership and privileges must be approved by the chairman of the applicable department, the Medical Executive Committee, and the Board before privileges may be reactivated.

5.6 **REINSTATEMENT FOLLOWING SUSPENSION**

Reinstatement Following Suspension/Request to Refrain

A staff member may be reinstated following automatic suspension by complying with the requirements that triggered the automatic suspension. Where a staff member is suspended or asked to refrain because of concerns relating to professional conduct, competence or impairment, the staff member must request reinstatement and provide evidence that the concerns were satisfactorily resolved. Members on suspension or who have been asked to refrain may or may not be reappointed while such status is pending as recommended by the Medical Executive Committee and approved by the Board. If a staff member's suspension or request to refrain is lifted within one year following termination or expiration of privileges, the staff member may request reinstatement and submit a completed reappointment application. Reappointment will be processed in accordance with the procedures set forth in this manual. Reinstatement is effective once approved by the Medical Executive Committee and the Board.

PART SIX - DELAYS, REAPPLICATIONS, AND REPORTING

6.1 **DELAYS**

All applications will be processed within a reasonable period of time. However, any practitioner who believes that his or her request for membership and or privileges has been improperly delayed may request the Chief of Staff to

investigate the reason for such delay. The Chief of Staff shall inform the practitioner of the reasons for the delay, if a delay has occurred, and shall notify the practitioner of the additional time expected to be necessary to act upon the practitioner's application.

6.2 REAPPLICATION AFTER ADVERSE ACTION

Except as otherwise provided in the Bylaws or as determined by the Credentials Committee in light of exceptional circumstances, an applicant or staff member who has received a final adverse decision regarding appointment or reappointment or staff category, department assignment, or clinical privileges is not eligible to reapply to the Medical Staff or for the denied category, department, or privileges for a period of one year from the date of the notice of the final adverse decision. Any such reapplication will be processed in accordance with the procedures set forth in Section I.7 of this Manual. The applicant or staff member must submit such additional information as the Medical Staff and the Board may require to demonstrate that the basis of the earlier adverse action no longer exists. If such information is not provided, the application will be considered incomplete and voluntarily withdrawn.

6.3 REQUESTS WHILE ADVERSE RECOMMENDATION IS PENDING

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

6.4 REPORTING REQUIREMENTS

The Medical Center shall comply with any reporting requirements applicable under the Health Care Quality Improvement Act of 1986, including required reporting to the NPDB, and under the Arizona Revised Statutes. The Medical Center shall also comply with the Banner Sharing of Information Policy.

PART SEVEN - AMENDMENT & ADOPTION

7.1 AMENDMENT

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

ADOPTION AND APPROVAL: 09/10
06/12
05/13
05/14
01/15
05/15