

John C. Lincoln North Mountain Hospital
CREDENTIALING PROCEDURES MANUAL
2009

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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, approved by the Board of Directors (the “Board”) of John C. Lincoln Health Network (the “Network”) and administered by the Hospital’s Credentialing Department or credentialing agent, The Greater Arizona Centralized Credentialing Program (“GACCP”). An application for staff membership by an applicant seeking pediatric privileges shall be considered as an application for staff membership at both John C. Lincoln hospitals, and shall be processed simultaneously by both hospitals. Prior to the application being submitted, the applicant will be provided access to a copy of the Bylaws and the rules and regulations of the appropriate department.

1.2 APPLICATION CONTENT

Every applicant must furnish complete information regarding:

- (a) Medical school, and/or 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 and competence;
- (b) All currently valid medical, dental, other professional licensures or certifications, and Drug Enforcement Administration (DEA) registration when applicable, with the number and expiration date for each;
- (c) Specialty or sub-specialty board certification, re certification, or eligibility status;
- (d) Health status and any health impairments (including alcohol and/or drug dependencies) which may affect the applicant’s ability to perform professional and medical staff duties;
- (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 served, suits filed, judgments, suits and settlements made, concluded, and pending within the past five years;
- (f) Any pending or completed action involving the withdrawal of an application for or the denial, revocation, suspension, reduction, limitation, probation, non-renewal, voluntary or involuntary relinquishment (by resignation or expiration) or termination of: (1) license or certificate to practice in any state or country; (2) DEA or other controlled substances registration; (3) specialty or sub-specialty board certification or eligibility; (4) staff membership status, prerogatives, or clinical privileges at any hospital, clinic, or health care institution; and/or (5) professional liability insurance

coverage; and/or (6) right to participate in any state or federal program, including the Medicare, Medicaid or Tri-Care Programs;

- (g) Request for specific clinical privileges;
- (h) Any current felony criminal charges pending, and any past felony criminal charges made against the applicant, including their resolution;
- (i) 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 from medical school must be accounted for; ~~and~~
- (j) Additional information from other databanks, including the National Practitioner Data Bank (NPDB), may be gathered by the Medical Staff Office or its agent, as required by the Executive Committee and/or regulatory bodies
- (k) Evidence of the applicant's agreement to abide by the provisions of the Bylaws.

1.3 REFERENCES

The application must include the names and addresses of four (4) medical or health care professionals, not currently or about to become partners with, or employers of, the applicant in professional practice, or related to the applicant, who have personal knowledge of the applicant's qualifications and who will provide specific written comments on these matters. The named individuals must have acquired the requisite knowledge through recent observation of the applicant's professional performance over a reasonable period of time and, at least one should have had organizational responsibility for observation of the applicant's performance, current clinical competence and ability to perform the privileges being requested (e.g., department chairman, service chief, training program director, peer, etc.). References that are "fair" shall be viewed as unfavorable in connection with the evaluation of an application. Further references may be required at the discretion of the Medical Staff.

1.4 EFFECT OF APPLICATION

The applicant must sign the application and in doing so:

- (a) Attest to the correctness and completeness of all information furnished and acknowledge that any material misstatement in or omission from the application may constitute grounds for denial or revocation of appointment;
- (b) Signify a willingness to appear for interviews in connection with the application;

- (c) Agree to abide by the terms of these Bylaws, the Rules and Regulations of the medical staff and the assigned department, and the policies of the medical staff and the Hospital, regardless if membership and/or privileges, are granted;
- (d) Agree to exhibit professional conduct and refrain from disruptive conduct as defined in the Hospitals Disruptive Conduct Policy;
- (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 Hospital consulting with any individual who or entity which may have information bearing on the applicant's qualifications and consent to the inspection of all records and documents that may be material to the evaluation of such qualifications; and
- (g) Release from any liability the Network, the Board, the Hospital, all of the Hospitals' employees, Medical Staff members and all others who review, act on, or provide information regarding the applicant's qualifications for staff appointment and clinical privileges.

1.5 APPLICATION FEE

An application fee in the amount established by the Executive Committee 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 assignment, staff category, or clinical privileges, and of satisfying any requests for information or clarification (including health examinations). If, upon review of all the information necessary to properly evaluate an applicant's qualifications and clinical competence, the Chief Executive Officer, or his designee, determines the applicant does not comply with established criteria regarding any applicable minimum training or similar requirements or any specialty board certification requirements, the applicant will be notified in writing that the application or request for specified clinical privileges is incomplete and/or does not comply with applicable criteria and the application or request for specified clinical privileges will not be processed without additional information which demonstrates compliance. If information is not obtained from the applicant within sixty (60) days after a written request has been made, the application will be deemed incomplete and voluntarily withdrawn. No hearing rights or appeal shall be provided in the absence of a demonstration of compliance.

