

Major Hospital A Major Health Partner	Reappointment Procedure for Medical Staff MS-2
Does this policy meet a regulatory requirement? <u>X</u> Yes <u> </u> No	Formulated by: Administration Approved by: Medical Executive Committee, Board of Directors Effective Date: 06/29/2010

PURPOSE: **To assure that a consistent, uniform and comprehensive appraisal of each applicant for reappointment is conducted as specified in the Medical Staff Bylaws. Each practitioner who is eligible to be reappointed shall be responsible for completing a reappointment application form.**

GUIDELINE STATEMENTS:

1. Procedure

- 1.1. All appointments are for a period not to exceed two (2) years.
- 1.2. The reappointment application, new privileging form(s), a copy of the practitioner’s current privileges and any additional required documentation forms are provided approximately four months prior to the expiration date of a practitioner’s appointment.
- 1.3. Completed forms must be returned to the medical staff office not less than ninety (90) days prior to such expiration date. In the event the Hospital is unable to fully process a request for reappointment or renewal (as applicable) prior to the expiration of a practitioner's then current term of appointment and/or clinical privileges (as applicable), the practitioner's Medical Staff membership and clinical privileges (as applicable) shall lapse, and thereafter, the practitioner must reapply for Medical Staff membership or clinical privileges pursuant to the initial appointment process.
- 1.4. Submission of a non-refundable reapplication processing fee of \$100.00 for practitioners to the hospital’s Affiliate Staff and Auxiliary Staff (excluding employed practitioners).
- 1.5. Medical Staff Office will verify the information provided and notify the practitioner of any inadequacies in the information or verification problems. The practitioner will have the burden of producing adequate information and resolving any doubts about the data.

2. Internal and/or External Information

- 2.1. Medical Staff Office will collect the following information regarding the practitioner’s professional practice and requests for reapplication are processed based on the following:
 - 2.1.1. Completed application form signed and dated;
 - 2.1.2. Signed and dated privileging form(s) along with required documentation of current competency;
 - 2.1.3. Current licensure and registration;
 - 2.1.4. Documentation of CME as required by SPP: MS-8 Continuing Education Requirement for Major Hospital’s Medical Staff;
 - 2.1.5. Copy of professional liability insurance coverage with proof of being a qualified health care provider participating in the Indiana Patient Compensation Fund, unless otherwise exempted by the Hospital’s Medical Staff Bylaws from having to participate in the fund;
 - 2.1.6. Indiana Patients Compensation Fund query (if applicable);
 - 2.1.7. Professional board certification status;
 - 2.1.8. DEA validation;
 - 2.1.9. OIG query;

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2.1.10. National Practitioner’s Data Bank query;

2.1.11. Primary hospital verification for practitioners whose primary hospital is other than Major Hospital.

2.1.12. FPPE/OPPE Results

3. Procedure for Processing Applications for Reappointment

3.1. Once a completed reappointment application has been received and all information has been obtained and/or verified, Medical Staff Office shall notify the appropriate Service Chief/Director or Medical Executive Designee to review the practitioner’s file for forwarding to the Medical Executive Committee.

3.2. Application, delineation of privileges and all of the reappointment information obtained and/or verified will be reviewed by the Medical Executive Committee.

3.3. Parameter for reappointment: The Medical Executive Committee will consider the applicant’s professional performance based on the information obtained through the Ongoing Professional Practice Evaluation program, quality indicators and the following:

3.3.1. Ethical and moral character;

3.3.2. Ability to cooperate and abide by Medical Staff Bylaws and hospital policies;

3.3.3. Attendance at staff and committee meetings;

3.3.4. Health status;

3.3.5. Maintenance of CME;

3.3.6. Appropriate medical staff category assignment; and

3.3.7. Current competency; and

3.3.8. Clinical outcomes

3.4. Information regarding criminal history is requested on the reappointment application. A criminal background check is conducted on all applicants prior to reappointment.

3.5. Recommendations from the Medical Executive Committee will be forwarded to the Board of Directors. If the Board of Directors has need of further information and/or clarification with respect to a recommendation of the Medical Executive Committee relating to staff reappointment or the assignment of privileges, the Board of Directors shall refer the matter back to the Medical Executive Committee to investigate fully the concerns/questions raised. Based upon the reported findings of the Medical Executive Committee, the Board of Directors thereupon shall make a final decision on the reappointment and assignment of privileges.

3.6. Adverse recommendation results will be sent via written notification by CEO to the applicant.

3.7. Upon Board approval, a written notification of reappointment will be sent to each applicant from the CEO.

3.8. All initially requested privileges shall be subject to a period of Focused Professional Practice Evaluation (FPPE) as more fully described in the Hospital’s standard policy and procedure MS-19 Medical Staff Professional Practice Evaluation

3.9. The appropriate departments will be notified of the reappointments and the practitioners’ privileges updated in Cactus iPrivileges.

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4. Reviewing & Revising

Reviewed	Revised
	05/23/11
	04/29/13
	02/23/15
	05/23/16
	06/26/17
	07/29/18
	11/22/19
	06/27/22

UPDATE WEBSITE W2/IITH REVISIONS

5. Does this policy meet a regulatory requirement? Yes No

5.1. If Yes, state the name of the standard being met. This policy meets the following HFAP Standards: HFAP Manual 2021 Standards: 03.00.02: Periodic Appraisal of Members, 03.00.06: Recommendation for Appointment to Governance, 03.01.05-Attestation Statements in bylaws, 03.06.06: Incomplete Application. 03.01.15: Required Application and Reapplication: Information to be Reviewed & 03.06.08: Time Frame for Processing of Applications

5.2. Major Hospital Bylaws – Credentialing Manual Section 1.5 – 1.6