Banner Good Samaritan
Medical Center

CREDENTIALING PROCEDURES MANUAL

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The Credentials Procedures Manual describes the processes designed to ensure that patients receive care, treatment, and services from qualified providers.

PART ONE - APPOINTMENT PROCEDURES

1.1 APPLICATION

An application for staff membership must be submitted by the applicant in writing and on the form designated by the Executive Committee and approved by the Board. Prior to the application being submitted, the applicant will be provided access to a copy or summary of the Bylaws and the rules and regulations of the appropriate departments and sections.

1.2 APPLICATION CONTENT

The Medical Staff Office shall collect relevant information regarding the individual's professional activities, performance, and behavior, quality of care, and clinical competence or technical skills. A separate record is maintained for each individual requesting medical staff membership or clinical privileges. Every application must furnish complete information regarding:

(a) Undergraduate, medical school, and postgraduate training, including the name of each institution, degrees granted, programs completed, dates attended, and for all postgraduate training, names of those responsible for monitoring the applicant's performance.

(b) All currently valid medical, dental, or other professional licensures or certifications, and Drug Enforcement Administration (DEA) registration when applicable, with the date and number of each.

(c) Specialty or sub-specialty board certification, recertification, or eligibility status.

(d) Health status (including freedom from infectious TB) and any health impairments (including alcohol and/or drug dependencies) which may affect the applicant's ability to perform professional and medical staff duties fully.

(e) Professional liability insurance coverage, in the amount acceptable to the Board including the names of present and past insurance carriers, and complete information on malpractice claims history and experience including claims, suits, judgments and settlements made, concluded, and pending.

(f) Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, nonrenewal, involuntary or voluntary relinquishment (by resignation or expiration) of: license or certificate to practice in any state or country; DEA or other controlled substances registration; specialty or sub-specialty board certification or eligibility; professional liability insurance coverage.

(g) Voluntary or involuntary termination, limitation, reduction, or loss of staff membership status, prerogatives, or clinical privileges at any hospital, clinic, or health care institution.

(h) Voluntary or involuntary withdrawal of an application for membership/privileges at any hospital, clinic, or health care institution.

(i) Department and section assignment, and specific clinical privileges requested.

(j) Any current felony criminal charges pending against the applicant and any past charges including their resolution.

(k) Names and address of all hospitals or health care organizations where the applicant had or has any association, employment, privileges or practice with the inclusive dates of each affiliation. All time intervals since graduation must be accounted for.

(l) Additional information from other databanks, including the National Practitioners Data Bank (NPDB), may be gathered by the Medical Staff Office or it's agent, as required by the Executive Committee and/or regulatory bodies.

(m) Name(s) of member(s) of the Banner Good Samaritan Medical Center medical staff that will provide coverage in the absence of the physician. Exceptions may be

considered by Medical Executive Committee in cases where there is minimal speciality representation or when practice is exclusively remote, i.e., telemedicine or for specialities that are not permitted to admit patients.

(n) Evidence of the applicant's agreement to abide by the provisions of the Bylaws.
(o) A recent photograph.

1.3 **REFERENCES**

The application must include the names of three (3) medical or health care professionals, who have personal knowledge of the applicant's qualifications and who will provide specific written comments on these matters. The references must have acquired the requisite knowledge through recent observation of the applicant's professional performance and clinical competence over a reasonable period of time and, at least one should have had organizational responsibility for supervision of the applicant's performance (e.g., department chairman, service chief, training program director). The use of partners, associates, members or employees of the applicants' current or prospective employer as references raises questions of bias; while the use of these individuals is not prohibited, it should be avoided or minimized where practical.

