



**BAPTIST HEALTH DEACONESS MADISONVILLE,  
INC.**

**MEDICAL STAFF CREDENTIALS POLICY AND  
PROCEDURE MANUAL**



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## **BAPTIST HEALTH DEACONESS MADISONVILLE MEDICAL STAFF**

### **CREDENTIALS POLICY AND PROCEDURE MANUAL**

#### **SECTION ONE: CREDENTIALS COMMITTEE**

- 1.1 Membership: Membership on the credentials committee shall consist of members of the active medical staff, who shall have been members in good standing of the Active Staff for three (3) years or more. Members will be appointed by the Medical Executive Committee to serve for a two (2) year terms. Appointment of members of the Credentials Committee shall be approved by the Governing Body. The Chairman may be the Immediate Past President of the Medical Staff, if appointed to that role. The Hospital's Chief Medical Officer shall be an ex officio member.
- 1.2 Meetings: The credentials committee will meet at least 10 times per year to fulfill its responsibilities and functions and report to the Medical Executive Committee.
- 1.3 Responsibilities
  - 1.3.1 To review and recommend action on all applications and reapplications for membership status on the Baptist Health Deaconess Madisonville, Inc. Medical Staff. To investigate and interview such applicants as may be necessary to assess the application.
  - 1.3.2 To review and recommend action on all requests for new privileges and changes/revisions to current privileges for practitioners granted clinical privileges at Baptist Health Deaconess Madisonville, Inc.
  - 1.3.3 To evaluate, review, research and recommend criteria for the granting of medical staff membership and clinical privileges as recommended by appropriate representatives of clinical services or specialties for Baptist Health Deaconess Madisonville, Inc.
  - 1.3.4 To develop, recommend, and consistently implement contemporary policy and procedures for all credentialing activities at Baptist Health Deaconess Madisonville, Inc.
- 1.4 Confidentiality: This committee shall function as a peer review committee consistent with state law [Kentucky Rev. Stat. §311.377]. All members of the credentials committee shall, consistent with the medical staff and hospital confidentiality policies, keep in strict confidence all papers, reports, and information obtained by virtue of membership on the committee. Credentials committee members will be able to obtain certain minutes and information to review before each regularly scheduled meeting. Such materials are confidential and must be returned at the relevant meeting. A separate credentials file for each applicant will be maintained by the Medical Staff Services department.

#### **SECTION TWO: INITIAL APPLICATION POLICY**

- 2.1 Consistent with the eligibility requirements within the Medical Staff Bylaws, Baptist Health Deaconess Madisonville, Inc. accepts applications for appointment to the medical staff from licensed medical and osteopathic physicians, podiatrists, and dentists.

Allied Health Professionals or “AHPs” are individuals other than a licensed Doctor of Medicine, Osteopathy, Dentistry, or Podiatry who hold a license, certificate, or other legal credentials required by state law and who are qualified to provide patient care services. AHPs are not eligible for membership in the Medical Staff. For purposes of these Bylaws and Related Documents, the professional categories that comprise AHPs are further distinguished as either an Independent AHP or Dependent AHP based upon whether the Governing Body has recognized and determined that the professional category is permitted to provide patient care services in the Hospital without clinical supervision and consistent with Kentucky law. At present, the Governing Body recognizes only the professional category of certified registered nurse anesthetist (CRNA) as an Independent AHP under the Bylaws.

2.2 It is the policy of Baptist Health Deaconess Madisonville, Inc. to process applications for appointment to the medical staff only for individuals who meet the following criteria:

- 2.2.1 Demonstrate successful completion of an approved school of medicine, osteopathy, podiatry or dentistry;
- 2.2.2 Must have a current license as a physician or dentist required for the practice of the individual's profession within the state, and must meet any continuing education obligations required under applicable law.
- 2.2.3 Must have an unrestricted U.S. Drug Enforcement Agency certificate if appropriate for clinical privileges requested.
- 2.2.4 Provide evidence of current malpractice insurance coverage appropriate to clinical privileges requested to satisfy the requirements of the Governing Body, in accordance with the Baptist Health Deaconess, LLC Liability policy.
- 2.2.5 Provide evidence of skills to provide a type of service, which the Governing Body has determined to be appropriate for performance within the hospital and for which a need exists.
- 2.2.6 Provide evidence of background, experience and training, current competence, knowledge, judgment, ability to perform, and technique in the specialty for all privileges requested.
- 2.2.7 Upon request provide evidence of both physical and mental health that does not impair the fulfillment of his/her responsibilities of medical staff membership and/or the specific privileges requested by and granted to the applicant.
- 2.2.8 Have appropriate personal qualifications, to include a record of applicant's observance of ethical standards including, without limitation:
  - 2.2.8.1 Abstinence from any participation in fee splitting or other payment, receipt or remuneration with respect to referral or patient service opportunities;
  - 2.2.8.2 A record of professionally and harmoniously working with others within an institutional setting;
  - 2.2.8.3 A record that is free of any felony conviction and from any

Medicare/Medicaid sanctions. In the event of a past felony conviction, the applicant must demonstrate to the satisfaction of the credentials committee that the conviction did not implicate issues of quality of care or patient safety. Notwithstanding the foregoing, all applicants will be evaluated on a case-by-case basis with respect to the applicant's individual and unique circumstances.

