

Northwest Texas Healthcare System

Credentials Manual

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ARTICLE I

MEDICAL STAFF MEMBERSHIP AND PRIVILEGES

1.1 ELIGIBILITY AND QUALIFICATIONS FOR MEMBERSHIP

The basic eligibility criteria and qualifications for Membership on the Medical Staff of Northwest Texas Healthcare System are found in the Medical Staff Bylaws in Article II, Section 2.1. In addition, the Board may impose further requirements on specific Physicians where it believes these are warranted after a review of the Physician's credentials file, performance data, or other relevant material.

1.2 CONDITIONS AND DURATION OF APPOINTMENT

1.2-1 Initial Appointment and Reappointment

- a) Initial appointment and reappointment to the Medical Staff shall be made by the Board. The Board shall act on appointments and reappointments only after there has been a recommendation or an opportunity for a recommendation from the Medical Executive Committee (MEC).
- b) Appointment to the staff will be for no more than twenty-four (24) calendar months.
- c) Appointment to the Medical Staff shall confer on the appointee only such Privileges as have been granted by the Board.

1.2-2 Reapplication After Modifications of Membership Status or Privileges

A Physician who has received a final adverse decision by the Board regarding Membership or Privileges, will be ineligible to reapply to the Medical Staff for Membership and/or Privileges for a period of three (3) years from the date of notice regarding a final adverse action by the Board.

A Physician who has resigned or withdrawn an application for appointment, reappointment or Privileges while under investigation or to avoid investigation or to avoid termination, will be ineligible to reapply to the Board for Medical Staff Membership and/or Privileges for a period of five (5) years from the date of resignation or withdraw.

1.3 LEAVE OF ABSENCE (LOA)

1.3-1 Written Notice

A Medical Staff Member may request, in writing, a voluntary leave of absence from the Medical Staff. Such request shall be received in the Medical Staff Office, at a minimum of thirty (30) days prior to the requested leave date, unless the circumstances warrant less notice (such as medical emergencies). Request shall state the reason the Medical Staff Member requests the leave and the exact period of leave time requested, which may not exceed one (1) year (exclusive of the time necessary to process an initial request or a request for reinstatement). Such request shall be submitted to the Member's Department Chair, Credentials Committee, and MEC, which shall review such requests and recommend approval or disapproval to the Board. The Board shall

make the final decision whether to approve or disapprove such request. Requests for a leave of absence will not be considered if the requesting Member is under investigation, as described in the Corrective Action and Fair Hearing Manual of the Bylaws. In the event that a request for a LOA is approved, the Staff Member shall make necessary arrangements to provide alternate coverage for proper and necessary patient care during his absence and shall complete all patient medical records before beginning his leave of absence. During the period of a leave, the staff Member's Membership status, department affiliation, Privileges, prerogatives, and attendance requirements at Medical Staff and department meetings shall be suspended. In the event that the Board disapproves such request, the affected Staff Member shall not be entitled to procedural rights as outlined in the Corrective Action and Fair Hearing Manual of the Medical Staff Bylaws.

1.3-2 Obligations

A request for Leave of Absence shall not be considered until all obligations to the Hospital have been met, including completion of all medical records, payment of any outstanding dues, and fulfillment of any Emergency or other call obligations.

1.3-3 Request to Return from LOA

Not less than forty-five (45) days prior to the termination of the leave, the Medical Staff Member must request, in writing, reinstatement of his Privileges. The Medical Staff Member must submit a written summary of his relevant activities during the leave. If the Medical Staff Member is requesting to return from a health concern include a written release from a physician documenting that the Medical Staff Member is fully able to resume practice at the Hospital with the current Privilege.

1.3-4 Failure to Request to Return from LOA

The failure of a Medical Staff Member to request reinstatement from a LOA shall result in automatic relinquishment of Membership status, department affiliation and Privileges. The affected Physician shall not be entitled to procedural rights as outlined in the Corrective Action and Fair Hearing Manual of these Bylaws.

1.4 PHYSICAL HEALTH STATUS

1.4-1 Health Requirements

Members of the Medical Staff and Practitioners holding Privileges must maintain the physical and mental ability to deliver patient care and exercise Privileges safely and at an appropriate level of quality at all times.

1.4-2 Notification of Health Status

A Staff Member or Practitioner holding Privileges must report in writing, within ten (10) days to the Department Chair, Credentials Committee Chair, or an Officer of the Medical Staff when he has a mental or physical condition that has the potential or likelihood to impair judgment or affect functional capability to perform granted Privileges safely and at an appropriate level of quality at all times (as determined by the Practitioner, a treating physician, or a health care facility). Failure to do so may result in Corrective Action.

1.4-3 Health Examination

At any time that the MEC or Board has any reason to question whether the Practitioner has the requisite physical and/or mental health status to care for patients safely and with an appropriate level of care and skill, it may require that Practitioner to undergo an appropriate health examination. The nature and scope of the exam (including drug and alcohol testing) and the examining clinician may be determined at the discretion of the MEC and/or Board. Where there is a concern that the Practitioner may be impaired by use of or addiction to drugs or alcohol, such examination may include the imposition of random drug or alcohol testing. Refusal of the Practitioner to comply with a request to submit a health examination or random drug or alcohol testing will be considered a voluntary resignation from the Medical Staff and relinquishment of Privileges, and no due process rights shall apply.

ARTICLE II

PROCEDURES FOR APPOINTMENT AND REAPPOINTMENT

2.1 GENERAL PROCEDURE

The Medical Staff through designated departments, committees, and officers shall evaluate and consider each application for appointment or reappointment and Privileges and each request for modification of Staff Membership or Privileges and shall adopt and transmit recommendations to the Board. In the processing of applications for Membership and Privileges, references to 'Hospital' shall include the Credentials Verification Organization (CVO) which handles key aspects of communication with applicants, and the processing and verification of application an related credentialing and privileging documents. References to Hospital throughout this manual also include the organization's Medical Staff office and its personnel.

