Medical Staff

CREDENTIALING MANUAL

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SECTION 1. DEFINITIONS

1.1 For purposes of this Manual, certain terms are defined within the Medical Staff Bylaws.

SECTION 2. OVERVIEW

2.1 Purpose of Credentialing Manual

2.1.1 The purpose of the credentialing manual of BCH is to set policies which will assure, to the extent possible, that patients are cared for at BCH by qualified and competent individuals, that all patients, employees and practitioners at BCH are treated with respect and dignity at all times and that each practitioner who is granted membership to the Medical Staff of Boulder (Medical Staff) and/or clinical privileges at BCH will make a significant contribution to achieving the mission of BCH.

2.2 Credentialing Policy

2.2.1 It is the policy of the Governing Board of BCH (the Board) to grant membership to the Medical Staff and/or clinical privileges at BCH only to practitioners who can demonstrate at the time of application that they possess the requisite medical education, training, and experience, meet or exceed all qualifications for membership and/or clinical privileges, and satisfy the criteria for the specific clinical privileges requested.

2.2.2 Waivers - There may be occasions when a Physician or Advanced Practice Provider (APP) fails to meet the Eligibility Criteria defined in Section 4 of this Manual or other standard for a specific privilege or group of privileges. The Credentials Committee may recommend to the Medical Executive Committee and the Board that the requirement in question be waived – and document the specific rationale for why the requirement is recommended to be waived. The individual who is requesting a waiver is responsible for demonstrating that their education, training, experience, and competence are equivalent to or exceed the requirements that are requested to be waived. Waiving of requirements should be an unusual occurrence, but it is acknowledged that there may be times when patient safety will not be compromised by alternative methods of assuring competency. Waiving of requirements for privileges is always a Board decision. The Board may grant waivers in exceptional cases after considering the findings of the Medical Executive Committee, the specific qualifications of the individual in question, the quality profile of the individual and his or her performance record in the medical center. Ultimately, what is in the best interests of patient care and the community served by the medical center is the primary consideration, as determined by the Board.

No individual is entitled to a waiver or to any hearing procedures in the event the MEC recommends, or the Board determines not to grant a waiver. The individual has not received a denial but is simply ineligible to apply. In the event the Board grants a waiver to any particular individual, that waiver shall not constitute a precedent for any other practitioner or group or practitioners. Each individual request for a waiver will be evaluated on its own merits.

2.3 Responsibility for Professional Review and Credentialing Activities

2.3.1 It is the responsibility of the Medical Staff to perform professional review and credentialing activities as delegated by the Governing Board in accordance with the bylaws and credentialing policies of BCH and the Medical Staff.

2.3.2 The Medical Staff, through its leadership and its various committees, shall assist the Governing Board in determining the qualifications of practitioners for membership and clinical privileges and, subject to the final action of the Governing Board, shall conduct professional review activities and recommend professional review actions.

2.3.3 It is the responsibility of the Governing Board to make the final determination to grant or deny a request for membership and/or clinical privileges and to take final action in all professional review activities.

2.3.4 It is the responsibility of the Medical Staff Services Department and, as the designee of the Chief Executive Officer, the Director of the Medical Staff Services Department, to assist the Medical Staff and the Governing Board in professional review and credentialing activities by processing applications for membership and/or clinical privileges, providing information to the Medical Staff and Governing Board, and performing other functions set forth in the credentialing policies of BCH and the Medical Staff.

2.3.5 In participating in any credentialing or professional review activity, the Governing Board, Medical Staff, and any committees thereof are acting as professional review bodies and/or professional review committees. Individuals who participate in any professional review activities or provide information to a professional review body or committee, including without limitation, members of the Governing Board, Medical Staff and the Medical Staff Services Department, shall be entitled to immunity from liability to the greatest extent permitted under state and federal laws.

SECTION 3. APPLICATION POLICY

3.1 It is the policy of BCH to consider applications for appointment to the Medical Staff and/or clinical privileges only to practitioners who meet the eligibility criteria as outlined in Section 4 of this Credentialing Manual and Section 2 of the Medical Staff Bylaws.