1.6-2 VERIFICATION OF INFORMATION

The application shall be submitted to the Hospital's Credentialing Department or its agent who shall notify the Hospital's Medical Staff Services Department **of its** receipt. Upon completion of verification of information, a representative of the Credentialing Department, working with the Credentials Committee, shall insure that the application is complete and notify the applicant of any problems in obtaining the required information. When collection and verification is accomplished, the application shall be deemed to be complete and shall be transmitted with all supporting documentation to the Credentials Committee Chairman or his designee (acting on behalf of the Credentials Committee). Prior to review by the Credentials Committee, a completed appointment application for the Advanced Practice RN shall be reviewed and signed by the Vice President of Patient Services or his/her designee. Further processing shall be pursuant to Sections 1.6-3 through 1.6-7 of this Manual.

1.6-3 CREDENTIALS COMMITTEE ACTION

The Credentials Committee Chairman or his designee shall within sixty (60) days after receipt of a completed application, or as soon thereafter as reasonably practical, review the completed application and the supporting documentation and determine if the applicant meets all of the necessary qualifications for staff membership, staff category, and department requested. The Credentials Committee Chairman or his designee shall assign each file to an appropriate category (1, 2, 3) based upon predetermined and Board approved criteria and review of the information contained within the file, and shall make a recommendation concerning the applicant's medical staff appointment, category of staff membership and prerogatives to the Executive Committee. The Credentials Committee may conduct an interview with the applicant or may designate a committee to conduct such interview.

(a) Applications designated as Category 1 or Category 2 applications in which the Credentials Committee Chairman/Designee have indicated there are no adverse trends or areas of concern, shall make a recommendation to the applicable clinical department chairman/designee that the applicant be processed on a "fast track" as follows. Such applications shall be reviewed by the Clinical Department Chairman or his designee (representing the Clinical Department) who shall make a recommendation. If the recommendation is favorable, the application will be forwarded to the Executive Committee.

(b) Applicant files classified as Category 2 (with areas of concern) or category 3 file, that meet at least two (2) areas of concern shall be reviewed and the applicant shall be interviewed by the Credentials Committee at its next regularly scheduled or special meeting.

1.6-4 INITIAL APPLICATION CRITERIA FOR THE DESIGNATION OF APPLICANT FILES

The following criteria define a **CATEGORY 1** application:

- Satisfactory references;
- No disciplinary actions;
- No licensure restrictions;
- CME related to privileges requested;
- No record of malpractice payments within the past ten years and no currently pending claims; **and**
- Applicant meets all criteria for privileges requested and has provided documentation of training and/or expertise. (Requests for privileges will be deferred if documentation of training/experience is not provided).

The following criteria define a **CATEGORY 2** application:

- References from peers and/or affiliations suggest potential or minor problems (i.e. difficulty in interpersonal relations, minor patient care issues, etc)
- One or two malpractice claims made during the past ten years that are either currently pending claims or claims upon which a payment has been made, either due to a judgment of settlement. Individual claim payments may not exceed \$250,000;
- Open investigation or non disciplinary action by a state licensure board or Medicare;
- Privileges requested vary from those typically requested by other practitioners in the same specialty;
- Minor health problem identified that likely has no impact or exercise of clinical privileges; **and**
- Practitioner primarily has an office-based practice; however, requests “acute care privileges;

Upon review and evaluation of application by Department Chairman (or designee) and the Credentials Committee Chairman (or designee), a determination is made to:

1. Assign to Category 1;
2. Assign Category 2, no trends or areas of concern;
3. Assign Category 3, areas of concern requiring committee review and discussion;
4. Request additional documentation/information;
5. Defer to next regularly scheduled meeting for discussion;
6. Assign to appropriate Category following review and evaluation of additional documentation.

