



Howard Young Medical Center

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MEDICAL STAFF POLICY & PROCEDURE

<b>NUMBER:</b> MS.4	<b>EFFECTIVE/APPROVAL DATE:</b>
<b>TITLE:</b> CREDENTIALING POLICY	REVISION DATE: 4/97; 1/98; 7/98; 2/99; 12/00; 5/01; 6/01; 8/01; 5/02; 2/03; 5/03; 5/04; 5/05; 10/05; 9/07; 5/08; 10/08, 10/09, 02/2011; 10/15/18

**PURPOSE**

To delineate the processes for granting appointment and reappointment to the Medical/Allied Health Staffs as well as modification of Medical Staff membership status or clinical privileges.

**POLICY**

The Medical Staff through its designated departments, committees and officers shall investigate and consider each application for appointment or reappointment to the Medical Staff and each request for modification of Medical Staff membership status or privileges and shall adopt and transmit recommendations to the Board of Directors. The Medical Staff shall perform these same investigations, evaluations, and recommendation functions in connection with any Allied Health Professional or other individual who seeks to exercise clinical privileges or provide specified services in any department or service of the Hospital, whether or not such individual is eligible for Medical Staff membership.

**PROCEDURE**

All requests for application of appointment/reappointment to the medical staff and requests for clinical privileges will be forwarded to the Medical Staff Office. The procedures to be followed will be in conjunction with the Centralized Credentialing Network Processes Policy MHC-MS-002.

**SECTION 1 – APPOINTMENT PROCESS**

**Subsection 1.1 APPLICATION FOR INITIAL APPOINTMENT**

Upon request of an application, the following documents will be forwarded to the applicant with a letter setting forth basic staff qualifications and a detailed list of requirements for completion of the application. (A copy of these documents are attached and hereby incorporated by reference.)

**A. Application Form**

Each application for appointment to the Medical Staff shall be in writing, submitted on the prescribed form, and signed by the applicant. When an applicant, who claims to meet the basic required qualifications, requests an application form, he or she shall be given a form, a copy of, or access to a copy of the Bylaws, the Medical Staff Rules and Regulations, the Medical Staff Organization and Functions Manual, the Hospital Corporate Bylaws and summaries of other Hospital and Medical Staff policies relating to clinical practice in the Hospital.

**Content**

The application shall include:

**1. Acknowledgment and Agreement**

A statement that the applicant has received (or has had access to) and read (or been given the opportunity to read) the Bylaws, Rules and Regulations and related policies to staff membership

and the credentialing process and that he or she agrees to be bound by the terms thereof if he or she is granted membership and/or clinical privileges, and to be bound by the terms thereof in all matters relating to consideration of his or her application without regard to whether or not he or she is granted membership and/or clinical privileges.

2. Qualifications

Detailed information concerning the applicant's qualifications, including information in satisfaction of the basic qualifications and of any additional qualification specified in the Bylaws for the particular Medical Staff category to which the applicant requests appointment.

3. Requests

Requests stating the Medical Staff category, department and clinical privileges for which the applicant wishes to be considered.

4. References

The names of at least two (2) practitioners who have recently worked with the applicant (within the past two years) and directly observed his or her professional performance over a reasonable period of time and who can and will provide reliable information regarding the applicant's current clinical ability to perform the privileges requested, ethical character, interpersonal and communication skills, health status and ability to work cooperatively with others.

In addition, if the applicant completed an approved residency in a recognized medical specialty within the last three years, a reference will be requested from the program director and/or the chairperson of the department or member of that department where training was obtained. A reference will also be requested from the chairperson of the department or chief of staff from affiliations where the applicant is/was active staff within the past three years.

5. Professional Sanctions

Information as to whether any of the following have ever been voluntarily or involuntarily in the process of being denied, revoked, suspended, reduced, not renewed or relinquished:

- (a) Medical Staff membership status or clinical privileges at any other Hospital or health care institution;
- (b) Membership/fellowship in local, state or national professional organizations;
- (c) Specialty board certification/eligibility;
- (d) License to practice any profession in any jurisdiction;
- (e) Drug Enforcement Agency (DEA) certificate;
- (f) Membership on a managed care organization's panel for quality of care reasons or unprofessional conduct.