3.2 A practitioner is not eligible to apply for membership or clinical privileges if the clinical specialty area in which the practitioner practices has been closed by the Governing Board or is under exclusive contract with BCH, as determined by the Governing Board.

SECTION 4. ELIGIBILITY CRITERIA

4.1 All requests for applications for appointment to the Medical Staff and/or for clinical privileges will be forwarded to the Medical Staff Department. Upon receipt of a request, the Medical Staff Services Department will provide the applicant with an application, which delineates the eligibility criteria for application. The applicant must meet the minimum criteria, as stated below, for acceptance of the application.

4.1.1 They are MD, DO, DDS, DPM, or an Advanced Practice Provider (APP) or Clinical Assistant (CA) discipline that has been approved by the Governing Board.

4.1.2 Within the last twelve months, has been engaged in active clinical practice or engaged in medical related activities (e.g., residency, fellowship).

4.1.3 Have actively practiced in an accredited hospital at least two of the past five years. Three months of recent experience in a full-time clinical residency will be considered equivalent. Practitioners seeking ambulatory privileges only are exempt from hospital experience.

4.1.4 Have established or plans to establish a practice and residence within 20 miles of BCH's primary or secondary service area or have specific set arrangements made with a Member of the Medical Staff for coverage, if applicable.

4.1.5 Maintain a current, valid unrestricted license to practice which is not subject to any supervision, probation, monitoring, conditions, or limitations, or have other authority to act pursuant to the laws of the state of Colorado, as well as any other licensure, registration, certification, or other authorization required by any regulatory authority to permit the physician or APP to provide the appropriate health care service at BCH.

4.1.6 Have never had a license to practice suspended or revoked in any state.

4.1.7 Possess a current, valid, unrestricted Drug Enforcement Administration (DEA) number, registered in the state of Colorado, if applicable.

4.1.8 Are board certified and satisfy any continuing education requirements established by the Medical Staff, BCH, and any appropriate professional organizations or regulatory and licensing authorities.

a. Is board certified by an appropriate national specialty board recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), the American Board of Oral and Maxillofacial surgery, the American Dental Association, the Council on Podiatric Medical Education, the Royal College of Physicians and Surgeons of Canada, or appropriate APP/CA certifying board. All individuals granted initial staff membership or privileges pursuant to this provision must maintain current board certification.

4.1.9 Have successfully completed a residency program that is approved by a specialty/subspecialty board (defined in section 4.1.8.a. above) and are board certified or eligible. All individuals granted initial staff membership pursuant to this provision must maintain current board certification or eligibility and attain certification following completion of the training program within the timeframe specified by the individual's specialty board.

4.1.10 Currently have or have applied for and will maintain professional liability insurance providing coverage for the entire time the Member or APP has privileges at BCH with an insurer approved by BCH in no less than the minimum amount as may be required by the Governing Board.

4.1.11 Have not been involuntarily terminated at any hospital, healthcare organization, or health plan and has not resigned while under investigation, in order to avoid an investigation or disciplinary action, or following an adverse recommendation by a Department Chair, Credentials Committee or Medical Executive Committee (MEC), other applicable medical staff committee, or other similar position or committee.

4.1.12 Privileges at another hospital or health care entity are not currently under suspension, other than an administrative suspension for grounds unrelated to the physician or APP's competence or professional conduct.

4.1.13 Have not been excluded, suspended, debarred, or ineligible to participate in any Federal health care program, or any other governmental program and they are not on the OIG list of excluded providers.

4.1.14 Has never been convicted of or pled guilty or no contest to a felony.

4.1.15 Has never been convicted of or pled no contest to a misdemeanor related to the practitioner's suitability to practice medicine.

4.2 Upon receipt of the application the Medical Staff Services Department will review the application and will determine if each of the above criteria for membership and privileges are met. In the event each of the criteria for membership and privileges are not met, the potential applicant will

be notified. The determination that an applicant is not eligible for membership or privileges is an administrative determination and shall not entitle the applicant to any of the procedures under the Fair Hearing Plan.