2.2 APPLICATION FOR INITIAL APPOINTMENT

2.2-1 Application Form

Each application for appointment to the Medical Staff shall be in writing, submitted on the prescribed form issued by the Hospital, and signed by the applicant. Any qualified Practitioner who wishes to apply for Membership and/or Privileges on the Medical Staff shall contact the Hospital to request an application. Upon receipt of the request for application the Hospital shall forward to eligible applicants a copy of the Medical Staff Bylaws, Medical Staff Ancillary Manuals, and selected associated policies and procedures of the Medical Staff and the application form..

2.2-2 Content of Application Form:

The application for appointment shall be in a form determined by the Hospital in consultation with the Credentials Committee and MEC. The completed application and its attachments shall include, but are not limited to, the following information:

- a) Acknowledgement and Agreement: A statement signed by the applicant to the effect that he has read and agrees to be bound by the Bylaws and any Medical Staff manuals or policies that are provided to the applicant as part of the application process. The applicant also agrees to be bound by these documents in

all matters relating to consideration of his application whether or not he is granted Membership and/or Privileges. Furthermore, the applicant agrees that if he is granted Medical Staff Membership and/or Privileges, he agrees to follow and be bound by any and all Medical Staff and Hospital policies and meet all the responsibilities of Medical Staff Membership.

- b) Qualifications: Detailed information concerning the applicant's qualifications, including information in order to satisfy the Basic Eligibility and Qualifications of Medical Staff Membership (Article II of the Bylaws) and of any additional qualifications necessary to be granted any Privileges requested.
- c) Requests: Specific requests stating the department and the Privileges for which the applicant wishes to be considered.
- d) Peer References: The names of at least three (3) practitioners who have worked with the applicant and observed his professional performance and who can provide references as to the applicant's professional ability and judgment, ethical character, and ability to work cooperatively with other Practitioners and Hospital personnel, such that patients treated by him receive quality care delivered in a professional and efficient manner. Information provided by the reference should address the applicant's abilities with regard to the general competencies adopted from time to time by the American College of Graduate Medical Education (ACGME). In general, peer references should be submitted on a peer reference form provided by the Hospital and/or the reference should answer specific questions posed on this form.
- e) Ethical Pledges: A pledge signed by the applicant agreeing to provide professional services in an ethical manner and to adhere to generally recognized professional ethics and to the Hospital's code of conduct or statement of ethics.
- f) Professional Sanctions: Information as to whether the applicant's membership status and/or medical staff Privileges have ever been voluntarily or involuntarily revoked, suspended, reduced, subjected to restrictions or limitations not applicable to all other Practitioners in the same medical staff category, or not renewed at any other hospital or health care institution, and as to whether any of the following has ever been voluntary or involuntarily suspended, revoked, or denied:
 - Membership/fellowship in a local, state or national professional organization;
 - staff membership status or clinical privileges at any other hospital or health care institutions;
 - specialty board certification;
 - licensure to practice any profession in any jurisdiction;
 - Drug Enforcement (DEA) number or a state controlled substance license; or
 - Information as to any current or pending sanctions, affecting participation in any Federal Healthcare Program or any actions which cause the applicant to become ineligible for such programs.

If any such actions were ever taken or if any such actions are currently pending, the particulars of these actions shall be included.

- g) Criminal Proceedings: Information as to whether the applicant has ever been named as a defendant in any criminal proceedings, regardless of the outcome.
- h) Felony Convictions: Information as to whether the applicant has ever been convicted of a felony or submitted a plea of guilty or no contest, if a felony prosecution is now pending against the applicant, and the particulars of any such conviction, settlement or prosecution, if any.
- i) History of Medical Staff Membership: A chronological history listing all of the applicant's past medical staff memberships and associated privileges, including the full addresses of the facilities at which such memberships or privileges were held.
- j) Professional Employment History: A chronological history of the applicant's entire employment history as a health care professional.
- k) Education and Training History: A chronological history of the applicant's undergraduate education, all graduate education in the health care field, and all post-graduate training (internships/residencies/fellowships) in a health care field.
- l) Notification of Release and Immunity Statement: Such releases, waivers, and authorizations as are presented to the applicant by the Hospital. These will include a statement signed by the applicant authorizing and consenting to allow Medical Staff and Hospital representatives to provide other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any relevant information the Hospital or Medical Staff may have concerning the applicant. This statement will also release from liability the Hospital, its Medical Staff, and their representatives for sharing with appropriate health care and licensing entities information concerning the professional competence, ethics, and other qualifications of the applicant for staff appointment and Privileges, including information otherwise privileged or confidential, to the full extent permitted by Texas law.
- m) Professional Liability Actions: Particulars regarding medical malpractice claims filed against the applicant, any adverse and/or pending malpractice decisions or settlements, and information concerning any cancellation, non-renewal, or limitation of malpractice insurance coverage.
- n) Miscellaneous Information: Such other information relating to evaluation of the applicant's professional qualifications, ethical character and professional conduct, current competence, and prior professional experience, including utilization of hospital resources, as may be deemed relevant by the MEC and the Board.
- o) Minimum Basic Criteria: The following basic criteria must be appropriately documented and the information reasonably confirmed:

- Evidence of Current Licensure:

Proof of unrestricted South Carolina State License applicable to applicant, unrestricted Federal DEA and South Carolina Controlled Substance license as appropriate to specialty. Licensure is verified with the primary source, copies of license are not necessary.