1.4 **EFFECT OF APPLICATION**

The applicant must sign the application and in so doing:

(a) Attest to the correctness and completeness of all information furnished and in so doing acknowledge that any material misstatement in or omission from the application may constitute grounds for denial or revocation of appointment;
(b) Signify willingness to appear for interviews in connection with the application;
(c) Signify willingness to undergo a physical or mental health evaluation upon the request of the Chief of Staff, vice chief of staff, or department chairman;
(d) Agree to abide by the terms of these Bylaws, the rules and regulations of the assigned department and section, and the policies of the medical staff and the Medical Center, regardless if membership and/or clinical privileges, are granted;
(e) Agree to maintain an ethical practice and to provide continuous care to his or her patients;
(f) Authorize and consent to representatives of the medical staff and Medical Center consulting with any individual who or entity which may have information bearing on the applicant's qualifications and consent to the inspection of all records and documents that may be material to evaluation of such qualifications; and
(g) Release from any liability Banner Health, the Board, Medical Center employees, medical staff members, and all others who review, act on, or provide information regarding the applicant's qualifications for staff appointment and clinical privileges.

1.5 **APPLICATION FEE**

If so required, an application fee in the amount established by the Executive Committee and the CEO must be submitted by the applicant prior to the processing of the application.

1.6 **PROCESSING THE APPLICATION**

1.6-1 **APPLICANT'S BURDEN**

The applicant has the burden of producing adequate information for a proper evaluation of his or her qualifications and of resolving any doubts about any of the qualifications required for staff membership, department or section assignment, or clinical privileges, and of satisfying any requests for information or clarification (including health examinations). Applications not demonstrating compliance with the requirements for medical staff membership and privileges will be deemed to be incomplete. Incomplete applications will not be processed.

1.6-2 **VERIFICATION OF INFORMATION**

The application shall be submitted to the Medical Staff Office which shall notify the applicable department and section of its receipt. Representatives of the Medical Staff Office or its agent

as approved by the Executive Committee and BH Board, working with the Credentials Committee shall collect and verify the references, licensure, and other qualification evidence submitted and notify the applicant of any problems in obtaining the required information. Upon such notification, it is the applicant's obligation to obtain the required information. When collection and verification is accomplished, the application shall be deemed to be complete and shall be transmitted with all supporting materials to the chairman of the Credentials Committee and to the chairman of each department and the chief of each section in which the applicant seeks privileges.

1.6-3 **CREDENTIALS COMMITTEE ACTION**

Upon receipt of all necessary documentation, the Credentials Committee at its next regularly scheduled meeting shall review the completed application, the supporting documentation, and any other relevant information and determine if the applicant meets all of the necessary qualifications for staff membership and department and section requested. The credentials committee shall forward applications recommended for privileges to the clinical departments or sections in which privileges have been requested. The Credentials Committee may conduct an interview with the applicant or may designate a committee to conduct such interview.

1.6-4 **DEPARTMENT AND SECTION ACTION**

The chairman of the respective department and chief of the section (if applicable) in which the applicant seeks privileges shall review the application and its supporting documentation and forward to the Executive Committee the recommendations as to the scope of clinical privileges to be granted.

The chairman, at his/her discretion, may forward the application directly to the Executive Committee except in the following circumstances:

- Application is incomplete
- Where there is a current challenge or previously successful challenge to an applicant's licensure or registration
- Where the applicant has received an involuntary termination of medical staff membership at another organization
- Where the applicant has received involuntary limitation, reduction, denial or loss of clinical privileges
- Where the Credentials Committee determines that there has been either an unusual pattern of liability actions brought against the applicant, or an excessive number of professional liability actions resulting in a final judgment against the applicant
- Any felony criminal conviction or any conviction involving healthcare.
- Adverse information on reference letters or comments suggesting potential problems

An application not forwarded directly to the Executive Committee shall be reviewed at the next regularly scheduled meeting of the department prior to being forwarded to the Executive Committee.

A department chairman or section chief may conduct an interview with the applicant or designate a committee to conduct such interview.

Where the applicant maintains that his or her postgraduate training program is equivalent to a program accredited by the Accreditation Council for Graduate Medical Education (ACGME) and/or that his or her board certification or eligibility is equivalent to that granted by the appropriate board approved by the American Board of Medical Specialties, the appropriate department will assess the supporting documentation to determine equivalency.

1.6-5 **EXECUTIVE COMMITTEE ACTION**

The Executive Committee, at its next regular meeting, shall review the application, the supporting documentation, the reports and recommendations from the department chairmen,

section chiefs, and Credentials Committee, and any other relevant information available to it. The Executive Committee shall prepare a written report with recommendations as to approval or denial of, or any special limitations on, staff appointment, category of staff membership, and prerogatives, department and section affiliation, and scope of clinical privileges, or defer action for further consideration.