SECTION 5. MEDICAL STAFF MEMBERSHIP AS A PRIVILEGE

5.1 Membership on the Medical Staff and the ability to exercise clinical privileges at BCH are available only to those practitioners who can demonstrate at the time of application their qualifications for such membership and/or clinical privileges. No practitioner shall be automatically entitled to membership on the Medical Staff or to the exercise of particular clinical privileges for any reason. Nor shall any practitioner be automatically entitled to appointment, reappointment, or particular privileges merely because they have had, or presently has, membership or those particular privileges at BCH or for any other reason.

SECTION 6. QUALIFICATIONS FOR MEMBERSHIP AND/OR PRIVILEGES

6.1 It is the policy of BCH and Medical Staff to offer membership and/or clinical privileges only to those practitioners who demonstrate that they will make a significant contribution to the mission of BCH.

6.2 Practitioners shall be considered for membership and/or clinical privileges only if they meet the following professional qualifications and standards and those outlined in Section 4.1 of this Manual, and Section 2.2 of the Bylaws:

6.2.1 Practitioners must be currently licensed to practice in the State of Colorado and must be able to present current documentation of the following:

a. requisite professional education and training, and/or background;
b. demonstrated ability and judgment;
c. relevant experience by clinical results;
d. current competence to practice their profession and perform all requested privileges;
e. they do not have any current physical or mental health conditions that cannot be reasonably accommodated and would adversely affect the practitioner's responsibilities of Medical Staff membership and the exercise of the specific clinical privileges requested by the practitioner.
f. an ability to communicate verbally and in writing in the English language;
g. acceptable professional claims history;
h. adherence to the lawful ethics of their profession;
i. adherence to the highest level of honesty and integrity;
j. demonstrate a willingness and capability to:
   (i) work with other Members of the Medical Staff, health care providers, BCH administration, management and employees, visitors, and the community in general in the cooperative, professional manner that is essential to maintain a healthcare environment appropriate to quality patient care.
   (ii) participate in the performance of Medical Staff obligations and discharge such staff, committee, department, and other functions for which they are responsible by staff category, assignment, appointment, election, or otherwise.
   (iii) adhere to generally recognized standards of professional and personal ethics and conduct.

(iv) prepare and complete in a timely fashion the medical and other required records for all patients for whom the Member provides care at BCH.

(v) abide by all Medical Staff and BCH Bylaws, rules, regulations, policies, and procedures.

k. an ability to appropriately utilize available resources;

l. that they do not use drugs or alcohol or any other similar substance to an extent that would or would be likely to prevent or alter their ability to practice their profession and perform the requested clinical privileges in a competent manner or any mental or organic conditions which pose a risk to patients;

m. a willingness and ability to participate in and properly discharge other applicable Medical Staff and/or APP responsibilities;

n. an ability to sufficiently provide continuous quality care to their patients to reasonably assure the Medical Staff and the Governing Board of BCH that any patient treated by them at BCH will receive care of a quality that is consistent with the highest standards and aims of the Governing Board and Medical Staff;

o. an ability to exercise clinical privileges in way that is consistent with BCH's mission, ethical standards, and patient care services currently provided or to be provided at BCH, and BCH has not contracted on an exclusive basis with an individual or group, with which the prospective applicant is not affiliated, to provide the clinical services sought by the applicant; and,

p. proof of health screening/immunization as required by Medical Staff or Board policy.

6.3 Practitioners must meet the malpractice insurance coverage requirement of $1/$3M or in such greater amount as required by the practitioner's insurance carrier for the performance of special procedures.

6.4 Members of the Active medical staff must establish an office practice or residence within twenty (20) miles of BCH's primary or secondary service area, unless otherwise provided in the Rules and Regulations, in which case, the practitioner must demonstrate that they are able to provide continuous care to patients at the Hospital.

6.5 It shall be the burden of the applicant to demonstrate to the satisfaction of the Governing Board that at the time of application the applicant meets all the qualifications for membership and/or clinical privileges and to resolve all doubts or concerns regarding his qualifications for membership and/or clinical privileges. An applicant shall not be entitled to receive privileges for the purpose of demonstrating that the applicant meets the qualifications for membership or clinical privileges.