- Relevant Training and/or Experience:

At the time of appointment and initial granting of Privileges, Hospital may require verification of relevant training or experience from the primary source(s), when feasible.

- Current Competence:

Recent letters of verification from the applicant's residency and/or fellowship program director or designee if residency or fellowship training was within five (5) years of initial application. Confirmation of board certification or qualification for certification from the appropriate specialty board. Written documentation from individuals personally acquainted first hand with the applicant's recent professional and clinical performance including, if available and applicable, types of surgical procedures performed, outcomes for invasive procedures performed, types of medical conditions managed as the responsible physician, clinical judgment and technical skills, and professional conduct.

- Ability to Perform Privileges Requested (Health Status):

A health status statement provided by the Hospital and signed by the applicant indicating that no physical or mental health problems exist that could affect his practice.

2.3 APPLICATION FEE

A non-refundable fee, in an amount established by the MEC and ratified by the Board, shall be payable upon request at the time of application for appointment. Applications submitted without an accompanying fee may not be accepted for processing.

2.4 EFFECT OF APPLICATION

By applying for appointment to the Medical Staff and/or Privileges, the applicant:

- a) Agrees to provide in a timely fashion any additional information and to resolve any questions relating to his application that are requested or posed by Medical Staff, Hospital, or Board representatives.
- b) Agrees to appear for interview(s) upon request.

- c) Authorizes Hospital and its representatives to consult with other hospitals and medical staffs who have been associated with the applicant and with anyone who may have information bearing on the applicant's clinical competence and qualifications for Medical Staff Membership or Privileges.
- d) Consents to the inspection by Hospital and its representatives of all records and documents that may be material to an evaluation of his professional and ethical qualifications for Staff Membership or Privileges.
- e) Agrees that in the event of any adverse recommendations or decisions with respect to Staff Membership or Privileges, as defined in these Bylaws, the applicant shall exhaust the administrative remedies afforded by the Bylaws before resorting to formal legal action.
- f) Releases from liability all individuals and organizations that provide information, including otherwise legally privileged or confidential information to Hospital and its representatives concerning the applicant's competence, professional ethics, character, physical and mental health, professional conduct, and other qualifications for Staff Membership or Privileges.
- g) Signifies that the information submitted in his application is true to the best of his knowledge and belief and that he understands that any significant misstatement(s) or omission(s) from his application shall constitute grounds for rejection of the application, and that he shall have no right to a hearing under Article X of the Medical Staff Bylaws or other due process rights as may be set out elsewhere, if his application is rejected for this reason.

2.5 PROCESSING OF INITIAL APPLICATIONS

2.5-1 APPLICANT'S BURDEN

The applicant shall have the burden of producing adequate information for a proper evaluation of his experience, background, training, professional conduct, clinical competence, and ability to adequately perform the Privileges requested, and of resolving any doubts about these or any of the other qualifications specified in the Medical Staff Bylaws or in associated Medical Staff manuals or policies. The applicant must be able to demonstrate to the satisfaction of the MEC and Board proficiency in the following six (6) general competencies as described by the Accreditation Council for Graduate Medical Education (ACGME): patient care, medical/clinical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice.

2.5-2 APPLICANT INTERVIEW

All applicants for appointment to the Medical Staff and/or Privileges may be required to participate in an interview at the discretion of the Department Chair, Credentials Committee, MEC, or Board. The interview may take place in person or by telephone, video or computer link at the discretion of the party calling for the interview. The interview will be used to gather information about the applicant and to communicate information to the applicant concerning Medical Staff responsibilities and expectations.

2.5-3 VERIFICATION OF INFORMATION

The applicant shall deliver a completed application to the Hospital or its CVO, which shall in a timely fashion, seek to collect or verify the references, licensure, and other qualifications submitted. Hospital shall promptly notify the applicant of any problems in obtaining the information required, and it shall then be the applicant's obligation to obtain the required information and provide it to the Hospital in a timely manner. Once collection and verification is completed, the Hospital shall forward a complete verified application and its supporting materials to the Chair of the Department to which the applicant will be assigned if granted Staff Membership.

2.5-4 DEPARTMENT CHAIR REVIEW

The relevant Department Chair, or designee, shall review the completed and verified application and supporting documentation for completeness and for the purposes of determining the character, professional competence, qualifications, and ethical standing of the applicant to fulfill the requirements of Staff Membership and/or the Privileges requested.

The Department Chair may conduct an interview with the applicant and shall utilize appropriate sources of information, request additional information from the applicant or elsewhere as needed, and evaluate the applicant's references, to determine whether the applicant satisfies the criteria set forth in the Bylaws relating to Membership on the Medical Staff, and to determine whether applicant possesses those professional and ethical qualities necessary to the provision of quality medical care. The Department Chair shall transmit to the Credentials Committee a written report and recommendation as to Staff appointment and, if appointment is recommended, as to the Staff category, department affiliation, Privileges to be granted, and any special conditions to be attached to the appointment. The Department Chair may also recommend that the MEC defer action on the application. The reason for each recommendation shall be stated and supported by reference to the completed application and all other documentation considered by a Chair, all of which shall be transmitted with the report.

2.5-5 CREDENTIALS COMMITTEE ACTION

Once the Department Chair has made recommendations regarding an application, the verified application and its supporting materials shall be forwarded by the Hospital to the Credentials Committee. This Committee shall review the application, supporting documentation, the Department Chair's report and recommendations, and such other information available to it that may be relevant to consideration of the applicant's qualifications and it may conduct a personal interview.