1.6-6 **EFFECT OF EXECUTIVE COMMITTEE ACTION**

(a) Favorable Recommendation: An Executive Committee recommendation that is favorable to the applicant in all respects, shall be promptly forwarded to the Board.

(b) Conditional Appointment/Reappointment: The Executive Committee may recommend that the applicant or member be granted conditional appointment for the term of appointment or reappointment. Conditional appointment/reappointment is not a reduction or limitation of membership or privileges, and does not constitute corrective action. Where the Executive Committee recommends conditional appointment/reappointment, the CEO will advise the member of the Executive Committee's expectations for conduct and/or performance and the possible consequences if those expectations are not met.

(c) Limited Period of Appointment: From time to time, the Executive Committee may recommend a period of appointment of less than two years. A limited appointment may be extended without completion of a new application and review required by these Bylaws provided that a reappointment application is completed and processed within two years. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.

(d) Adverse Recommendation: An adverse Executive Committee recommendation shall entitle the applicant to the procedural rights provided in these Bylaws.

(e) Deferral: Action by the Executive Committee to defer the application for further consideration shall be followed up at its next regular meeting or upon receipt of adequate information with its recommendations as to approval or denial of, or any special limitations on, staff appointment, staff category, prerogatives, department and section affiliation, and scope of clinical privileges.

1.6-7 **BOARD**

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

The Board of Directors shall act upon all credentials files of independent healthcare professionals requesting medical staff membership and privileges. The Board has delegated to its Medical Staff Subcommittee the authority to take action on all files that qualify for Expedited review, subject to Board ratification. The Medical Staff Subcommittee shall make recommendations on Routine and all other files that require Board action.

A Routine application is an application that contains evidence of any of the following at the time of appointment or at any time since the beginning of the last appointment period:

(a) Where the application is incomplete;

(b) Where the applicable medical executive committee has made a final recommendation to deny, terminate, revoke, suspend, limit or otherwise restrict the membership or privileges of any medical staff member or applicant;

(c) Where there is a Current Challenge or has been a Successful Challenge to an applicant's licensure or registration;

(d) Where there has been a final judgment adverse to the applicant in a professional liability action; and/or

(e) Where the applicant's medical staff membership or clinical privileges have been involuntarily terminated or restricted at any hospital or healthcare facility.

An Expedited application is an application that has been recommended for approval by the medical executive committee of the staff to which the application is being made and which, at the time of appointment or since the beginning of the last appointment period, does not contain any of the adverse information identified above.

(a) Prior to submitting the medical executive committee report to the Medical Staff Subcommittee, the BH facility shall determine whether an application is an Expedited or a Routine application. Expedited applications shall be submitted to the Medical Staff Subcommittee on a report requesting Medical Staff Subcommittee expedited action. Routine applications shall be submitted on a report requesting that the Medical Staff Subcommittee make a recommendation to the BH Quality and Care Management Committee and BH Board of Directors.

(b) The Medical Staff Subcommittee will review, evaluate and take action on Expedited applications for appointment and reappointment to the medical staffs of Banner institutions and on all requests for clinical privileges. Actions of the Subcommittee in approving Expedited applications for appointment and reappointment and requests for clinical privileges shall be effective as the action of the Quality and Care Management Committee, upon written communication of the action of the Subcommittee to the Administrator/CEO. Actions of the Subcommittee shall be presented to the Quality and Care Management Committee and Board of Directors for review and ratification.

(c) The Medical Staff Subcommittee will make recommendations to the Quality Committee on Board of Directors regarding Routine requests for membership and/or clinical privileges. Action of the Medical Staff Subcommittee on Routine applications and requests for clinical privileges shall not be effective until final action is taken by the Board of Directors.

1.6-8 **VERIFICATION OF IDENTIFICATION**

Prior to practicing at BGSMC each physician is required to present to the Security Department to obtain a BGSMC photo identification badge which has been verified by legible photo identification.