In addition, information regarding an initial sanction notice, notice of proposed sanction or of the commencement of a formal investigation, or the filing of charges regarding health care matters by a Medicare peer review organization, the Department of Health and Human Services, or any law enforcement agency or health regulatory agency of the United States or the State of Wisconsin; any proposed or actual exclusion from any federally-funded health care program, or any pending investigation from any health care program funded in whole or in part by the federal government,

including Medicare and Medicaid. (Reference Ministry Corporate Policy No. CI-008 Sanction Screening).

Information regarding any criminal conviction or pending criminal charges, any findings by a governmental agency that the applicant has been found to have abused or neglected a child or patient or has misappropriated the property of any patient. (Reference Ministry Corporate Policy No. CI-001 Background Checks).

If any of such actions ever occurred or are pending, the particulars thereof shall be included.

6. Professional Liability Insurance

A statement that the applicant carries at least the minimum amount of professional liability insurance in not less than the minimum amounts as required by State statutes and/or Hospital policy. Any information on his or her malpractice claims history and experience, and as to whether or not the applicant has ever been refused professional insurance or voluntarily or involuntarily canceled coverage. A statement that the applicant consents to the release of information by his or her present and past malpractice insurance carrier(s).

7. Notification of Release and Immunity Provisions

Statements notifying the applicant of the scope and extent of the authorization, confidentiality, immunity and release provisions of Subsection 1.3.

8. Administrative Remedies

A statement whereby the practitioner agrees that, when an adverse ruling is made with respect to his or her Medical Staff status, and/or clinical privileges, he or she will exhaust the administrative remedies afforded by these Bylaws before resorting to formal legal action.

B. Privilege Request Form(s) including criteria

C. Medicare/Champus Acknowledgment Form

D. Stark II Form

E. Educational Overview of Patient Privacy Commitment

F. Deficit Reduction Act of 2005 Section 6032

G. Clinician Values Behavior Commitment

H. Health Assessment Questionnaire

I. Criminal Background Disclosure Form

K. Intended Practice Plan (if applicable)

Subsection 1.2 EFFECT OF APPLICATION

By applying for appointment to the Medical Staff, each applicant:

A. Signifies his or her willingness to appear for interviews in regard to his or her application.

- B. Authorizes Hospital representatives to consult with others who have been associated with him or her and/or who may have information bearing on his or her competence and qualifications.
- C. Consents to Hospital representatives inspecting all records and documents that may be material to an evaluation of his or her professional qualifications and competence to carry out the clinical privileges he or she requests.
- D. Releases from any liability all Hospital representatives for their acts performed in connection with evaluating the applicant and his or her credentials.
- E. Releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information, to Hospital representatives concerning the applicant's competence, professional ethics, character, criminal record, physical and mental health, emotional stability, and other qualifications for Medical Staff appointment and clinical privileges.
- F. Authorizes and consents to Hospital representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with information relevant to such matters that the Hospital may have concerning him or her, and releases Hospital representatives from liability for so doing.
- G. Provides evidence of mental and physical ability to exercise membership and privileges requested (with reasonable accommodation if necessary). Initially, evidence is defined as self-certification on the application with appropriate confirmation. Additional details regarding the applicant's health status as indicated on the health assessment questionnaire shall be obtained following a favorable recommendation for appointment by the Medical Executive Committee.

For purposes of this Section, the term "Hospital Representative" includes the Board of Directors, its Directors and Committees; the President of the Hospital or his/her designee; the Medical Staff organization and all Medical Staff members, departments and committees which have responsibility for collecting or evaluating the applicant's credentials or action upon his/her application; and any authorized representative of any of the foregoing.