2.2.9 Have completed a residency training program approved by the Accreditation Council on Graduate Medical Education (ACGME), the American Osteopathic Association (AOA), American Dental Association (ADA) or be in good standing in the last six (6) months of such a residency training program. If this criterion is not met, then the practitioner must be able to provide compelling evidence demonstrating that the residency program completed by the practitioner is equal to or greater than the ACGME, AOA or ADA residency. A review of the compelling evidence will be conducted by the department chair, Credentials Committee, Medical Executive Committee. The Board of Managers will make the final determination in granting the exception to criteria. In addition to residency and fellowship training appropriate to the applicant's discipline, the applicant must have achieved board certification in the specialty for which the applicant is requesting clinical privileges within five (5) years of completion of formal training.

2.2.10 Each member of the medical staff and all other practitioners with delineated clinical privileges shall be board certified by the American Board of Medical Specialties, the American Osteopathic Association, the Commission on Dental Accreditation, Council of Podiatrists, or the American Association of Oral Maxillofacial Surgery. If this criteria is not met, then the practitioner must be able to provide compelling evidence demonstrating that the board certification held by the practitioner is equal to or greater than that required by the American Board of Medical Specialties, the American Osteopathic Association, the Commission on Dental Accreditation, Council of Podiatrists, or the American Association of Oral Maxillofacial Surgery. (Practitioner is defined in these bylaws as physician, dentist, oral surgeon, or podiatrist who has been authorized through licensure and the Hospital/Medical Staff to provide patient care services independently, without supervision.) A review of the compelling evidence will be conducted by the department chair, Credentials Committee, and Medical Executive Committee. The Board of Managers will make the final determination in granting the exception to criteria. Members of the House Staff completing post graduate training are not subject to the board certification requirement. This requirement for board certification is waived for those practitioners holding medical staff privileges at Baptist Health Madisonville, Inc. on or before August 19, 2014 who are not board certified and general dentists and podiatrists who are considered eligible for membership if duly licensed to practice in the State of Kentucky.

Applicants who are not board certified at the time of application but have completed their residency or fellowship training within the last five years shall be eligible for Medical Staff appointment and clinical privileges. To maintain eligibility, those applicants must attain board certification within five years from the date of completion of the highest level of training. Failure to attain board certification within the five-year period shall result in a review of the physician's status in the board certification process conducted by the Credentials Committee. Following review, the Credentials Committee and Medical Executive Committee may recommend granting an extension to allow the practitioner to attain board certification. The Board of Managers shall make the final determination in granting the extension. Failure to attain board certification after the specified extension of time shall result in the automatic termination of the practitioner's medical staff membership and clinical privileges.

All members whose board specialties require recertification will be required to maintain certification. If a certification is expired the staff member will have three (3) years to achieve certification.

2.2.11 Demonstrate recent (within the last twelve (12) months) active clinical practice;

2.2.12 If the medical member does not reside and practice in the Madisonville community or immediate surrounding area, or is in solo practice or is in a group but is the only physician of the group on staff at Baptist Health Deaconess Madisonville, Inc. he or she shall provide the name(s) of the covering practitioner(s) who is (are) a resident of the area and on the medical staff at Baptist Health Deaconess Madisonville, Inc. Baptist Health Deaconess Madisonville, Inc. may, at its discretion, require a letter documenting the coverage arrangement that is to its (the hospital's) satisfaction. Regardless of the written documentation, a physician or practice group agreeing to provide back-up coverage for a medical staff member must have comparable medical/surgical privileges to the covered physician. The covering physician or practice group is agreeing to provide all necessary medical care for patients during this time of unavailability and extends to service call patient responsibilities. Any deviation from this definition must be clearly defined in the writing by the responsible practitioner parties.

### **SECTION THREE: INITIAL APPOINTMENT PROCEDURE**

3.1 Applicants will be provided the Kentucky Application for Provider Evaluation and Reevaluation (Form KAPER-1) Part B application for appointment to the medical staff, privilege request form(s) including criteria for privileges, and a detailed list of requirements for completion of the application if the applicant fulfills the eligibility criteria. A copy of the medical staff bylaws, policies, and credentials policy and procedure manual will be provided to the applicant.

3.2 Upon receipt of a completed application form, the medical staff president or designee will determine if the requirements of section 2.2 are met.

Applicants who fail to meet the criteria for membership on the Baptist Health Deaconess Madisonville, Inc. medical staff will be notified.

3.3 The applicant must sign the application and in so doing:

3.3.1 Attests to the accuracy and completeness of all information on the application or accompanying documents and agrees that any inaccuracy, omission or commission will be grounds for termination of the application process;

3.3.2 Signifies willingness to appear for any requested interviews in regard to the practitioner's application;

3.3.3 Authorizes hospital and medical staff representatives to consult with prior and current associates and others who may have information bearing on professional competence, character, ability to perform the privileges requested, ethical qualifications, ability to work cooperatively with others, and other qualifications for membership and the

clinical privileges requested or wish to maintain;