(a) The physician is required to present legible Federal/State government issued photo identification (i.e. driver's license, passport, etc.)

(b) A physician must obtain photo identification within 90 days of notification to Security (or prior to practicing at BGSMC, whichever comes first). The names of physicians who have not obtained photo identification from Security will be provided to Medical Staff Services. Membership and privileges for these physicians will automatically expire per Section 6.7v of the Bylaws.

1.6-9 **TELERADIOLOGY APPLICANTS**

(a) The Credentials Committee chair and/or designee will sign-off if there are no "red flags". If there is any concern regarding an application, the file will be forwarded to the Credentials Committee for review.

(b) The Credentials Committee chair forwards the application to the Radiology Department chair for review and approval to forward the application to the Pathology, Radiology, Nuclear Medicine & Transfusion (PRNT) Committee for review.

(c) The PRNT Committee forwards the application to the Medical Executive Committee (MEC) for review.
(d) The MEC forwards the application to the Banner Health Board of Directors.

PART TWO - REAPPOINTMENT PROCEDURES

2.1 INFORMATION COLLECTION AND VERIFICATION

2.1-1 FROM STAFF MEMBER

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

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

The Medical Staff Office or its agent as approved by the Executive Committee and BH Board shall verify the information provided on the reappointment form and notify the staff member of any specific information inadequacies or verification problems. The staff member has the burden of producing adequate information and resolving any doubts about it.

2.1-2 FROM INTERNAL SOURCES

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

(a) Findings from the performance review and utilization management activities;
(b) Participation in relevant continuing education activities or other training or research programs;
(c) Level of clinical activity at Banner Good Samaritan Medical Center;
(d) Timely and accurate completion of medical records;
(e) Cooperativeness in working with other practitioners and hospital personnel;
(f) General attitude toward patients and the Medical Center; and
(g) Compliance with all applicable Bylaws, department rules and regulations, and policies and procedures of the medical staff and Medical Center;

2.1-3 FROM EXTERNAL SOURCES

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

(a) A Peer reference.
(b) National Practitioner Data Bank.
(c) Professional Liability Insurance –any malpractice claims history resulting in settlement or judgments.
(d) All Current Licensure – verification of current license to practice and sanctions against license, termination or restriction of licensure and any previously successful or currently pending challenges to licensure (voluntary or involuntary).
(e) Board Certification.
(f) Continuing Medical Education.

(g) Primary Hospital Staff membership and clinical privileges - for relevant professional experience and termination, limitation, reduction or loss of membership or clinical privileges (voluntary or involuntary).

(h) Medicare/Medicaid Sanctions – monitored by the Banner Health Compliance Department.

(i) Health status (including freedom from infectious TB) and health impairments (including alcohol and/or drug dependencies) which may affect the applicant's ability to perform professional and medical staff duties fully.

(j) Additional information from other databanks, including the NPDB, may be gathered by the Medical Staff Office or it's agent, as required by the Executive Committee and/or regulatory agencies.

2.2 **DEPARTMENT AND SECTION EVALUATION**

The chairman of the respective department and chief of the section (if applicable) in which the staff member requests or has exercised privileges shall review the reappointment application and all supporting information and documentation, and evaluate the information for continuing satisfaction of the qualifications for staff appointment, the category of assignment and the privileges requested. See Section 1.6-4 for process**.** The department and section report and recommendations shall be sent to the Executive Committee.

2.3 **EXECUTIVE COMMITTEE ACTION**

The Executive Committee shall review the member's file, the department and section reports, and any other relevant information available to it and either make a recommendation for reappointment or nonreappointment and for staff category, department and section assignment, and clinical privileges, or defer action for further consideration.

2.4 **FINAL PROCESSING AND BOARD ACTION**

Final processing of reappointments follows the procedure set forth in Sections 1.6-6 and 1.6-7. For purposes of reappointment, the terms "applicant" and "appointment" as used in those Sections shall be read respectively, as "staff member" and "reappointment".

2.5 **TIME PERIODS FOR PROCESSING**

All recommendations for reappointment should be presented to the Board prior to the expiration of the appointment period.