The following criteria define a **CATEGORY 3** application. (Mandatory interview by Credentials Committee if two or more of the following actions apply:)

- Sanctions or disciplinary action taken by a state licensure board, Federal Drug Enforcement Agency or Medicare;

- Any investigation or conviction of a felony or a misdemeanor, other than a misdemeanor involving a traffic violation;
- Clinical privileges revoked, diminished or otherwise altered by another health care facility or organization;
- Denial of insurance coverage by a professional liability carrier or non-renewal of insurance coverage except where the carrier no longer writes professional liability insurance;
- Applicant has practiced without insurance at any time during the last ten years;
- More than two malpractice claims filed during the past ten years;
- Single malpractice claim on which a payment was made in excess of \$250,000 during the last ten years;
- References from peers and/or hospital affiliations that suggest potential significant problems (i.e. fair or less ratings; difficulty in interpersonal relations, etc) within the past five years;
- More than three practice affiliations during the past five years.

1.6-5 DEPARTMENT REVIEW

At its next regular meeting, or as soon thereafter as reasonably practical, not to exceed ninety (90) days, the chairman of each department in which the applicant seeks privileges shall review the Category II and III applications and supporting documentation referred by the Credentials Committee and evaluate the information for satisfaction of the applicants' qualifications for staff appointment, category of assignment and privileges requested and forward to the Executive Committee his departmental recommendation as to the scope of clinical privileges to be granted. A department chairman may conduct an interview with the applicant or designate a committee to conduct such interview.

1.6-6 EXECUTIVE COMMITTEE ACTION

The Executive Committee, at its next regular meeting, or as soon thereafter as reasonably practical, not to exceed sixty (60) days, shall review the applications, the supporting documentation, the reports and recommendations referred from the departments, 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, department affiliation, and scope of clinical privileges, or defer action for further consideration.

1.6-7 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, together with all supporting documentation, to the Board or to its Executive Committee.
- (b) Adverse Recommendation: An adverse Executive Committee recommendation shall entitle the applicant to the procedural rights provided in the Medical Staff Bylaws.

- (c) 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, department affiliation and scope of clinical privileges.
- (d) Conditional Recommendation: An Executive Committee that is favorable to the applicant, but that is conditional, shall be forwarded to the Board. Where conditional appointment is recommended, the Executive Committee will specify the conditions of the conditional appointment and the consequences if those conditions are not met. A conditional appointment is not a reduction or limitation of membership or privileges, does not constitute an adverse recommendation or corrective action, and does not entitle the applicant to the procedural rights provided by the Bylaws and the Fair Hearing Plan.

1.6-8 BOARD

The Board, or its Executive Committee, acting on behalf of the Board, may adopt or reject, in whole or in part, a recommendation of the Executive Committee or refer the application back to the Medical Staff Executive Committee for further consideration stating the reasons for such referral. Favorable action by the Board is effective as its final decision. Board action after completion of the procedural rights provided in the Bylaws or after waiver of such rights is effective as its final decision.

1.6-9 IDENTITY VERIFICATION

Prior to an applicant's first day of practice in the Hospital, each applicant shall present to the Medical Staff Services office to verify his/her identity and to obtain a Hospital photo identification badge.

- (a) All new applicants shall be 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 ninety (90) days of notification (or prior to practicing in the Hospital, whichever comes first). Membership and privileges for physicians who have not obtained photo identification will automatically expire as described in Section **6.4-3(5)** of the Medical Staff Bylaws

PART TWO – REAPPOINTMENT PROCEDURES

2.1 INFORMATION COLLECTION AND VERIFICATION

2.1-1 FROM STAFF MEMBER

Not less than ninety (90) days prior to the expiration of a staff member's Medical Staff appointment, the Credentialing Department, or its agent shall mail to the staff member, at the most recent business address shown on the hospital records, a reappointment application form prescribed by the Board and the Executive Committee, together with notification of the dates on which the application must be completed and returned and on which staff membership and privileges will expire. The reappointment process shall include obtaining information concerning the staff member's current licensure, health status, professional performance, behavioral patterns, judgment and current clinical/technical competence, as indicated by the results of quality improvement activities and other indicators of continuing qualifications.

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. In such event, the procedural rights as outlined within the Fair Hearing Plans shall not be applicable.

In addition, the applicant must also supply any other information requested by the Medical Staff as outlined in Article 6.4-3 (a) (3) of the Medical Staff Bylaws.

If a staff member assigned to the Pediatric Department is deemed to have voluntarily resigned from the staff of either of the John C. Lincoln Hospitals due to the staff member's failure to return satisfactorily completed forms, such staff member shall be deemed to have voluntarily resigned from both staffs. In such event, the staff member shall not be entitled to the procedural rights outlined in the Fair Hearing Plan of either Hospital.