### Subsection 1.3 PROCESSING THE APPLICATION

#### A. Applicant's Burden

The applicant shall have the burden of producing adequate information for a proper evaluation of his or her education, training, experience, current competence, and mental and physical ability to exercise membership and privileges requested (with reasonable accommodation if necessary), and of resolving any doubts about these or any of the other basic qualifications specified in the Medical Staff Bylaws, Article 1, Section 2.

#### B. Verification of Information

Application to the Medical Staff shall ordinarily be made to the Medical Staff Office. After initial review and in a timely fashion, the Medical Staff Office shall seek to collect evidence of qualifications and obtain primary source verification or designated equivalent source verification of relevant education and training, current licensure, current competence, and the applicant's ability to perform the privileges requested. The Medical Staff Office shall promptly notify the applicant of any problem in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information.

If at any time attempts to obtain primary source verification have been unsuccessful, the information may be obtained from a secondary source if that information has been obtained from the primary source and the hospital believes the information to be credible and accurate.

Medical Staff review of the application shall not begin until all required information is on file and validated. If additional information is requested and the applicant fails to provide the information within sixty (60) days after a written request, the application shall be deemed null and void, with no further processing required and no hearing or appeal rights.

The application, attestation and primary source verification information is to be no more than 180 days old at time of first medical staff committee review. If the application/attestation becomes older than 180 days, the application is to be returned to the applicant for any updates and a new attestation form is to be signed and dated by the applicant attesting the application is correct and complete. If primary source verification for expirable documents becomes older than 180 days, the information will be re-verified by the primary source.

When all required information has been received and the application has been determined complete by the Medical Staff Office, the application and supporting documents will be forwarded to the Department Chairperson in which the applicant seeks privileges.

An expedited process allows for a subcommittee of the Board to grant approval of an appointment and/or clinical privileges. In the event any of the following has occurred, an applicant will be ineligible for the expedited process:

- The application is incomplete;
- The Medical Executive Committee makes a final recommendation that is adverse or with limitation.

The following situations are evaluated on a case-by-case basis and may result in ineligibility for the expedited process:

- There is a current challenge or a previously successful challenge to licensure or registration;
- The applicant has received an involuntary termination of medical staff membership at another organization;
- The applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
- There has been a payment by, or on behalf of an applicant, in settlement of or satisfaction in whole or in part, of a claim or judgment against such practitioner.

#### C. Department Action

Upon receipt, the chairperson of the appropriate department shall review the application and supporting documentation and may conduct an interview, either personal or by telephone, with the applicants.

The department chairperson shall then transmit to the Medical Executive Committee, upon the application form, his/her recommendation as to Medical Staff appointment; and if appointment is recommended, as to the Medical Staff category, department affiliations, clinical privileges to be granted, and any special conditions to be attached to the appointment. The department chairperson may also recommend that the Medical Executive Committee defer action on the application.

E. Medical Executive Committee Action

At its next regular meeting after receipt of the Credentials Committee report and recommendation, the Medical Executive Committee shall consider the report and such other relevant information available to it. The Medical Executive Committee shall then forward to the Medical Staff President for transmittal to the Board of Directors a written report and recommendation as to Medical Staff appointment and, if appointment is recommended, as to Medical Staff category, department affiliation, clinical privileges to be granted, and any special conditions to be attached to the appointment. The Medical Executive Committee may also defer action on the application.

The Medical Executive Committee reserves the right to a personal interview with any applicant prior to recommending formal appointment.

The reasons for each recommendation shall be stated and supported by reference to the completed application and all other documentation considered by the Medical Executive Committee, all of which shall be transmitted with the report. Any minority views shall also be reduced in writing, supported by reasons and references, and transmitted with the majority report.

The Medical Executive Committee, in addition to considering the ordinary information supplied by the department chairperson, may consider, upon reviewing the application, the Hospital plan for development as currently being implemented, the ability of the Hospital to provide adequate facilities and support services for the applicant and his or her patients, and the need for additional Medical Staff members with the skills and training of the applicant.