- 3.3.4 Consents to hospital and medical staff representatives' inspection of all records and documents that may be material to an evaluation of professional qualifications and competence to carry out the clinical privileges requested, of physical and mental health status, and of professional and ethical qualifications;
- 3.3.5 Releases from liability any and all hospital representatives for their acts performed and statements made in connection with evaluation of this application, credentials and qualifications to the fullest extent permitted by law;
- 3.3.6 Releases from liability all individuals and organizations who provide information to the hospital or the medical staff, including otherwise privileged or confidential information to Baptist Health Deaconess Madisonville, Inc. representatives concerning background, experience, competence, professional ethics, character, physical and mental health, emotional stability, utilization practice patterns, and other qualifications for staff appointment and clinical privileges;
- 3.3.7 Authorizes and consents to Baptist Health Deaconess Madisonville, Inc. representatives providing other hospitals, medical associations, licensing boards, and other organizations concerned with provider performance and the quality and efficiency of patient care with any information relevant to such matters that the Baptist Health Deaconess Madisonville, Inc. may have concerning him/her and release Baptist Health Deaconess Madisonville, Inc. representatives from liability for so doing. For the purposes of this provision, the term "Baptist Health Deaconess Madisonville, Inc. representatives" includes the Governing Body, its managers and committees, the hospital president or designee, registered nurses and other employees of the Baptist Health Deaconess Madisonville Inc., the medical staff organization and all medical staff appointees, clinical units and committees which have responsibility for collecting and evaluating the applicant's credentials or acting upon the individual's application, and any authorized representative of any of the foregoing.
- 3.3.8 Signifies the applicant has been provided the opportunity to read the current medical staff bylaws and associated manuals and agrees to abide by their provisions in regard to the practitioner's application for appointment to the medical staff; and
- 3.3.9 Agrees to provide to Medical Staff Services updated information requested on the original application and subsequent re-applications (specifically hospital appointments, voluntary or involuntary relinquishment of medical staff membership or clinical privileges or licensure status, voluntary or involuntary limitation, reduction, suspension or loss of clinical privileges at another hospital, involvement in liability claims, voluntary or involuntary cancellation of professional liability insurance, or license/DEA/Medicare/Medicaid sanctions including both current and pending investigations and challenges, changes in physical or mental health which may impair the fulfillment of responsibilities of membership or privileges granted; and any removal from a managed care organization's panel for quality of care reasons or unprofessional conduct).
- 3.3.10 Agrees to disclose any current criminal charges pending and any past charges and any convictions of felonies or Medicare or Medicaid sanctions.

- 3.3.11 Agrees to report to Baptist Health Deaconess Madisonville, Inc. and authorizes release by Baptist Health Deaconess Madisonville, Inc. to participating hospitals, any disciplinary information which is required to be or which may be reported to the National Practitioner Data Bank or the Kentucky Board of Medical Licensure in accordance with applicable federal or state law.

### 3.4 Procedure for Processing Applicants for Initial Staff Appointment

- 3.4.1 A “completed” application includes, at a minimum: a signed, dated application form and request for privileges, all blanks on the application form completed and necessary additional explanations provided, copies of all documents and information necessary to confirm applicant meets criteria for membership and privileges, and responses from references and all previous hospital affiliations, verification of all information submitted and all information necessary to properly evaluate an applicant’s qualifications. An application shall not be considered until it has been declared complete by the Chairman of the Credentials Committee and the hospital President or their designees.
- 3.4.2 If all information required above is not submitted within sixty (60) days of receipt of the application, the application will be considered incomplete and no further processing will take place, resulting in a voluntary withdrawal of the application.
- 3.4.3 Medical Staff Services will obtain verification of the application contents from primary sources and collect additional information as follows:
  - 3.4.3.1 Verification from all prior and current liability insurance carriers including claims, suits and settlements (if any) [during the past five years];
  - 3.4.3.2 Administrative and clinical reference requests from all significant past practice settings [for the previous ten years];
  - 3.4.3.3 Documentation of the applicant’s past clinical work experience;
  - 3.4.3.4 Licensure status in all current and past states of licensure;
  - 3.4.3.5 When appropriate or necessary, information from the AMA Physician Profile, Federation of State Medical Boards, or other such data banks;
  - 3.4.3.6 Completion of medical/osteopathic/dental school and residency/fellowship programs;
  - 3.4.3.7 Information from the National Practitioner Data Bank; OIG and GSA
  - 3.4.3.8 Documentation through direct contact with references concerning the applicant’s current clinical ability, ethical character and ability to work with others.
  - 3.4.3.9 Additional information as may be requested to ensure applicant meets the criteria for medical staff membership and the privileges requested.

**NOTE:** The burden is upon the applicant to provide all requested information. Failure of an applicant to adequately respond to a request for assistance in obtaining additional information in support of the application within the allotted sixty (60) days of the request will be deemed a voluntary withdrawal of the application.

- 3.4.4 When the items identified in 3.4.3. above have been obtained, the file will then be reviewed by the credentials coordinator in preparation for review by medical staff leaders.

### 3.5 Applicant Interview

- 3.5.1 Policy: It is the policy of the Baptist Health Deaconess Madisonville, Inc. Medical Staff that applicants may be required to participate in an interview as part of the application for appointment to the Medical Staff at the discretion of the credentials committee. The interview is to be conducted by the Department chairperson or one or more individuals selected by the credentials committee for this purpose. A permanent record will be made of the interview. The interview may be used to solicit information required to complete the credentials file or clarify information previously provided, e.g., malpractice history, reasons for leaving past healthcare organizations, or other matters bearing on the applicant's ability to render care at the generally recognized level for the community.

### 3.6 Department Chair Action

- 3.6.1 All applications are presented to the Department chair for review and recommendation. The Department chair reviews the application to ensure that it fulfills the established standards for membership and clinical privileges. The chair takes action as noted in 4.6.2-4.6.4 below.
- 3.6.2 Deferral: Department chairs may not defer consideration of an application. A report must be forwarded to the credentials committee within fifteen days. In the event a chair is unable to formulate a report for any reason, the chair must so inform the credentials committee and the applicant.
- 3.6.3 Favorable Recommendation: The Department chair must document his findings pertaining to adequacy of education, training and experience for all privileges requested. Reference to any criteria for privilege review must be documented and included in the credentials file. When the Department chair's recommendation is favorable to the applicant in all respects, the application shall be promptly forwarded, together with all supporting documentation, to the credentials committee.
- 3.6.4 Adverse Recommendation: The Department chair will document the rationale for all unfavorable findings. Reference to any criteria for clinical privileges not met will be documented and included in the credentials file. The application, along with the Department chair's adverse recommendation and supporting documentation, will be forwarded to the credentials committee.