Upon receipt of the application for reappointment, the Credentialing Department shall verify the information provided on the reappointment application. The staff member will be notified 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 Services Department shall collect all relevant information regarding the staff member's professional and collegial activities, performance, current clinical competence and conduct in the Hospital. Such information may include:

- (a) Findings from the quality assessment activities;

- (b) Participation in relevant continuing education activities pertinent to and related to the individual's specialty or other training or research programs;
- (c) Level of clinical activity at the Hospital;
- (d) Imposed or pending sanctions and any other problems;
- (e) Physical & mental health status;
- (f) Attendance and service at medical staff and department meetings;
- (g) Timely and accurate completion of medical records;
- (h) Cooperativeness in working with other practitioners and hospital personnel; and
- (i) Compliance with all applicable Bylaws, department rules and regulations, and policies and procedures of the Medical Staff and Hospital.

2.1-3 FROM EXTERNAL SOURCES

All relevant information regarding the staff member's professional and collegial activities, current clinical competence, performance, and conduct, outside of the Hospital will be collected by the Hospital's Credentialing Department or its agent as part of the reappointment process. Such information may include:

- (a) Primary source verification of membership, privileges and clinical activity at any health care facility or organization listed in the application for relevant professional experience and of any denial, suspension, revocation, termination or restriction of membership or clinical privileges. (voluntary or involuntary) at such facility or organization;
- (b) Query of the National Practitioner Data Bank;
- (c) At least two (2) peer references, not including the department chairman, familiar with the staff member's professional and clinical competence, ethical character, and current ability to perform the privileges being requested;
- (d) Query of the State Licensing Board- verification of current license to practice and any sanctions against license, termination or restriction of licensure and any previously successful or currently pending challenges to licensure (voluntary or involuntary);
- (e) Current certificate of insurance, showing amount of coverage;

- (f) Explanation of any outstanding professional liability claims pending;
- (g) Medicare/Medicaid Sanctions;
- (h) Continuing Medical Education;
- (i) Change in board eligibility or certification status and;
- (j) DEA Certification.

2.2 DEPARTMENT EVALUATION

The chairman or his designee of each department in which the staff member requests or has exercised privileges shall, within sixty (60) days, review the completed reappointment application and all supporting information and documentation and evaluate for continuing satisfaction of the qualifications for staff appointment, the category of assignment, the privileges requested and summary performance profile. The department's report and recommendation of a Category 1 and a Category 2 reappointment application shall be sent to the Executive Committee. A Category 3 reappointment application shall be forwarded to the Credentials Committee who shall conduct an interview if applicable and as described below.

2.3 CRITERIA FOR REVIEW BY DEPARTMENT FOR REAPPOINTMENT

CATEGORY 1

- Satisfactory references;
- No disciplinary actions;
- No license restrictions;
- CME related to privileges requested;
- No record of malpractice payments within the past two years or currently pending claims;
- Applicant meets all criteria for privileges requested;
- Applicant has provided documentation of training and/or expertise if requesting new privileges (requests for additional privileges will be deferred if documentation of training/experience is not provided); and
- Practitioner specific profile indicates that performance has been satisfactory in all areas (clinical practice, behavior, etc) and absence of problematic trends specific to patient care.

CATEGORY 2

- References from peers and/or affiliations suggest potential or minor problems (i.e. difficulty in interpersonal relations, minor patient care issues, etc)
- No malpractice claims on which a payment was made for an amount in excess of \$250,000;
- Open investigation or non-disciplinary action by a state licensing board or Medicare;

- Privileges requested vary from those typically requested by other practitioners in the same specialty;
- Greater than 31 days for delinquent Medical Records during the past two years;
- Minor health problem identified that likely has no impact on exercise of clinical privileges; and
- Practitioner primarily has an office-based practice; however, requests “acute-care” privileges.

Upon review of reappointment application by Clinical Department Chairman (or designee) a determination is made to:

1. Assign to Category 1;
2. Assign Category 2, no trends or areas of concern ;
3. Assign Category 2, areas of concern requiring committee review and discussion;
 - Request additional documentation/information
 - Defer to next regularly scheduled meeting for discussion; or
 - Reassign to Category 3.