After its review of the applicant's credentials, the Credentials Committee shall submit, together with the recommendation of the Department Chair, a written recommendation to the MEC. This recommendation shall address the applicant's Medical Staff Membership and category, Department affiliation, Privileges, and any specific conditions relating to appointment and/or Privileges. Minority views regarding any or all recommendations of the Credentials Committee may also be included.

2.5-6 MEDICAL EXECUTIVE COMMITTEE ACTION

At its next monthly meeting after receipt of the reports and recommendations of the Department Chair and the Credentials Committee, the MEC shall review the applicant's request for Membership and/or Privileges. The MEC may utilize appropriate additional sources of information, including personal interviews with applicant, as it deems necessary to complete its evaluation.

After completing its review of the applicant's qualifications the MEC shall transmit to the Board a written report and recommendation regarding appointment and/or Privileges for the applicant, indicating whether the applicant's requests should be accepted, with modifications or qualifications, or rejected. Where appointment is recommended, the MEC shall also recommend Staff category and Department affiliation. Where the MEC recommends that the applicant's requests for Membership and/or Privileges be rejected, modified, qualified, or otherwise restricted, the report of the MEC shall set forth reasons for such recommendation(s). If an MEC recommendation is not unanimous, a minority report may be submitted to the Board.

2.5-7 EFFECT OF MEDICAL EXECUTIVE COMMITTEE (MEC) ACTION

Favorable Recommendation: When the recommendation of the MEC is favorable to the applicant, the recommendation together with supporting documentation shall be forwarded to the Board of Governors.

Deferred: Any action by the MEC to defer a recommendation on the application in order to carry out further evaluation must be followed up within sixty (60) days with a recommendation to the Board.

Adverse Executive Committee Recommendation: When the MEC recommends denial or a restriction of Membership or a requested privilege based on a determination of unprofessional conduct or inadequate clinical competence, the Chief of Staff or CEO shall inform the Physician by special notice within ten (10) days. The Physician applicant shall be entitled to the procedural rights as provided in the Bylaws and the associated detail in the Corrective Action and Fair Hearing Manual. The Hospital CEO and Board shall also be notified.

2.5-8 ACTION OF THE BOARD

Applicants for Consideration by the Full Board

At its next meeting after receipt of the reports and recommendations of the MEC regarding an initial application for Membership and/or Privileges, the Board shall consider and act on such recommendations. If the Board decides to defer action on the application pending further consideration by the MEC, or if the Board does not accept the recommendation of the MEC, it shall refer the application back to the MEC for further consideration, subject to the requirement that a final recommendation be provided to the Board by the MEC within sixty (60) days. At the meeting next following the receipt of the second report of the MEC, the Board shall render its final decision regarding the application.

If the Board accepts a favorable MEC recommendation it shall act to grant the requested Membership and/or Privileges. The Board's decision and the notice of appointment shall include:

- the Staff category to which the applicant is appointed;
- the Department to which the applicant is assigned;
- the Privileges the applicant may exercise; and
- any special conditions attached to the appointment or exercise of Privileges

If the recommendation of the MEC is adverse to the Physician applicant because of concerns about professional competence or conduct, the Board shall postpone its final decision on the Physician applicant, pending the Physician applicant's decision to utilize or waive procedural rights. If the Physician applicant waives his right to a fair hearing and appellate review, the Board will then determine its final decision on the request for Membership and/or Privileges. If the Physician applicant requests a fair hearing, the Board will make a determination on Physician applicant's requests following a final recommendation from the MEC which takes into consideration the findings of the hearing panel. Where the Physician applicant further requests an appellate review by the Board, its final determination will result from the decision made by the review panel.

Board Consideration of Expedited Applications:

The Executive Committee of the Board may conduct an expedited credentials review when applicants present applications that raise no clear concerns. In particular, the following criteria must be met in order to complete an expedited credentials review:

- (1) Applicant submits a completed application;
- (2) MEC makes a final positive recommendation and without limitation(s);
- (3) There are no current challenges or previously successful challenges to the applicant's licensure or registration;
- (4) Applicant has never received an involuntary termination of medical staff Membership at another organization;
- (5) Applicant has never received involuntary limitation, reduction, denial, or loss of Privileges; or
- (6) There has never been an adverse final judgment to the applicant in a professional liability action.

This list is not exhaustive and the Board or the Executive Committee of the Board shall have the discretion to determine whether or not an application qualifies for expedited review.

For applicants whose applications qualify for expedited review, the decision on initial applications, reappointment applications, and renewal or modification of Privileges may be rendered by the Executive Committee of the Board, consisting of at least two (2) Members of the Board who will review and approve the credentialing actions of the MEC.

After reviewing the recommendations of the MEC, a positive decision by the Executive Committee of the Board shall result in the status and/or Privileges requested. If the decision by the Executive Committee of the Board is adverse the matter will be referred to the full Board for further evaluation at its next regularly scheduled meeting.

The full Board shall consider and ratify all positive Executive Committee decisions at its next regularly scheduled meeting. If the Board does not ratify the positive recommendation of its Executive Committee, the application will be handled as in the same manner as an application that has not received expedited review.

2.5-9 CONFLICT RESOLUTION

Whenever the Board's proposed decision is contrary to the MEC's recommendation, the Board shall submit the matter to a joint conference as provided in Section 11.4 of the Medical Staff Bylaws. This joint conference will be held as soon as practicable and the Board will postpone any final determination on the applicant until such conference is held.

2.5-10 NOTICE OF FINAL DECISION

Notice of the final action of the Board on the applicant shall be given to the Hospital CEO who will provide the approved applicant with a written offer of Membership and/or Privileges and special notice of any adverse action on the application in a timely manner.

The Board shall give notice of its final decision through the Hospital CEO to the Chief of Staff, the MEC, and the Chair of the affected Department.