### 3.7 Credentials Committee Action

- 3.7.1 The credentials committee reviews the application and votes for one of the actions noted in 4.7.2-4.7.4 below.
  - 3.7.2 Deferral: Action by the credentials committee to defer the application for further consideration must be followed within thirty (30) days by subsequent recommendations as to approval or denial of, or any special limitations to, staff appointment, category of staff and prerogatives, Department affiliations, and scope of clinical privileges. The medical staff president shall promptly notify the applicant by special, written notice of the action to defer.
  - 3.7.3 Favorable Recommendation: When the credentials committee's recommendation is favorable to the applicant in all respects, the application shall be promptly forwarded, together with all supporting documentation, to the medical executive committee.
  - 3.7.4 Adverse Recommendation: When the credentials committee's recommendation is adverse to the applicant, the medical staff shall president notify the applicant by special written notice of the adverse recommendation. The application, with its supporting documentation, and all dissenting views, shall be forwarded to the medical executive committee.
- 3.8 Medical Executive Committee Action
- 3.8.1 The medical executive committee reviews the application and votes for one of the actions noted in 4.8.2-4.8.4 below.
  - 3.8.2 Deferral: Action by the medical executive committee to defer the application for further consideration must be followed within thirty (30) days by subsequent recommendations as to approval or denial of, or any special limitations to, staff appointment, category of staff and prerogatives, Department affiliations, and clinical privileges. The medical staff president shall promptly notify the applicant by special, written notice of the action to defer.
  - 3.8.3 Favorable Recommendation: When the medical executive committee's recommendation is favorable to the applicant in all respects, the application shall be forwarded, together with all supporting documentation, to the Governing Body. An applicant with a complete application approved by the medical executive committee, may be granted temporary privileges in accordance with the Medical Staff Bylaws. Adverse Recommendation: When the medical executive committee's recommendation is adverse to the applicant, a special notice shall be sent to the applicant. No such adverse recommendation will be forwarded to the Governing Body until after the practitioner has exercised or has waived the right to a hearing as provided in the Fair Hearing and Appeals procedure.
- 3.9 Governing Body Action
- 3.9.1 The Governing Body reviews the application and votes for one of the actions noted in 4.9.2-4.9.4 below.

- 3.9.2 Favorable Recommendation: The Governing Body may adopt or reject in whole or in part a favorable recommendation of the medical executive committee or refer the recommendation back to the medical executive committee for further consideration stating the reasons for such referral back and setting a time limit within which a subsequent recommendation must be made. Favorable action by the Governing Body is effective as its final decision. The effective date for a favorable recommendation will be the first day of the month following the Governing Body's approval.
- 3.9.3 Adverse Recommendation: If the Governing Body's action is adverse to the applicant, a special notice will be sent to her/him and she/he shall then be entitled to the procedural rights provided in the fair hearing and appeals procedures of the Medical Staff Bylaws.
- 3.9.4 After Procedural Rights: In the case of an adverse Medical Executive Committee recommendation, the Governing Body shall take final action in the matter as provided in the fair hearing and appeals procedures of the Medical Staff Bylaws.
- 3.9.5 All appointments to medical staff membership and the granting of privileges are for a three year period, except as described in section 5 below concerning provisional status.
- 3.10 Basis for Recommendation and Action: The report of each individual or group required to act on an application, including the Governing Body, must state the reasons for each recommendation or action taken, with specific reference to the completed application and all other documentation considered. Any dissenting views at any point in the process must also be documented, supported by reasons and references, and transmitted with the majority report.
- 3.11 Conflict Resolution: Whenever the Governing Body determines that it will decide a matter contrary to the Medical Executive Committee's recommendations, the matter will be submitted to a committee of equal members of the Medical Executive Committee and Governing body for review and recommendation before the Governing Body makes its final decision. The committee will submit its recommendation within thirty (30) days of submission.
- 3.12 Notice of Final Decision: Notice of the Governing Body's final decision shall be given through the hospital president to the Medical Executive Committee and to the chair of each Department concerned. The applicant shall receive written notice of appointment and special notice of any adverse final decisions. A decision and notice of appointment includes the staff category to which the applicant is appointed, the clinical privileges the applicant may exercise, and any special conditions attached to the appointment.
- 3.13 Time Periods for Processing: All individuals and groups required to act on an application for staff appointment must do so in a timely and good faith manner, and, except for good cause, each application will be processed within 120 days from the receipt of a complete application.

This time period is deemed a guideline. If the provisions of the fair hearing procedures are activated, the time requirements provided therein govern the continued processing of the application.