SECTION 7. BASIC OBLIGATIONS OF MEMBERSHIP

7.1 Each Member of the Medical Staff, regardless of their assigned staff category shall:

7.1.1 Provide patients with quality care at the generally recognized professional level of quality and efficiency in the community.

7.1.2 Abide by all state and federal laws regulating health care providers, as well as by the Medical Staff bylaws, rules and regulations and all other lawful standards, policies, and rules of the Medical Staff, of BCH and of the Department(s) wherein they exercise clinical privileges.

7.1.3 Discharge assigned Medical Staff, Department, Committee and Hospital functions, including, but not limited to, quality assurance, peer and professional review, patient care monitoring, utilization review, case management and other coverage responsibilities, including, but not limited to, emergency services and backup functions, acceptance of consultations and supervision of applicants for clinical or practice privileges.

7.1.4 Cooperate with and participate in Medical Staff committees and other committees of BCH as requested, including, but not limited to, strategic planning of services.

7.1.5 Retain responsibility for the continuous care and supervision of each patient for whom they are providing services in the Hospital or arrange for a suitable alternate to assure such continuous care and supervision.

7.1.6 Maintain all other qualifications for membership set forth in this Section 4 of this Credentialing Manual, "Eligibility Criteria".

7.1.7 Submit to such physical and/or mental examination or provide verification of health status as may be required by the Medical Executive Committee to assure the Medical Staff of the practitioner's current ability to fully meet their responsibilities as a Medical Staff Member and/or to perform the requested clinical privileges.

7.1.8 Maintain the required level of professional liability insurance coverage and report to the Medical Staff Services Department any change in professional liability insurance coverage within thirty (30) days from said change.

7.1.9 Pay dues unless a special exception with regard to payment of dues has been recommended and approved by the Medical Executive Committee or unless otherwise provided in Medical Staff or BCH policies.

7.1.10 Report to the Medical Staff Services Department any involvement in a professional liability action involving a complaint, judgment, or settlement within thirty (30) days from the date of said final judgment or settlement.

7.1.11 Report to the Medical Staff Services Department any action taken affecting licensure, certification, registration, or DEA certification, including, but not limited to, voluntary or involuntary relinquishment of the same within thirty (30) days of said action.

7.1.12 Refrain from any division of professional fees in violation of state or federal law.

7.1.13 Prepare and complete in a timely fashion accurate medical and other required records for all patients they admit or provides care to at the Hospital.

7.1.14 Abide by the lawful ethical principles of their profession.

7.1.15 Aid in educational programs when so assigned.

7.1.16 Assist BCH in fulfilling its uncompensated or partially compensated patient care obligations.

7.1.17 Utilize resources appropriately.

7.1.18 Treat all individuals at or associated with BCH courteously, respectfully and with dignity at all times.

SECTION 8. INITIAL APPOINTMENT

8.1 Application for Medical Staff appointment and/or clinical privileges is to be submitted by the applicant. The application should be in the form designated by BCH. Prior to the application being submitted, the applicant will be provided with a copy of or have access to a copy of the Medical Staff Bylaws, accompanying manuals, applicable privilege delineation forms (threshold criteria), and the rules and regulations of the Medical Staff and its departments.

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

8.2.1 Signifies their willingness to appear for interviews, if requested.

8.2.2 Authorizes BCH representatives to consult with others who have been associated with them and/or who have information bearing on their current clinical competence and qualifications.

8.2.3 Consents to BCH 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 the applicant's physical and mental health status and of their professional and ethical qualifications.

8.2.4 Releases from any liability all BCH representatives for their acts performed in good faith and without malice in connection with evaluation of the applicant's qualifications for membership and clinical privileges.

8.2.5 Releases from any liability all individuals and organizations who provide information, including otherwise privileged or confidential information to BCH representatives in good faith and without malice concerning the applicant's competence, professional ethics, character, physical and mental health, emotional stability, and other qualifications for Medical Staff membership and clinical privileges.