2.5-11 TIME PERIODS FOR PROCESSING

Applications for Medical Staff appointment and/or Privileges shall be considered in a timely and good faith manner by all individuals and groups required by Medical Staff Bylaws and policies to act upon them and shall be processed whenever possible within the time periods specified in this section. Any incomplete application after six (6) months shall be considered voluntarily withdrawn.

Within forty-five (45) days after receipt by the Department Chair of a completed application for Membership and/or Privileges, the Chair of the Department shall submit a written report of his recommendations to Credentials Committee.

Within forty-five (45) days after the receipt of the Department Chair's recommendation, the Credentials Committee through its Chair shall submit a written recommendation to the MEC.

Within forty-five (45) days after receipt of recommendations from the Credentials Committee or its Chair, the MEC shall submit a recommendation regarding appointment and/or Privileges to the Board.

The Board will act on recommendations from the MEC at its next regularly scheduled meeting that shall occur within ninety (90) days.

The time periods in this section are guidelines and deviations will not entitle the applicant to any procedural due process rights.

2.6 REAPPOINTMENT PROCESS

2.6-1 APPLICATION FOR REAPPOINTMENT

Reappointment will be for a period of up to two (2) years. Reappointments are based on department assignment. Department of Medicine in the odd years and Department of Surgery in the even years. At least one-hundred and eighty (180) days prior to the expiration date of his current appointment of Membership and/or Privileges, the Hospital shall provide the Practitioner with an updated application form for reappointment and any required Hospital specific forms and documents for completion which must be received prior to the reappointment application being acted upon. The Practitioner who desires reappointment shall, at least ninety (90) days prior to such expiration date; complete such forms and return them to the Hospital.. Failure to return the completed form(s) prior to such expiration date may, at the discretion of the Hospital, be considered a voluntary resignation of Membership and Privileges effective at the end of the Practitioner's current term.

2.6-2 CONTENT OF APPLICATION

The application for reappointment shall be in a prescribed form setting forth, without limitation, the following information:

- a) Specific requests setting forth the category of Staff Membership to which the Physician seeks to be reappointed, the Department to which the Physician seeks membership or Practitioner seeks placement, and the Privileges for which the Practitioner wishes to be considered.
- b) Continuing training, education, and experience that qualify the Practitioner for the Privileges sought on reappointment. Continuing education must relate, at least in part, to the Privileges requested and is provided to the Hospital upon request.
- c) A statement that no health problems exist that could affect the Practitioner's ability to perform the Privileges requested.
- d) The name and address of any other health care organization or practice setting where the Practitioner provided professional services during the preceding period.
- e) Any Membership, awards, or other recognition conferred or granted by any professional health care societies, institutions or organizations.
- f) Current, unrestricted South Carolina license, Drug Enforcement (DEA) and State Controlled Substance License, as applicable.
- g) Information as to whether the Practitioner's Membership status and/or medical staff privileges have ever been voluntarily or involuntary revoked, suspended, reduced, subjected to restrictions or limitation if not applicable to all other Practitioners in the same medical staff category, or not renewed at any other

hospital or health care institution, and as to whether any of the following has ever been voluntary or involuntarily suspended, revoked, or denied:

1. Staff Membership status or clinical privileges at any other hospital or health care institutions;
2. Membership/fellowship in a local, state or national professional organization;
3. Specialty board certification;
4. Licensure to practice any profession in any jurisdiction;
5. Drug Enforcement (DEA) number; and
6. South Carolina Controlled Substance License.

If any such actions were ever taken or if any such actions are now pending, the particulars thereof shall be included.

- h) Information as to whether the Practitioner has ever been prosecuted for, convicted of or pled no contest to a felony and, if so, the particulars of any such convictions.
- i) Information as to whether the Practitioner has ever been named as a defendant in any criminal proceedings, regardless of the outcome, except for minor traffic violations.
- j) Evidence of continuous malpractice insurance coverage, minimum of one (1) million dollars per occurrence, three (3) million dollars in the aggregate or in an amount that may be determined from time to time by action of the Board,
- k) A list of all malpractice complaints filed against the Practitioner and the particulars regarding any complaints, adverse malpractice decisions or settlements.
- l) Such other specific information about the Practitioner's professional ethics, qualifications, and ability that may bear on his ability to provide medical or surgical care in the Hospital.

2.6-3 COMPLETION AND VERIFICATION OF INFORMATION

The information provided on each application for reappointment and all other supporting materials and documentation, including information regarding the Practitioner's professional activities, performance and conduct in the Hospital and query reports from the National Practitioners Data Bank shall be collected and verified. The Practitioner shall have the burden of producing adequate information for a proper evaluation of his qualifications and of resolving any questions regarding such qualifications. When collection and verification has been completed and the Medical Staff Office has determined that the application is complete, it shall forward the application and all supporting material to the Chair of the Department to which the Practitioner is assigned.

2.6-4 DEPARTMENT CHAIR REVIEW

The Department Chair or designee shall review the application for reappointment and all other pertinent information, including the application and all supporting documentation. Such review shall consist of an appraisal of the following factors, without limitation:

- a) Professional performance, including the Practitioner's patterns of practice in the performance improvement program, data from ongoing professional practice evaluation, utilization review, infection control activities, blood utilization, operative and invasive procedure review, medical records review, and pharmacy and therapeutic review, as appropriate.
- b) The Privileges currently exercised by the Practitioner and the basis for any requested modifications.
- c) Practitioner's health status, where relevant to his technical skills.
- d) Practitioner's participation in relevant continuing education programs.
- e) Practitioner's service on Medical Staff and Hospital committees.
- f) Practitioner's record relating to timely completion of medical records.
- g) Practitioner's demonstrated ability to work cooperatively with other Practitioners and hospital personnel, to comply with policies on professional conduct, and to avoid unprofessional conduct in the Hospital that may have a disruptive effect on patient care or impede the efficient and safe operation of the Hospital.
- h) Practitioner's record of compliance with the Medical Staff Bylaws, rules, regulations and policies of the Medical Staff, and with Hospital policies applicable to Medical Staff Members or Practitioners granted Privileges.