#### **SECTION FOUR: PROVISIONAL STATUS**

- 4.1 **Provisional Period:** All initial appointments/membership and clinical privileges are provisional for a period of one year during which time all individuals with provisional privileges may be subject to review of their clinical performance by the appointed subject matter expert(s) or Department chair(s). The Department chair(s) will conduct their reviews in accordance with the proctoring and provisional procedures adopted by the Department, Credentials and Medical Executive Committees. During the provisional period, the Department chair or designated representative will observe the practitioner's performance. Prior to the end of a provisional period, the medical staff office will gather all pertinent information needed to evaluate the practitioner. If the practitioner does not have enough activity at Baptist Health Deaconess Madisonville, Inc. for evaluation of competence, the practitioner may be asked to submit the appropriate documentation necessary to prove qualifications for staff appointment and the ability to exercise the privileges granted.
- 4.2 **Action Required:** Based upon the statement(s) presented and any other available information, the credentials committee makes a recommendation concerning terminating the provisional period. Final processing follows the procedures set forth in section 4 of this manual.
- 4.3 **Automatic Extension:** The practitioner's provisional period may be extended for an additional one (1) year period by approval of the credentials committee. Only one (1) extension is permissible.
- 4.4 **Termination by Practitioner:** If the practitioner no longer wishes the privilege or privileges at issue, then his request for their removal or his lack of timely response to the letter of notification will initiate the removal of these privileges without creating an adverse action triggering the fair hearing procedures.
- 4.5 **Adverse Conclusions:** Whenever a provisional period (including any period of extension) expires with an adverse recommendation for the practitioner based on reasons for professional conduct or quality of care issues, or whenever extension is denied, the Medical Staff President will provide him with special notice of the adverse result and of the entitlement to procedural rights provided in the Medical Staff Bylaws.

## **SECTION FIVE: REAPPOINTMENT/REINSTATEMENT**

- 5.1 All reappointments and renewals of clinical privileges are for a period of three (3) years. The granting of new clinical privileges to existing medical staff members will follow the steps described in section 4 above concerning the initial granting of new clinical privileges and section 5 above concerning provisional status for those privileges.
- 5.2 **Information Collection and Verification**
  - 5.2.1 **From Appointee:** On or before four (4) months prior to the date of expiration of a medical staff appointment, the medical staff office notifies the appointee of the date of expiration and supplies him/her with an application for reappointment, a copy of which is attached and is incorporated by reference and a delineation of privilege form specific to the appointee's specialty and practice. At least ninety (90) days prior to expiration of appointment, the appointee furnishes, in writing:

- 5.2.1.1 A completed reapplication form that includes complete information to update items listed in original application;
- 5.2.1.2 Information concerning continuing training and education external to the hospital during the preceding period, if applicable;
- 5.2.1.3 Specific request for the clinical privileges sought on delineation of privilege form, with any basis for changes; and
- 5.2.1.4 Any requests for changes in staff category or Department assignment.
- 5.2.1.5 Physical and mental health status relative to the ability to perform privileges requested; and
- 5.2.1.6 By signing the reapplication form, the appointee agrees to the same terms as identified in section 4.3 above.

The staff appointee has the burden of producing adequate information and resolving any doubts about the data. Failure, without good cause, to provide this information is deemed a voluntary resignation from the staff and automatically results in expiration of appointment unless explicitly extended for not more than two (2) thirty (30) day periods by action of the credentials committee. Medical Staff Services obtains verification of all additional information submitted by the staff appointee, and notifies him/her of any information inadequacies or verification problems.

5.3 From Internal and/or External Sources: Medical Staff Services collects for each staff appointee information regarding professional and collegial activities to include:

- 5.3.1 A summary of clinical activity at this hospital, including Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE), when available, for each appointee due for reappointment;
- 5.3.2 Currency of licensure and registrations;
- 5.3.3 Any pending or completed disciplinary actions or sanctions;
- 5.3.4 Performance and conduct in this hospital and/or other healthcare organizations, including, without limitation, patterns of care as demonstrated in findings of quality assessment/performance improvement activities, his clinical judgment and skills in the treatment of patients, and his behavior and cooperation with hospital personnel, patients and visitors;
- 5.3.5 Medicare/Medicaid sanctions;
- 5.3.6 Report from National Practitioner Data Bank;
- 5.3.7 Service on medical staff, Department, and hospital committees, if applicable;
- 5.3.8 Timely and accurate completion of medical records; and

- 5.3.9 Compliance with all applicable bylaws, policies, rules, regulations and procedures of the hospital and medical staff.
- 5.4 Procedure for Processing Applications for Staff Reappointment:
  - 5.4.1 When the items identified in 6.2 and 6.3 above have been obtained, the file will then be reviewed by the Department chair (or designee).
- 5.5 All applications for reappointment will be processed through the same procedure described in section 4 above for initial appointment. In addition, as part of the assessment of the appointee's performance, the Department chair will be asked to provide relevant information concerning the provider's clinical and professional qualifications for reappointment for staff category and clinical privileges and to evaluate the credentials application. Such evaluation will include providing information as to whether or not he knows of, or has observed or been informed of any conduct which indicates significant present or potential physical or behavioral problems affecting the practitioner's ability to perform professional and medical staff duties appropriately as well as relevant information concerning provider's clinical and professional qualifications for reappointment for staff category and clinical privileges.
- 5.6 For the purpose of reappointment an "adverse recommendation" by the Governing Body as used in section 4 means a recommendation or action to deny reappointment, to deny a requested change in, or to change without the staff appointee's consent—staff category or department assignment; or to deny or restrict requested clinical privileges. The terms "applicant" and "appointment" as used in these sections shall be read respectively, as "staff appointee" and "reappointment".
- 5.7 Criteria for Reappointment: It is the policy of Baptist Health Deaconess Madisonville, Inc. to approve for reappointment only those individuals who meet the criteria for initial appointment as identified in section 2 plus the following additional criteria:
  - 5.7.1 Have an acceptable record of providing high quality and resource effective care which is consistent with Baptist Health Deaconess Madisonville, Inc. standards of ongoing quality as determined by the hospital quality improvement program.
  - 5.7.2 Each member of the medical staff and all other practitioners with delineated clinical privileges shall be board certified by the American Board of Medical Specialties, the American Osteopathic Association, the Commission on Dental Accreditation, Council of Podiatrists, or the American Association of Oral Maxillofacial Surgery. (Practitioner is defined in these bylaws as physician, dentist, oral surgeon, or podiatrist who has been authorized through licensure and the Hospital/Medical Staff to provide patient care services independently, without supervision.) If this criteria is not met, then the practitioner must be able to provide compelling evidence demonstrating that the board certification held by the practitioner is equal to or greater than that required by the American Board of Medical Specialties, the American Osteopathic Association, the Commission on Dental Accreditation, Council of Podiatrists, or the American Association of Oral Maxillofacial Surgery. (Practitioner is defined in these bylaws as physician, dentist, oral surgeon, or podiatrist who has been authorized through licensure and the Hospital/Medical Staff to provide patient care services independently, without supervision.) A review of the compelling evidence will be conducted by the department chair, Credentials Committee, Medical Executive Committee. The Board of Managers will make the final determination in granting the exception to criteria. Members of the House Staff completing post graduate training are not subject to the board certification requirement. This