F. Effect of Medical Executive Committee Action

1. Deferral

Action by the Medical Executive Committee to defer the application for further consideration must be followed up within thirty (30) days with a subsequent recommendation for appointment with specified clinical privileges, or for rejection for Medical Staff membership.

2. Favorable Recommendation

When the recommendation of the Medical Executive Committee is favorable to the applicant, additional information regarding the applicant's current health status shall be obtained prior to forwarding the recommendation to the Board of Directors.

Upon receipt of the completed health assessment questionnaire, the President of the Medical Staff shall determine whether further investigation and review is warranted.

- a) If the President of the Medical Staff determines that the information may affect the recommendation, the matter will be referred back to the Medical Executive Committee for further investigation and review at their next scheduled meeting. Following review, the Medical Executive Committee may recommend affirmation or modification of their original recommendation. The Medical Executive Committee's recommendation shall be forwarded to the Board of Directors.
- b) If the President of the Medical Staff determines that the information does not affect the recommendation, the Medical Executive Committee's recommendation shall be forwarded to the Board of Directors.

To expedite appointment, the Medical Executive Committee may recommend that the application and supporting documentation be reviewed by a subcommittee of the Board of Directors, to include three voting members, in lieu of the regularly scheduled Board of Directors meeting.

3. Adverse Recommendation

When the recommendation of the Medical Executive Committee is adverse to the applicant, the President of the Medical Staff shall promptly inform the applicant by special notice.

If the applicant is a MD, DO, DPM, or DDS and has applied for medical staff membership, he or she shall be entitled to the procedural rights as provided in MS.5 of this manual. For the purposes of this Subsection, an "Adverse recommendation" by the Medical Executive Committee is as defined in MS.5, Corrective Action.

G. Board of Directors Action

1. On Favorable Medical Executive Committee Recommendation

The Board of Directors and/or the Subcommittee of the Board of Directors acting on behalf of the full Board of Directors, shall, in whole or in part, adopt or reject 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 back and setting a time limit within which a subsequent recommendation shall be made.

If the Board of Director's action is adverse to the applicant as defined in MS.5, the President of the Medical Staff shall promptly so inform the applicant by special notice, and he or she shall be entitled to the procedural rights as provided in MS.5 of this manual. In the event a recommendation from the Medical Executive Committee to the Board of Directors is returned to the Medical Executive Committee for further consideration or with a specific request for further information, such information shall be contained in a final report returned to the Board of Directors within sixty (60) days.

2. Without Benefit of Medical Executive Committee Recommendation

If the Board of Directors does not receive a Medical Executive Committee recommendation within 60 days, it may, after notifying the Medical Executive Committee, take action on its own initiative in the manner set forth in the Hospital Corporate Bylaws. If such action is favorable, it shall become effective as the final decision of the Board of Directors.

If such action is adverse, as defined in MS.5, Corrective Action, the President of the Medical Staff shall promptly so inform the applicant by special notice, and he or she shall be entitled to the procedural rights as provided in MS.5 of this manual.

After Procedural Rights

In the case of an adverse Medical Executive Committee recommendation pursuant to Subsection 1.3 F. (3) or an adverse Board of Directors decision pursuant to Subsection 1.3 G. (1) or (2), the Board of Directors shall take final action in the matter only after the applicant has exhausted or has waived any procedural rights provided in MS.5 of this manual.

Action thus taken shall be the conclusive decision of the Board of Directors, except that the Board of Directors may defer final determination by referring the matter back for further reconsideration. Any such referral back shall state the reasons for such referral and shall set a time limit within which a subsequent recommendation to the Board of Directors shall be made, and may include a directive that an additional hearing be conducted to clarify issues which are in doubt. After receipt of such subsequent recommendation and of new evidence in the matter, if any, the Board of Directors shall make a final decision.