PART THREE - PROCEDURES FOR DELINEATING CLINICAL PRIVILEGES

3.1 **CONSULTATION OR SUPERVISION**

In addition to requirements for initial consultation or supervision special requirements for consultation or supervision may be attached to any grant of privileges as a condition to the exercise of such privileges.

3.2 **PROCEDURE FOR DELINEATING PRIVILEGES**

3.2-1 **REQUESTS**

Each application for appointment and reappointment must contain a request for the specific clinical privileges desired by the practitioner. Specific requests must also be submitted for modifications of privileges in the interim between reappointment periods.

3.2-2 **SUPERVISION**

Whenever a practitioner requests clinical privileges not previously granted to the practitioner by the Board, the practitioner must arrange for the number and types of cases to be reviewed or observed as required in the department or section rules and regulations, unless a waiver of supervision has specifically been recommended by the department and the Executive

Committee and approved by the Board. After the completion of such supervision, the practitioner may be granted unsupervised privileges.

3.2-3 **PROCESSING REQUESTS**

All requests for clinical privileges will be processed according to the procedures outlined in Parts I and II of this manual, as applicable.

PART FOUR - LEAVE OF ABSENCE

4.1 **LEAVE STATUS**

A staff member may obtain a voluntary leave of absence for personal/family health or educational reasons by giving written notice to the Chief of Staff through the applicable department chairman or section chief. The notice must state the approximate period of time of the leave which may not exceed one year. Reapplication is required beyond one year. The written notice must include the specific reason(s) for the leave. During the period of the leave, the staff member's clinical privileges, prerogatives, and responsibilities, including payment of staff dues, are suspended. The request for such leave shall be transmitted to the Executive Committee which shall forward its recommendation on the request to the Board for final action.

4.2 **REACTIVATION**

The staff member must request reactivation by sending a written notice to the Medical Staff Office. The staff member must either complete an application for reappointment if the term of appointment has expired or submit a written summary of relevant activities during the leave. The staff member must also provide evidence of current licensure, DEA registration, and liability insurance coverage. The procedures in Sections 1.6 of this manual shall be followed in evaluating and acting on the reactivation request. Failure to request reactivation of privileges after the one year maximum will be considered automatic expiration of privileges and a non-reviewable action.

PART FIVE - DELAYS, REAPPLICATIONS, AND REPORTING

5.1 **DELAYS**

All complete applications will be processed within a reasonable amount of time not to exceed 150 days from review by the Credentials Committee. However, ~~a~~ny practitioner who believes that his or her request for membership and or privileges has been improperly delayed may request the Chief of Staff to investigate the reason for such delay. The Chief of Staff shall inform the practitioner of the reasons for the delay, if a delay has occurred, and shall notify the practitioner of the additional time expected to be necessary to act upon the practitioner's request.

5.2 **REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION**

Except as otherwise provided in the Bylaws or as determined by the credentials committee in light of exceptional circumstances, an applicant or staff member who has received a final adverse decision regarding appointment, reappointment, staff category, department or section assignment, or clinical privileges is not eligible to reapply to the medical staff or for the denied category, department or section, or privileges for a period of one year from the date of the notice of the final adverse decision. Any such reapplication will be processed in accordance with the procedures set forth in Section 1.6 of this manual. The applicant or staff member must submit such additional information as the medical staff and the Board may require in demonstration that the basis of the earlier adverse action no longer exists. If such information is not provided, the request will be considered incomplete and voluntarily withdrawn.

5.3 **REQUESTS WHILE ADVERSE RECOMMENDATION IS PENDING**

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

5.4 **REPORTING REQUIREMENTS**

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

PART SIX - AMENDMENT & ADOPTION

6.1 **AMENDMENT**

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

6.2 **ADOPTION**

7.2-1 **MEDICAL STAFF**

This Credentialing Procedures Manual was adopted and recommended to the Board by the Executive Committee **April 23, 2012**.

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David Streitwieser, M.D.
Chief of Staff

6.2-2 **BOARD OF DIRECTORS**

This Credentialing Procedures Manual was approved and adopted by resolution of the Banner Health Board of Directors **May 10, 2012**, upon the recommendation of the Executive Committee.

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David Bixby
General Counsel/Secretary