requirement for board certification is waived for those practitioners holding medical staff privileges at Baptist Health Madisonville, Inc. on or before August 19, 2014 who are not board certified and general dentists and podiatrists who are considered eligible for membership if duly licensed to practice in the State of Kentucky.

Applicants who are not board certified at the time of application but have completed their residency or fellowship training within the last five years shall be eligible for Medical Staff appointment and clinical privileges. To maintain eligibility, those applicants must attain board certification within five years from the date of completion of the highest level of training. Failure to attain board certification within the five-year period shall result in a review of the physician's status in the board certification process conducted by the Credentials Committee. Following review, the Credentials Committee and Medical Executive Committee may recommend granting an extension to allow the practitioner to attain board certification. The Board of Managers shall make the final determination in granting the extension. Failure to attain board certification after the specified extension of time shall result in the automatic termination of the practitioner's medical staff membership and clinical privileges.

All members whose board specialties require recertification will be required to maintain certification. If a certification is expired the staff member will have three (3) years to achieve certification. Failure of a staff member to meet recertification requirements will be reevaluated by the Medical Executive Committee upon the recommendation of the Credentials Committee. Failure of a medical staff member to meet recertification requirements may result in loss of medical staff privilege.

- 5.8 Reinstatement: At the applicant's request, a reinstatement application will be mailed to the applicant.
  - 5.8.1 Upon receipt of a completed application, including all supporting documentation, the application for reinstatement will be processed through the same procedures described in section 6 above for reappointment.
  - 5.8.2 Applicants reinstated with six months of resignation will be placed in the previously held medical staff status category. Physicians reinstated after six months of resignation will be placed in the Provisional category as described in section 5 above.

## **SECTION SIX: CLINICAL PRIVILEGES**

- 6.1 Exercise of Privileges: A practitioner providing clinical services at the Baptist Health Deaconess Madisonville, Inc. may exercise only those privileges granted to him by the Governing Body or emergency privileges as described herein.
- 6.2 Requests: Each application for appointment or reappointment to the medical staff must contain a request for specific clinical privileges desired by the applicant. Specific requests must also be submitted for temporary privileges and for modification of privileges in the interim between reappraisals.

6.3 Basis for Privileges Determination:

- 6.3.1 Requests for clinical privileges will be considered only when accompanied by evidence of education, training, experience, and demonstrated current competence as specified by the medical staff.
- 6.3.2 In the event a request for privileges is submitted for a procedure for which no criteria have been created, the request will be tabled for a reasonable period of time during which the Medical Executive Committee will, upon recommendation from the Credentials Committee and appropriate subject matter specialists, formulate the necessary criteria. Once objective criteria have been established, the original request will be processed as described herein.
- 6.3.3 Valid requests for clinical privileges will be evaluated on the basis of prior and continuing education, training, experience, utilization practice patterns, current ability to perform the privileges requested, and demonstrated current competence, ability and judgment. Additional factors that may be used in determining privileges are patient care needs for and the hospital's capability to support the type of privileges being requested and the availability of qualified coverage in the applicant's absence. The basis for privileges determination to be made in connection with periodic reappointment, or a requested change in privileges must include the required documentation as outlined on the delineation of privileges specific to the practitioner's specialty. Privileges determinations will also be based on pertinent information from other sources, especially other institutions and health care settings where a professional exercises clinical privileges.
- 6.3.4 The procedure by which requests for clinical privileges are processed are as outlined in section 4 of this manual.
- 6.4 Special Conditions for Dental Privileges: Requests for clinical privileges for dentists are processed in the same manner as all other privilege requests. Privileges for surgical procedures performed by dentists and/or oral surgeons will require that all dental patients receive a basic medical evaluation by a physician member of the medical staff with privileges to perform such an evaluation, which will be recorded in the medical record. Oral surgeons may be granted the privilege of performing a history and physical on their own patients upon submission of documentation of completion of an accredited postgraduate residency in oral/maxillofacial surgery and demonstrated current competence. All staff members with clinical privileges, including physicians, dentists, oral surgeons, or podiatrists, must insure that a medical history and appropriate physical examination is performed in accordance with the Bylaws.
- 6.5 Special Conditions for Allied Health Professionals: Requests for clinical privileges from Allied Health Professionals are processed in the same manner as requests for clinical privileges by physicians, with the exception that Allied Health Professionals are not granted membership