CATEGORY 3

Mandatory interview by the Credentials Committee if two or more of the following actions apply to applicant for reappointment:

- Sanctions or Disciplinary action taken by a state licensing board, Federal Drug Enforcement Agency or Medicare;
- Any investigation or conviction of a felony or a misdemeanor, other than a misdemeanor involving a traffic violation;
- Clinical privileges revoked, diminished or otherwise altered by another health care facility or organization;
- More than two malpractice claims filed during the past two years;
- Any malpractice claim on which a payment was made for an amount in excess of \$250,000;
- Final Judgment adverse to the applicant in a professional liability action with an award in excess of \$250,000;
- Denial of insurance coverage by professional liability carrier on non-renewal of insurance coverage except where carrier no longer writes professional liability insurance;
- References from peers and/or hospital affiliations that suggest potential significant problems (i.e. fair or less ratings, difficulty in interpersonal relations, etc)
- Practitioner-specific profile identifies adverse trends related to clinical performance; medical management and/or behavior, etc;
- More than 3 practice affiliations during the past two years in various locations.

2.4 EXECUTIVE COMMITTEE ACTION

The Executive Committee, at its next meeting, or as soon thereafter as reasonably practical, not to exceed sixty (60) days, shall review the staff member’s file, the department’s recommendation and any other relevant information available to it and make a recommendation for either reappointment (which may be conditional) or non-reappointment and for staff category,

department assignment, and clinical privileges or defer action for further consideration. Where conditional reappointment is recommended, the Executive Committee will specify the conditions of the conditional reappointment and the consequences if those conditions are not met.

2.5 FINAL PROCESSING AND BOARD ACTION

Final processing for reappointments shall follow the procedure set forth in Section 1.6-6 and 1.6-7 of this Manual. For purposes of reappointment, the terms “applicant” and “appointment” as used in those sections shall be read respectively, as “staff member” and “reappointment”.

2.6 TIME PERIODS FOR PROCESSING

All recommendations for reappointment should be presented to the Board prior to the expiration of the appointment period. However, if reappointment processing has not been completed by an appointment expiration date through no fault of the staff member, the staff member shall maintain current membership status and clinical privileges until processing is completed.

PART THREE – PROCEDURES FOR DELINEATING PRIVILEGES

3.1 CONSULTATION

In addition to requirements for initial consultation, special requirements for consultation or observation 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 OBSERVATION

Whenever a practitioner requests clinical privileges not previously granted to the practitioner by the Board, the practitioner must adhere to requirements for observation (if any) deemed appropriate by the chairman of the department and as delineated within the department rules and regulations. After completion of such observation, the practitioner may be granted unobserved privileges.

3.2-3 PROCESSING REQUESTS

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

PART FOUR – CONCLUSION & EXTENSION OF PROVISIONAL PERIOD

4.1 SUCCESSFUL CONCLUSION

4.1-1 REVIEW & OBSERVATION REQUIRED-PRACTITIONER'S OBLIGATIONS

The requirement for, applicability and duration of, and status of the practitioner in the provisional period are set forth in Section 4.1-7 of the Medical Staff Bylaws. Provisional members of the medical staff shall remain under provisional status for at least one year. During this period, it is the obligation of the practitioner to arrange for the required number and types of cases to be reviewed or observed, when required by the applicable department chairman.

4.1-2 REQUEST TO CONCLUDE/EXTEND THE PERIOD

Prior to the end of the provisional period, the Medical Staff Services Department shall notify the practitioner of the date on which the provisional period will end. The practitioner must forward to the Medical Staff Services Department either a request to initiate the evaluation process to conclude the provisional period or a request for an extension. Failure of a practitioner to act to conclude or extend the provisional period may be deemed a voluntary relinquishment of staff appointment and clinical privileges.

4.1-3 ACTION REQUIRED

Upon receipt of the practitioner's request for conclusion of the provisional period, the applicable department shall consider all information available to it and make a recommendation regarding the request to the Executive Committee.

4.2 EXTENSION

When required, a staff member who fails to complete the necessary number and types of observed cases must submit a written request for an extension of the provisional period prior to the completion of such period. The request shall include the reasons for the practitioner's failure to complete the required cases and the change of circumstances that shall enable him or her to complete such cases. Any extension granted must be for a defined period of time not to exceed one additional year. Only one extension is permissible.

4.3 PROCEDURAL RIGHTS

The staff member shall have all rights set forth in the Medical Staff Bylaws and the Fair Hearing Plan whenever a provisional period concludes with an adverse recommendation or whenever an extension is denied.