2.6-5 ACTION OF THE DEPARTMENT CHAIR

The Department Chair shall review the application and information in the Practitioner's file and shall submit his recommendation to the Credentials Committee regarding the reappointment of and/or Privileges to be exercised by such Practitioner. The recommendation of the Department Chair shall contain the following, without limitation:

- a) Recommendations for reappointment or denial of reappointment, including any suggested restrictions or conditions on reappointment.
- b) Recommendation for Department affiliation and Staff category.
- c) The Privileges to be granted, including any restrictions on such Privileges.

2.6-6 CREDENTIALS COMMITTEE ACTION

The Credentials Committee shall review each application and all other relevant information available to it, including the report and recommendation of the Chair of the department in which the Practitioner has been a Member or was placed. The Credentials Committee shall make a report to the MEC regarding its recommendations on the application for reappointment. The report of the Credentials Committee shall contain the

same specific types of recommendations contained in the report of the department Chair as set forth in the section above. The report of the Credentials Committee shall be accompanied by all relevant documentation, including the application, supporting information, and the report of the department Chair.

2.6-7 MEDICAL EXECUTIVE COMMITTEE ACTION

The MEC shall review each application for reappointment and all other relevant information available to it. The MEC may choose to interview the Practitioner prior to rendering a recommendation. The MEC shall make a report to the Board regarding its recommendations on the application for reappointment. The report of the MEC shall contain the same specific types of recommendations contained in the report of the Credentials Committee. The report of the MEC shall be accompanied by all relevant documentation, including the application, supporting information, and the report of the Credentials Committee.

2.6-8 FINAL PROCESSING AND BOARD ACTION

Following the report of the MEC to the Board, the procedure provided in the Credentials Manual relating to initial applications shall be followed and the Board shall render a decision prior to the expiration date of the Practitioner's appointment. Where the Board disagrees with the recommendation of the MEC, the matter will be brought to a Joint Conference as described in Section 2.5.10 above.

2.6-9 BASIS FOR RECOMMENDATION

Each recommendation concerning the reappointment of the Practitioner's Membership and/or Privileges shall be based upon review not only of those matters set forth in the Medical Staff Bylaws and policies pertaining to such Practitioner, but also on any other information bearing on the ability and willingness of the Practitioner to contribute to the rendering of quality health care within the Hospital and to contribute to the mission of the Hospital.

2.7 REQUESTS FOR MODIFICATION OF MEMBERSHIP STATUS AND/OR PRIVILEGES

A Medical Staff Member or other Practitioner may, either in connection with reappointment or at any other time, request modification of his staff category, Department affiliation, or Privileges by submitting a written application to the Hospital in such form as may be prescribed by the MEC and the Board. Such Staff Member shall have the burden of justifying such modification(s). Such application shall be processed in substantially the same manner as applications for reappointment to Medical Staff Membership, except that the pertinent time limits shall be those applicable to appointments to Medical Staff Membership, as provided in this Credentialing Manual.

2.8 EFFECTIVE DATE OF REAPPOINTMENT/MODIFICATIONS OF APPOINTMENTS AND/OR STAFF PRIVILEGES

Reappointments approved by the Board, including Privileges awarded in connection with such reappointments, modifications of categories of Staff Membership, Department affiliation, and/or Privileges, shall take effect on the first day of the next month following the MEC meeting date and approval of the Board.

ARTICLE III

DETERMINATION OF PRIVILEGES

3.1 EXERCISE OF PRIVILEGES

Practitioners providing clinical services at the Hospital shall be entitled to exercise only those Privileges specifically granted to them by the Board, or emergency or disaster Privileges as described in this Manual.

3.2 DELINEATION OF PRIVILEGES IN GENERAL

3.2-1 Requests

Each application for appointment and reappointment to the Medical Staff must contain a request for the specific Privileges desired by the applicant. Applicants who are ineligible for Medical Staff Membership may apply for Privileges by requesting an application form from the Hospital. A request by Practitioner for Privileges or the modification of Privileges must be supported by all requested documentation regarding appropriate licensure, training and the evidence of current competence. Privilege requests will not be processed where the Practitioner does not meet the eligibility requirements to be granted the privilege.

3.2-2 Basis for Determinations of Privileges

Privileges shall be determined on the basis of the Practitioner's prior and continuing education, training, experience, utilization patterns and demonstrated current competence, including observed professional performance and documented results of the Practitioner's specific performance improvement activities. Information concerning professional performance obtained from other sources will be considered when available, especially from other institutions and health care settings where the Practitioner exercises Privileges. It is the burden of the applicant applying for Privileges to provide all information requested by the MEC and Board.

Residents or Fellows in training in an approved ACGME program and acting under the auspices of that program will not be required to request specific Privileges. They must carry out any clinical care in accordance with the written educational protocols developed by their training program. These protocols must delineate the roles, responsibilities, and scope of clinical activities applicable to such trainees. They must also describe the requirements for oversight of trainees, the types of orders they may write, and when such orders must be countersigned and by whom. The protocols will describe how trainees' level of responsibility and scope of practice may expand over time and how this information will be transmitted to staff and personnel working in the Hospital. These

protocols must be periodically reviewed and approved by the MEC. In addition, training programs will periodically communicate with the MEC regarding the performance of its trainees and alert it to any performance concerns or matters that may threaten patient safety. The training program must work with the MEC to assure that all supervising Practitioners hold Privileges commensurate with their oversight activities.