on the Baptist Health Deaconess Madisonville, Inc. medical staff and do not have the rights and privileges of such membership. Only those categories of Allied Professionals approved by the Governing Body for patient care at Baptist Health Deaconess Madisonville, Inc. are eligible to apply for clinical privileges. A Dependent AHP may, subject to any licensure requirements or other limitations, exercise independent judgment only within the areas of his professional competence and participate directly in the medical management of patients under the supervision of a physician who has been accorded privileges to provide such care. An Independent AHP may, subject to any licensure requirements or other limitations, exercise independent judgment only within the areas of his professional competence and participate directly in the medical management of patients according to the clinical privileges granted by the Governing Body. An Allied Health Practitioner is an individual other than a licensed Doctor of Medicine, Osteopathy, Dentistry, or Podiatry who holds a license, certificate, or other legal credentials required by state law who is qualified to render direct medical care.

All applications and requests for privileges from Allied Health Professionals will be distributed and processed by the Medical Staff Office.

- 6.5.1 Responsibilities: Allied Health Professionals shall be duly licensed, certified, or registered, as applicable; provide evidence of liability insurance coverage as may be required by the Governing Body; pursue only those clinical activities specifically applied for, acted upon by the MEC and approved by the Governing Body; be assigned to the clinical Department most relevant to their clinical practice activities; respond to recommendations made as a result of development and use of professional specific performance data in quality improvement activities; be subject to compliance with the requirements outlined in this manual for processing privilege requests; not admit patients, not write orders for patient care unless specifically authorized to do so as part of the credentialing process, or in the event of a medical or surgical emergency.
- 6.5.2 Conditions of Authorization: Policies regarding the need for and authorization of Allied Health Professionals to provide patient care services through delineated clinical privileges, shall be at the discretion of the Governing Body. Individuals in training, such as medical students and residents, participate in the care of patients only under the supervision of a responsible staff member with relevant clinical privileges, who accepts, in writing, the responsibility for the trainee's participation in the care of patients subject to a protocol designed by the Hospital and training program, and as approved by the hospital President or designee.
- 6.6 Temporary Privileges: Refer to Medical Staff Bylaws Article II.9.
- 6.7 Emergency Privileges: In case of an emergency, any medical staff appointee is authorized to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the appointee's license, but regardless of Department affiliation, staff category, or level of privileges. A practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up. When an emergency situation no longer exists, the practitioner must request the privileges necessary to continue to treat the patient. Refer to Medical Staff Bylaws Article II.9.E.
- 6.8 Disaster Privileges: Refer to the Medical Staff Bylaws Article II.9.F.
- 6.9 Expiration of Mandatory Documents: Refer to MSR Departmental Policy.

## **SECTION SEVEN: HEARING AND APPEAL RIGHTS**

All allied health professionals granted clinical privileges shall be afforded the same hearing and appeal rights as other members of the medical staff in accordance with Medical Staff Bylaws Article X.

## **SECTION EIGHT: REAPPLICATION AND MODIFICATIONS OF MEMBERSHIP STATUS OR PRIVILEGES AND EXHAUSTION OF REMEDIES**

- 8.1 Reapplication After Adverse Credentials Decision: Except as otherwise determined by the medical executive committee or Governing Body in light of exceptional circumstances, a practitioner who has received a final adverse decision or who has resigned or withdrawn an application for appointment or reappointment or clinical privileges is not eligible to reapply to the medical staff for a period of one (1) year from the date of the notice of the final adverse decision or the effective date of the resignation or application withdrawal. Any such application is processed in accordance with the procedures set forth in section 4 of this manual. As part of the reapplication, the practitioner must submit such additional information as the medical staff and/or Governing Body requires demonstrating that the basis of the earlier adverse action no longer exists. If such information is not provided, the reapplication will be considered incomplete and voluntarily withdrawn and will not be processed any further.
- 8.2 Reapplication After Administrative Revocation: A practitioner who has had appointment or clinical privileges administratively revoked for failure to maintain current professional liability insurance in the specified amount or failure to maintain and complete medical records will be eligible to reapply to the medical staff.
- 8.3 Request for Modification of Appointment Status or Privileges: A staff appointee, either in connection with reappointment or at any other time, may request modification of staff category, Department assignment, or clinical privileges by submitting a written request to Medical Staff Services. All requests for additional clinical privileges must be accompanied by information demonstrating additional education, training and current clinical competence in the specific privileges requested. A modified application is processed in the same manner as a reappointment, which is outlined in section 6 of this manual. A practitioner who no longer exercises, or wishes to restrict or limit the exercise of, particular privileges which have been granted shall send written notice, through Medical Staff Services, to the credentials committee and medical executive committee. A copy of this notice shall be included in the practitioner's credentials file.
- 8.4 Resignation of Staff Appointment: A practitioner may resign staff appointment and/or clinical privileges by providing at least a 30-day written notice. The resignation shall specify the reason for the resignation and the effective date. A practitioner who resigns staff appointment and/or clinical privileges is obligated to fully and accurately complete all portions of all medical records for which the practitioner is responsible prior to the effective date of resignation, and fulfill the responsibilities and obligations of the assigned emergency department service call schedule. Failure to do so shall result in an entry in the practitioner's credentials file acknowledging the resignation and indicating that it became effective under unfavorable circumstances and shall be considered a matter of professional conduct that could

adversely affect the health or welfare of a patient and so is reportable to the National Practitioner Data Bank pursuant to the Health Care Quality Improvement Act of 1986.