#### H. Denial for Hospital's Inability to Accommodate

A recommendation by the Medical Executive Committee, or a decision by the Board of Directors, to deny Medical Staff membership, a department affiliation or Medical Staff category assignment, or particular clinical privileges, either:

1. on the basis of the Hospital's present inability to accommodate, as supported by documented evidence, or to provide adequate facilities or supportive services for the applicant and his or her patients; or,
2. on the basis of inconsistency with the Hospital's written plan of development, including the mix of patient care services to be provided,

shall be considered adverse in nature, and in the case of a practitioner, shall entitle the applicant to the procedural rights as provided in MS.5 of this manual.

Upon written request by the applicant to the President of the Medical Staff, the application shall be kept in a pending status for the next succeeding two (2) years.

If during this period, the Hospital finds it possible to accept Medical Staff applications for which the applicant is eligible, and there is no obligation to applicants with prior pending status, the President of the Medical Staff shall promptly so inform him or her by special notice. Within sixty (60) days of receipt of such notice, the applicant shall provide, in writing on the prescribed form, such supplemental information as is required to update all elements of his or her original application. Thereafter, the procedure provided in Subsection 1.3 for initial appointments shall apply.

#### I. Conflict Resolution

Whenever the Board of Director's proposed decision is contrary to the Medical Executive Committee's recommendation, the Board of Directors shall submit the matter to a Joint Conference of equal numbers of the Active Medical Staff and members of the Board of Directors for review and recommendation before making its final decision and giving notice of final decision required by Subsection 1.3 (J.).

#### J. Notice of Final Decision

1. Notice of the Board of Director's final decision shall be given, through the President of the Hospital to the President of the Medical Staff, to the Chairperson of each Department concerned, and to the applicant by means of special notice.
2. A decision and notice to appoint shall include:
  - (a) The Medical Staff category to which the applicant is appointed;



- (b) The department to which he or she is assigned;
- (c) The clinical privileges he or she may exercise; and,
- (d) Any special conditions attached to the appointment.

K. Reapplication After Adverse Appointment Decision

An applicant who has received a final adverse decision regarding appointment shall not be eligible to reapply to the Medical Staff for a period of one (1) year. Any such reapplication shall be processed as an initial application, and the applicant shall submit such additional information as the Medical Staff or the Board of Directors may require in demonstration that the basis for the earlier adverse action no longer exists.

L. Time Periods for Processing

Applications for Medical Staff appointments shall be considered in a timely and good faith manner by all individuals and groups required by the Bylaws to act thereon and, except for good cause, shall be processed within the time periods as follows:

Within sixty (60) days after receipt of the completed application, the application for membership, references, reports, and other supporting data requested of the applicant, shall be forwarded to the Department Chairperson for review and recommendation to the Medical Executive Committee.

The Medical Executive Committee shall review the application and make its recommendation to the Board of Directors or Subcommittee of the Board of Directors within thirty (30) days. The Board of Directors shall then ratify or take final action on the application at its next regular meeting.

The time periods specified herein are to assist those named in accomplishing their tasks and shall not be deemed to create any right for the applicant to have his or her application processed within those periods.

The governing body or any medical staff committee or department may, at any time, request additional information in connection with a completed application. The processing of the application shall be suspended for sixty (60) days or until the applicant has provided the information requested or satisfactorily explains his or her failure to do so, whichever occurs first. If the requested information is not provided within sixty (60) days, the application will be considered withdrawn and will cease to be processed.

M. Hospital/Department Staff Orientation

All Active Staff Members must complete hospital orientation, if at all feasible, prior to providing direct patient care.

**SECTION 2 REAPPOINTMENT PROCESS**

Subsection 2.1 APPLICATION FOR REAPPOINTMENT

The Medical Staff Office shall, at least ninety (90) days prior to the expiration date of the present Medical Staff appointment of each Medical Staff member, provide such Medical Staff members with a reapplication form and other required documents for use in considering his or her reappointment. (A copy of these documents is attached and hereby incorporated by reference.)