3.2-3 Procedure

All requests for Privileges shall be processed pursuant to the procedures outlined in Article II. Requests for Privileges will not be processed where the Board has made a determination that the Hospital will not support or authorize the exercise of a particular privilege for any Practitioner at the Hospital; where the privilege requested is covered by an exclusive contract granted by the Board and the requesting Practitioner is not a party to the contract or provider under the contract; or where the requesting Practitioner does not meet the eligibility requirements to request or exercise a privilege as described in the Hospital's Delineation of Privileges documents.

3.3 Confirmation of Competency to Hold Privileges

Initially requested Privileges shall be subject to a period of focused professional practice evaluation (FPPE) in accordance with policies adopted by the Medical Staff. This focused evaluation will be carried out in a manner established to confirm that the Practitioner is competent in the exercise of granted Privileges. Such evaluation may be carried out utilizing prospective, concurrent, and/or retrospective proctoring, including, but not limited to the use of performance indicators, chart reviews, morbidity and mortality conferences, the data from ongoing professional practice evaluation (OPPE) carried out by the Medical Staff, external peer review, simulations, clinical conferences, root cause analyses, and discussion with Hospital staff and other Practitioners.

OPPE will be performed by the Medical Staff in accordance with its policies in order to identify Practitioner practice patterns that reflect that Practitioner's appropriate and competent exercise of granted Privileges. Information from OPPE will be factored into evaluations by the Credentials Committee, MEC, and Board regarding decisions to maintain the Practitioner's existing granted Privileges, to revise those Privileges, or to revoke an existing Privilege prior to or at the time of reappointment. The OPPE shall be undertaken as part of the Medical Staff's evaluation, measurement, and improvement of each Practitioner's current clinical competency. If ongoing evaluation identifies a concerning incident or trend, the Medical Staff will carry out a FPPE to further delineate the nature of the concern. Information gathered through such FPPE will be used by the Medical Staff and Board in the evaluation of the appropriateness of the Practitioner's grant of continued Privileges.

3.4 TEMPORARY CLINICAL PRIVILEGES

3.4-1 Circumstances

Temporary Privileges may be granted to the Practitioner to provide for an important patient care need for a limited time, up to one-hundred and twenty (120) days. Temporary Privileges may be

granted on a case-to-case basis when an important patient care need or service mandates an immediate authorization to practice. Temporary Privileges may be granted to the Practitioner upon the recommendation of either the applicable Department Chair or the Chief of Staff or Vice Chief of Staff in the absence of the Chief of Staff and who meets one of the following circumstances and the minimum criteria as defined below:

a) Pendency of Application for Permanent Medical Staff:

Temporary Privileges may be granted for permanent medical staff Membership and Privileges, provided the application is complete, and the applicant has no current or previously successful challenge to professional licensure or registration, no involuntary termination of medical staff Membership at any other organization, and no involuntary limitation, reduction, denial or loss of Privileges. Such persons may only attend patients for a period not to exceed one-hundred and twenty (120) days.

b) Care of Specific Patients:

In special circumstances, upon receipt of a written request for specific temporary Privileges, an appropriately licensed Practitioner of documented competence who is not an applicant for Membership, may be granted temporary Privileges for the care of one or more specific patients. The following documentation is required for temporary Privileges:

- Unrestricted Texas State License
- Unrestricted Federal DEA as appropriate to specialty
- State Controlled Substance License as appropriate to specialty
- Current valid professional liability insurance coverage in a certificate form and in amounts satisfactory to the Hospital
- Current standing from primary practicing facility
- National Practitioner Data Bank report (processed by the Hospital)
- A verbal reference which establishes current competency.

c) Locum Tenens:

Upon receipt of a written request for specific temporary Privileges, an appropriately licensed Practitioner of documented competence who is serving as a Locum Tenens for a Member of the Medical Staff may, without applying for Membership on the Staff, be granted temporary Privileges for an initial one-hundred and twenty (120) days. He shall be limited to treatment of the patients of the Practitioner for whom he is serving as a Locum Tenens. He shall not be entitled to admit his own patients to the Hospital unless such Privileges are specifically granted. This request must also be accompanied by a written statement from the affected Medical Staff Member that he is utilizing the Practitioner as a Locum Tenens.

3.4-2 Conditions

Temporary Privileges shall be granted by the Hospital CEO or designee acting on behalf of the Board and based on a recommendation of the Chief of Staff or a Department Chair. Before temporary Privileges are granted, the Practitioner must first acknowledge in writing that he has received and read copies of the Medical Staff Bylaws and all other

Medical Staff and Hospital manuals and policies relevant to his performance of temporary Privileges, and that he agrees to be bound by them.

3.4-3 Termination

On discovery of any information or the occurrence of any event of a nature which raises questions about the Practitioner's professional qualifications or ability to exercise any or all of the temporary Privileges granted, the Chief of Staff or, in his absence, the Chair of the Department of which the Practitioner is a Member, may terminate any or all of such Practitioner's temporary Privileges, subject to the approval of the Board. Where the life or well-being of a patient is determined to be endangered by continued treatment by the Practitioner exercising temporary Privileges, the termination may be effected by any person entitled to impose precautionary suspensions under the Bylaws. In the event of such termination, the patients of such Practitioner then in the Hospital shall be assigned to another Practitioner by the Chief of Staff or, in his absence, by the Chair of the appropriate Department. Where feasible, the wishes of the patient shall be considered in choosing a substitute Practitioner.