- 8.5 Exhaustion of Administrative Remedies: Every practitioner agrees that when corrective action is initiated or taken according to Article VII of the Medical Staff Bylaws, or when an adverse action or recommended action as defined in the hearing and appeals article of the medical staff bylaws is proposed or made, the practitioner will exhaust all of the administrative remedies afforded in the various sections of this manual and the medical staff bylaws.
- 8.6 Reporting Requirements: The hospital president or designee shall be responsible for assuring that the hospital satisfies its obligations under the Health Care Quality Improvement Act of 1986 and its successor statutes.

## **SECTION NINE: LEAVE OF ABSENCE**

- 9.1 Leave Request: A staff appointee may obtain a voluntary leave of absence by providing written notice to the Medical Staff President. The notice must state the reasons for the leave and approximate period of time of the leave, which may not exceed one year except for military service. During the period of time of the leave, the staff appointee's clinical privileges, prerogatives and responsibilities are suspended.
- 9.2 Termination of Leave: At least thirty (30) days prior to the termination of the leave, or at any earlier time, the staff appointee may request reinstatement by sending a written notice to the medical staff president. The staff appointee must submit a written summary of relevant activities during the leave, or undefined prolonged absence, if the medical staff president, medical executive committee or Governing Body so requests. The medical executive committee makes a recommendation to the Governing Body concerning reinstatement, and the applicable procedures are followed.

## **SECTION TEN: REVIEW, ADOPTION AND AMENDMENT**

- 10.1 Triennial Review: This policy manual will be reviewed every three (3) years by a committee of the Medical Staff.
- 10.2 Amendment: This credentials policy and procedure manual may be adopted, amended or repealed, in whole or in part, by a resolution of the medical executive committee recommended to the full medical staff for a vote and subsequent adoption by the Governing Body.
- 10.3 Corrections: The medical executive committee may correct typographical, spellings or other obvious errors in this manual.
- 10.4 Responsibilities and Authority: The procedures outlined in the medical staff and Baptist Health Deaconess Madisonville, Inc. corporate bylaws regarding medical staff responsibility and authority to formulate, adopt and recommend medical staff bylaws and amendments thereto apply as well to the formulation, adoption and amendment of this credentials policy and procedure manual.

## **SECTION ELEVEN: USE OF TERMS**

When used herein the terms credentials committee chairperson”, “president”, “medical staff director” and “Governing Body” are construed to include “designee”.

“All supporting documentation,” means the application form and its accompanying information, the reports and recommendations of the department/section chairman, credentials committee, medical executive committee and all dissenting views, if any.

“Adverse recommendation” from the credentials committee or an “adverse action” by the Governing Body as referred to in the appointment process means a recommendation or action to change, without the staff appointee’s consent, the Department assignment; to reduce staff category without staff appointee consent; to deny or restrict requested clinical privileges. \*The term “applicant” and “appointments” as used in these sections shall be read, respectively, as “staff appointee” and “conclusion of the provisional status”.

“Adverse action” by the Governing Body means action to deny appointment or to deny or restrict requested clinical privileges.

ADOPTED BY MEDICAL STAFF: 08/13/2015

APPROVED BY BOARD OF DIRECTORS: 10/20/2015

REVISIONS ADOPTED BY MEDICAL STAFF: 04/11/2019

REVISIONS APPROVED BY BOARD OF DIRECTORS: 04/18/2019

REVISIONS ADOPTED BY MEDICAL STAFF 09/10/2020

REVISIONS APPROVED BY BOARD OF DIRECTORS: 10/15/2020

REVISIONS ADOPTED BY MEDICAL STAFF 11/30/2021

REVISIONS APPROVED BY BOARD OF DIRECTORS 12/10/2021

NON – SUBSTANTIVE REVISIONS APPROVED BY MEDICAL EXECUTIVE COMMITTEE  
01/27/2022

REVISIONS ADOPTED BY MEDICAL STAFF 03/26/2024

REVISIONS APPROVED BY BOARD OF DIRECTORS 04/18/2024

REVISIONS ADOPTED BY MEDICAL STAFF 03/27/2025

REVISIONS APPROVED BY BOARD OF DIRECTORS 04/17/2025

Baptist Health Madisonville  
Medical Staff Credentials Policy and Procedures Manual

### **ADOPTION AND APPROVAL**

#### **ADOPTED BY THE MEDICAL STAFF ON:**

**August 13, 2015**



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President, Baptist Health Madisonville Medical Staff

#### **APPROVED BY THE BOARD OF DIRECTORS ON:**

**October 20, 2015**



*R. STEVEN COX*

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Chairman, Baptist Health Madisonville Board

#### **Exhibit A**

Kentucky Application for Provider Evaluation and Reevaluation (Form KAPER-1) Part B Initial Appointment Application and Kentucky Application for Provider Evaluation and Reevaluation (Form KAPER-1) Part B Reappointment Application

#### **Exhibit B**

Current Baptist Health Madisonville Independent/Allied Health Professionals Application and Reappointment Forms (Kentucky Application for Provider Evaluation and Reevaluation, Form KAPER-1, Part B Initial Appointment Application and Kentucky Application for Provider Evaluation and Reevaluation, Form KAPER-1, Part B Reappointment Application)