A. Reapplication Form

Each Medical Staff member who desires reappointment shall, at least sixty (60) days prior to such expiration date, send his or her reapplication form to the Medical Staff Office.

Failure, without good cause, to return the reapplication form and all required supporting documentation shall be deemed a voluntary resignation from the Medical Staff and shall result in automatic termination of staff membership and relinquishment of clinical privileges at the expiration of the member's current term. A medical staff member whose membership is so terminated shall be entitled to the procedural rights provided in MS.5 of this manual for the sole purpose of determining the issue of good cause.

1. Content of Reappointment Application Form

The reappointment application form shall include all information necessary to update the information contained in the applicant's initial application for appointment including, without limitation:

- a. Continuing training, education and experience that qualifies the Medical Staff member for the privileges sought on reappointment;
- b. The name and address of any other healthcare organization or practice setting where the Medical Staff member provided clinical services during the preceding period;
- c. Memberships, awards or other recognition conferred or granted by any professional healthcare societies, institutions, or organizations;
- d. Sanction of any kind imposed or pending, including voluntary or involuntary relinquishment of medical staff membership or clinical privileges by any other health care institution, professional healthcare organization, licensing authority; or third-party insurer such as Medicare, Medicaid or insurance company;
- e. Malpractice insurance coverage (including voluntary or involuntary cancellations, non-renewals and limits), claims, suits, and settlements; and,
- f. Such other specifics about the Medical Staff member's professional ethics, qualifications and ability that may bear on his or her ability to provide good patient care in the Hospital.

2. Reappointment Health Questionnaire

Evidence of mental and physical ability to exercise membership and privileges requested, with reasonable accommodation if necessary, is required. If requested by the Medical Executive Committee or Hospital Board of Directors, additional information may be required, including but not limited to, an individual professional exam by a physician of the applicant's choice.

3. Privileges Request Form(s) including criteria

4. Stark II Form

5. Educational Overview of Patient Privacy Commitment

6. Clinician Values Behavior Commitment

7. Alternate Provider Acknowledgment Statement (if applicable)

8. Criminal Background Disclosure Form (if applicable)

B. Basis for Recommendation

1. Each recommendation concerning the reappointment of a Medical Staff member and the clinical privileges to be granted upon reappointment shall be based upon such Medical Staff member's professional ability and clinical judgment in the treatment of patients, his or her professional ethics, his or her discharge of Medical Staff obligations, his or her compliance with the Medical Staff Bylaws and Rules and Regulations (including timeliness of medical record completion), his or her cooperation with other practitioners and with patients, and other matters bearing on his or her ability and willingness to contribute to quality patient care in the Hospital.
2. The recommendation of the chair of each department in which the applicant for reappointment will exercise clinical privileges shall be considered.
3. The results from proctoring and/or ongoing professional performance data collection shall be considered in the appraisal of the applicant's professional performance, judgment and technical and/or clinical skills.
4. Factors considered in the periodic appraisal include, but are not limited to:
  - a. Number of procedures performed or major diagnoses made;
  - b. Rates of undesirable outcomes, such as complications or readmissions compared with those of others doing similar procedures/treatments; and
  - c. Findings and conclusions of review by peers.

C. Verification of Information

The Medical Staff Office shall, in a timely fashion, seek to collect or verify the additional information made available on each reappointment application form and to collect any other materials or information deemed pertinent, including information regarding the Medical Staff member's professional activities, performance and conduct in this Hospital.

The Medical Staff Office shall promptly notify the Medical Staff member of any problems in obtaining the information required. The Medical Staff member shall then have the same burden of producing adequate information and resolving the doubts as provided in Subsection 1.3 (A.).