PART FIVE – LEAVE OF ABSENCE

5.1 LEAVE STATUS

A staff member may request a voluntary leave of absence provided a forwarding address has been given to the Medical Staff Services Department and there are no medical record deficiencies. A written notice must be given to the Chief of Staff through the applicable department chairman. The notice must state the reason and approximate period of time of the leave, which may not exceed two (2) years. 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 who shall forward its recommendation on the request to the Board for final action. Any staff member assigned to the Pediatrics Department who requests a voluntary leave of absence shall be deemed to have simultaneously requested a voluntary leave of absence from the medical staff of John C. Lincoln Deer Valley Hospital and the Board's final action on the request shall also simultaneously be effective at John C. Lincoln Deer Valley Hospital. Temporary privileges will not be granted during a leave of absence. A leave of absence may be available to a practitioner while under investigation or corrective action, if the conditions for the Leave are found acceptable to the Executive Committee.

5.2 MANDATORY LEAVE

Whenever the Chief of Staff, applicable clinical department chairman and/or the Chief Executive Officer, or their designees, become(s) aware of, or are informed of a condition or illness which places into question or renders a staff member unable to safely engage in the practice of medicine for a period of thirty (30) days or more, he may require that the staff member take a mandatory medical leave of absence. Whenever a staff member assigned to the Pediatrics Department is required to take a mandatory medical leave of absence, such staff member shall also automatically be required to take a mandatory medical leave of absence from the medical staff of John C. Lincoln Deer Valley Hospital. The procedure in Section 5.3 shall be followed for reactivation from a directed, mandatory leave. The procedure in Section 1.6 of this Manual shall be followed in evaluating and acting on the reactivation request.

5.3 REACTIVATION

The staff member must request reactivation from a leave by sending a written notice to the Medical Staff Services Department. The staff member must either complete an application for reappointment if the term of appointment has expired or submit a written summary of his relevant activities during the leave. If on a leave for medical reasons, documentation of the staff member's acceptable ability to return to his former activities shall be provided by his or her treating physician(s). The staff member must also provide evidence of current licensure, DEA registration, and liability insurance coverage. The procedure in Section 1.6 of this Manual shall be followed in evaluating and acting on the reactivation request.

PART SIX – DELAYS, REINSTATEMENT, REAPPLICATION AND REPORTING

6.1 DELAYS

Any practitioner who believes that his or her application for membership, privileges and/or reappointment 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 reason 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.

6.2 REINSTATEMENT

Up to one year following voluntary resignation from the membership of the medical staff, a practitioner may request reinstatement of his/her medical staff membership and clinical privileges. Reinstatement can be accomplished by filing a completed reappointment application and bringing Medical Staff dues current. Whenever possible, this reappointment application shall be submitted to the Credentialing Department or its agent and will be processed in accordance with the procedure outlined in Section 2.1-1 of this Manual.

6.3 REAPPLICATION AFTER ADVERSE CREDENTIALS DECISION

Except as otherwise provided in the Medical Staff 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 assignment, or clinical privileges, or who has resigned from the Medical Staff or surrendered his clinical privileges pending an investigation that would have led to such action, is not eligible to reapply to the Medical Staff or for the denied category, department, or privileges for a period of two years from the date of the notice of the final adverse decision or resignation or withdrawal. Any such reapplication will be processed in accordance with the procedure 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 to demonstrate that the basis for the earlier adverse action no longer exists. If such information is not provided, the request will be considered incomplete and voluntarily withdrawn.

6.4 REQUESTS WHILE ADVERSE RECOMMENDATION IS PENDING

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

6.5 REPORTING REQUIREMENTS

The Hospital shall comply with any reporting requirements applicable under the Health Care Quality Improvement Act of 1986 and required under the Arizona Revised Statutes.

PART SEVEN – AMENDMENT AND ADOPTION

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

7.2 ADOPTION

7.2-1 MEDICAL STAFF

The Executive Committee shall be responsible for the development and biennial review of this Manual, which shall be consistent with Hospital's policies, Bylaws and applicable laws.

7.2-2 BOARD OF DIRECTORS

This Manual was approved and originally adopted by resolution of the John C. Lincoln Healthcare Network Board of Directors on April 6, 1989 upon the recommendation of the Executive Committee.

Revisions approved by the Board of Directors:

March 1997
June 1998
November 2000
November 2002
October 2004
February 2005
August 2006
January 2007
August 2008
August 2009

Lawrence P. Gassner, MD
Chief of Staff