3.4-4 Procedural Rights

The Practitioner shall not be entitled to procedural rights because of the denial of any request for temporary Privileges, or because of any termination or suspension of temporary Privileges, whether in whole or in part, unless based on a determination of demonstrated incompetence or unprofessional conduct.

3.5 EMERGENCY PRIVILEGES

In case of an emergency, any Medical Staff Member attending a patient shall be expected and permitted to do everything in his power and to the degree permitted by his license, to save the life of the patient or prevent significant and disabling morbidity regardless of the Member's Medical Staff status, Department affiliation or Privileges. This duty shall be subject to the Medical Staff Member's concurrent duty to take into account or abide by a patient's directive under the South Carolina law to withhold or withdraw life-sustaining procedures, or to take into account and abide by the requirements of sound medical practice. For purposes of this section, an emergency is defined as a condition or set of circumstances in which any delay in administering treatment would increase the danger to the patient's life or the danger of serious harm. When such an emergency situation no longer exists, the patient shall be assigned to an appropriate Member of the Medical Staff who holds Privileges appropriate to address the patient's medical conditions.

3.6 DISASTER PRIVILEGES

Disaster privileges are only granted when the Emergency Management Plan is initiated. All disaster privileging will be in accordance with the Medical Staff Disaster Privileges policy.

3.7 TELEMEDICINE PRIVILEGES

The Medical Staff shall make recommendations to the Board regarding which clinical services are appropriately delivered through the medium of telemedicine, and the scope of such services. Clinical services offered through this means shall be provided consistent with commonly accepted quality standards.

Any Practitioner who prescribes, renders a diagnosis, or otherwise provides clinical treatment to a patient at the Hospital through a telemedicine procedure (the “telemedicine Practitioner”), must be credentialed and privileged through the Medical Staff pursuant to the credentialing and privileging procedures described in these Medical Staff Bylaws and associated Credentials Manual. If the telemedicine Practitioner’s site is also accredited by the Joint Commission, and the telemedicine Practitioner is privileged to perform the services and procedures for which privileges are being sought in the Hospital, then the telemedicine Practitioner’s credentialing information from that site may be relied upon to credential the telemedicine Practitioner in the Hospital. However, this Hospital will remain responsible for primary source verification of licensure, professional liability insurance, Medicare/Medicaid eligibility and for the query of the Data Bank. This Hospital shall further conduct the verification procedures for all hospitals, health care organizations or practice settings with whom the applicant is or has previously been affiliated.

ARTICLE IV

PRACTITIONERS PROVIDING CONTRACTED SERVICES

4.1 Exclusive Agreements

The Board may from time to time determine that specified Hospital clinical services will be provided on an exclusive basis pursuant to a contract or letters of agreement between the Hospital and specific qualified Practitioners. Privileges covered by such exclusive agreements will be available only to Practitioners who are specified under the terms of such agreements. Applications for initial appointment to provide services or requesting Privileges that are covered under the exclusive arrangement will not be eligible for consideration and processing unless submitted in accordance with such arrangements. Practitioner’s who have previously been granted Privileges that become subject to an exclusive arrangement made by the Hospital will not be able to exercise those Privileges unless they become a party to the agreement. Any Practitioner who will provide clinical services pursuant to an exclusive agreement issued by the Hospital will be required to meet the same qualifications and undergo the same evaluation and approval process for Privileges as any other applicant. However, the exclusive contract may require such Practitioner to meet higher qualifications for Privileges than those established for applicants who are not subject to the exclusive agreement.

4.2 Termination of Contracted Arrangements

The effect of expiration or other termination of a contract for employment or professional services between the Hospital and the Practitioner upon that Practitioner’s staff appointment and Privileges will be governed solely by the terms of the Practitioner’s

contract with the Hospital. **If the contract or the employment agreement is silent on the matter, then contract expiration or other termination alone will not affect the Practitioner's staff appointment status or Privileges.** Where Medical Staff Membership or Privileges are terminated under the terms of such contracts the Practitioner will not have recourse to the due process provisions described in the Bylaws.

ARTICLE V

CREDENTIALING SUPERVISING PHYSICIANS

5.1 Supervising Physicians

- a) Supervising Physicians are those Members of the Active Staff with whom the Hospital contracts to provide supervision of outpatient diagnostic services or therapeutic services whether delivered in the Hospital, on the Hospital campus, or off campus.
- b) The MEC shall identify the types of providers and the clinical qualifications needed to provide adequate supervision of the delivery of outpatient diagnostic and therapeutic services offered by the Hospital.
- c) The Credentials Committee shall review the qualifications of any physician nominated by the Hospital to serve as a Supervising Physician for therapeutic services. The Committee shall recommend the Hospital's nominee provided it finds that:
 1. The physician meets the minimum qualifications established by the MEC for that type of provider;
 2. The physician is qualified to step in and provide the actual service, if necessary. The Credentials Committee's recommendation shall be forwarded to the MEC for consideration.
- d) The MEC shall approve the Hospital's nominee provided that it makes a similar finding. The MEC's failure or refusal to approve a Hospital nominee shall not be deemed a professional review action, and shall not be subject to due process procedures.
- e) The expiration or termination of any contract between the Hospital and a Supervising Physician shall not be subject to any due process procedures established by the Medical Staff Bylaws.

ARTICLE VI
AMENDMENT

6.1 Amendment

This Credentials Manual may be amended or repealed in whole or in part as described in Article XI of the Medical Staff Bylaws.

CERTIFICATION OF ADOPTION AND APPROVAL:

MEDICAL EXECUTIVE COMMITTEE

Approved by the Medical Executive Committee of Northwest Texas Healthcare System
on

BOARD OF GOVERNORS

Approved and adopted by the Board of Governors of Northwest Texas Healthcare System
on