D. Medical Staff Reapplication

When collection and verification has been accomplished, and the Medical Staff Office is satisfied as to the valid nature of the application, he/she will forward the application and supporting documents to the appropriate department chairperson for review. Supporting documents shall include, but not limited to, the following:

- Verification of current WI license
- Verification of current DEA
- Evidence of current Liability Insurance with appropriate coverage limits

- Verification of current board certification
- Attestation of required Continuing Medical Education credits
- Signed health assessment form and current TB screening form
- Malpractice claims history since previous appointment/reappointment
- New reports to the NPDB since previous appointment/reappointment
- Results of OIG/EPLS Query
- Background Disclosure Form (if applicable)
- Affiliation verification assessments from all current hospital affiliations
- Appropriate privilege form(s)
- Signed Stark II Form
- Signed Clinician Values Behavior Commitment

E. Department Action

The department chairperson shall review the information form and the Medical Staff member's file and shall transmit to the Medical Executive Committee on the reapplication form his/her recommendation to reappoint or not to reappoint. The Chairperson may also recommend modification of Medical Staff category, department affiliation and/or clinical privileges. A chairperson may also recommend that the Medical Executive Committee defer action.

F. Medical Executive Committee Action

The Medical Executive Committee shall review each application form and all other relevant information available to it and shall, forward to the President of the Medical Staff for transmittal to the Board of Directors, its report and recommendation that the applicant's reappointment be either renewed, renewed with modified Medical Staff category, department affiliation, and/or clinical privileges, or terminated.

If the Medical Executive Committee's recommendation is favorable, to expedite reappointment, the Committee may recommend that the application and supporting documentation be reviewed by a subcommittee of the Board of Directors, to include three voting members, in lieu of the regularly scheduled Board of Directors meeting.

The Medical Executive Committee may also defer action. Any minority view shall also be reduced to writing and transmitted with the majority report.

G. Final Processing and Board of Directors Action

Thereafter, the procedure provided in Subsection 1.3 G. - Subsection 1.3 J. shall be followed.

#### H. Time Periods for Processing

Transmittal of the reappointment application form to a Medical Staff member and his or her return of it shall be carried out in accordance with Subsection 2.1 - Application for Reappointment.

Thereafter, and except for good cause, each person, department and committee required by these policies and procedures shall complete such action in a timely fashion. All reports and recommendations concerning the reappointment of a Medical Staff member shall be transmitted to the Medical Executive Committee for its consideration and action pursuant to Subsection 1.3 (E, F) and to the Board of Directors for its action pursuant to Subsection 1.3 (G, H), all prior to the member's current appointment/reappointment expiration date.

The time periods specified herein are to guide the acting parties in accomplishing their task and shall not be deemed to create any right for the member to have his/her application processed within those periods nor to create a right for a staff member to be automatically reappointed for the coming term.

If the approval process has not been completed by the expiration date of the current appointment period, the member's clinical privileges will be suspended for a period not to exceed 30 days. Failure to obtain Board approval within 30 days will result in an automatic termination of staff membership and relinquishment of clinical privileges.

If suspension of the member's clinical privileges will result in the failure to fulfill an important patient care need, the member must request temporary privileges not to exceed 30 days.

#### Subsection 2.2 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS

A Medical Staff member may, either in connection with reappointment or at any other time, request modification of his or her Medical Staff category or department assignment, by submitting a letter to the Medical Staff Office. Any such request shall be processed in substantially the same manner as provided in Subsection 2.1 for reappointment.

### **SECTION 3 DETERMINATION OF CLINICAL PRIVILEGES**

#### Subsection 3.1 EXERCISE OF PRIVILEGES

- A. Every practitioner or other professional providing direct clinical services at this Hospital by virtue of Medical Staff membership or otherwise shall, in connection with such practice and except as otherwise provided in Subsection 3.4, MS.4.1 and MS.4.2, be entitled to exercise only those clinical privileges or specified services specifically granted to him or her by the Board of Directors.
- B. Medical Staff delineated privileges shall be consistent with the physician's specialty, training, experience, and clinical competency and may be exercised throughout the hospital.
- C. Privileges include admission to the Intermediate Care Unit and evaluation, diagnosis, and provision of medical or surgical care within the scope of the physician's practice to patients of all ages who are not critically ill but who require close nursing observation and technical services not generally provided on the medical/surgical unit.
- D. A physician requesting privileges for independent management, without consultative backup, for critically ill patients in the Intensive Care Unit must complete a delineated privilege form in

addition to the physician's specialty privilege form.

- E. A physician is required to obtain consultation or transfer patient care when the provision of patient care is beyond the attending physician's scope of practice.

### Subsection 3.2 DELINEATION OF PRIVILEGES IN GENERAL

#### A. Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific clinical privileges desired by the applicant. Modifications of current privileges must be in writing with supporting documentation evidencing current competency.

#### B. Requests for New Procedures

Requests for clinical privileges to perform a significant procedure or service not currently being performed at the hospital (or a significant new technique to perform an existing procedure) will not be processed until (1) a determination has been made that the procedure will be offered by the hospital and department; (2) criteria to be eligible to request those clinical privileges have been established. (Refer to HYMC Business Plan Development Policy RM 416.0) The request must be supported by documentation of additional training and/or experience, i.e. CME certification supporting the privileges requested. Requests for new privileges will be subject to the provisions in accordance with the Medical Staff Proctoring Policy MS.12.5).

The proctoring physician must have training and experience in a specialty associated with the new procedure and a familiarity with its expectations, possible complications, and outcomes, but need not necessarily be privileged in the specific technique or procedure being proctored. Any applicable federal, state and/or other medical regulatory requirements applicable to the procedure must be met.

New techniques to perform existing privileges to achieve the same patient care outcome may not necessarily constitute a request for new privileges. However, a request for modification must be presented to the department chairperson in writing. The department chairperson will make the determination, based on the information provided by the applicant, if the request is considered a new technique to perform an existing privilege, whereby no further action will be necessary.

#### C. Procedure

All requests for clinical privileges requested at time of appointment or reappointment shall be processed pursuant to the procedures outlined in Sections 1 and 2.

All requests for modification of clinical privileges will be processed per the recommendation of the applicable Department Chairperson and Medical Executive Committee. A subcommittee of the Board of Directors, pursuant to a policy adopted by the Board, may approve the request for modification of clinical privileges.

The President of the Hospital or his/her designee, or the President of the Medical Staff or his/her designee, will report to the Board to ratify the practitioner's request at the next regularly scheduled Board meeting.

### Subsection 3.3 VISITING PHYSICIANS – TEMPORARY PRIVILEGES

Temporary privileges may be granted to visiting physicians for the purpose of actual consultation and demonstration, as permitted by the Wisconsin Medical Examining Board, with one or more physician members of the active medical staff. Privileges will be granted in accordance with Medical Staff Policy MS.4.1 Temporary Privileges, A. To Fulfill an Important Patient Care Need. Visiting physicians will not be required to have a current unrestricted Wisconsin license provided that he/she has an unrestricted license in another state or country.

Visiting physicians who have been granted temporary privileges shall not be considered to be members of the Medical Staff, and shall not be entitled to vote or have any of the rights, such as the rights to a hearing or appeal, afforded to members of the Medical Staff.

Reference:  
WI §448.03(2) (d)

### Subsection 3.4 EMERGENCY PRIVILEGES

An emergency is defined as a condition in which serious or permanent harm would result to a patient, or in which the life of a patient is in immediate danger and any delay in administering treatment would add to that danger. In the case of an emergency, any practitioner, to the degree permitted by his or her license and regardless of department, Medical Staff status or clinical privileges, shall be permitted to do, and shall be assisted by hospital personnel in doing, everything possible to save the life of a patient or to save a patient from serious harm.

Other Medical Staff Policies relating to privileges:

MS.4.1 – Temporary Privileges

MS.4.2 – Granting Privileges in the Event of an Emergency/Disaster

MS.4.3 – Telemedicine Privileges

Reference(s): Department of Health & Family Services HFS 124.05, HFS 124.07, HFS 124.12 and Joint Commission MS.06.01-01 – MS-13.01.03