8.2.6 Authorizes and consents to BCH 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 BCH may have concerning the applicant, and releases BCH representatives from liability for so doing, provided that such furnishing of information is done in good faith and without malice.

8.2.7 Indicates by signature that the applicant has received and read the bylaws, rules and regulations of the Medical Staff and agrees to abide by these documents as they currently exist and as subsequently amended for the purposes of appointment to the Medical Staff.

8.2.8 Agrees to participate in the Organized Health Care Arrangement ("OHCA") established by Boulder Community Health and the Medical Staff.

SECTION 9. PROCESSING APPLICATIONS FOR STAFF APPOINTMENT

9.1 Upon request, eligible applicants will be given an application for Medical Staff appointment and/or clinical privileges and other related documentation as outlined in this Manual.

9.2 The applicant shall have the burden of producing current, accurate and sufficient information for the Credentials Committee and subsequent professional reviewing bodies or committees to properly evaluate competence, character, ethics, and other qualifications for membership and/or clinical privileges and shall have the burden of resolving any doubts about their qualifications for membership and/or clinical privileges. The applicant shall verify that the information is accurate and shall have the burden of updating the information, if necessary, to keep it current.

9.3 The following documentation is necessary to complete an application. It is the applicant's responsibility to provide:

9.3.1 A complete and signed application and request for privileges.

9.3.2 A copy of current controlled substances registration certificate (DEA), registered with local address (if applicable).

9.3.3 A copy of current professional liability insurance policy for the amount specified by the Governing Board.

9.3.4 Peer References. The application must include the names of three (3) medical or health care professionals, not related to the applicant, who have personal knowledge of the applicant's qualifications and who will provide specific written comments on these

matters. When possible, peer recommendations are obtained from a practitioner in the same professional discipline as the applicant with personal knowledge of the applicant's ability to practice. The named individuals must have acquired the requisite knowledge through recent observation (within the past two years) of the applicant's professional performance and clinical competence over a reasonable period of time. Where any of the references are less than favorable or express some concerns further explanations or references will be required. Two of the three professional references may be from practice associates. At least one reference in the same specialty as the applicant is preferred.

9.3.5 Complete names and addresses of all institutional affiliations since completion of post-graduate education. This includes all hospitals, corporations, military assignments, or government agencies. Affiliations will routinely be verified for the last ten years and may include verification of affiliations exceeding that timeframe as deemed necessary.

9.3.6 Complete names and addresses and telephone numbers of all insurance companies that have provided malpractice coverage for the applicant over the past five years.

9.3.7 Complete information concerning any professional liability claims, complaints, or causes of action that have been lodged against the applicant which are pending or if any judgments or settlements have been made against the applicant. This shall include complete information and full explanation of the court in which the suit was filed, the caption and docket number of the case, the complete name and address of the Plaintiff and Defendant's attorneys, the status or outcome of such matters and all other relevant details.

9.3.8 Complete information regarding medical licenses which have been held in the past or currently, to include the state, date issued, license number and status of each (current or expired). Complete information regarding whether a medical license to practice is pending in any jurisdiction.

9.3.9 Information as to whether any action, including any investigation, has ever been undertaken, and whether it is still pending or completed with regard to: the denial, revocation, suspension, reduction, restriction, limitation, probation, non-renewal or voluntary or involuntary surrender (by resignation or expiration) of the applicant's membership status and/or clinical privileges or prerogatives at any other hospital or institution within or outside the state; whether their membership in local, state, national or international professional societies or their license or certification to practice his profession in any jurisdiction has ever been denied, suspended, terminated, restricted or if any such action is pending; whether federal or state narcotic license or specialty board certification and/or professional school student or faculty position or membership has ever been denied, suspended or, revoked or restricted or if any such action is pending.

9.3.10 Completed delineation of clinical privilege forms and detailed information and supporting documentation, as per the defined privileging criteria concerning the applicant's professional qualifications, training, and experience to perform the requested privileges.

9.3.11 Copies of certificates from completed continuing education courses (category I AMA educational credits) during the past two years.

9.3.12 Complete information as to any pending administrative agency or court cases or administrative agency decisions or court judgments in which the applicant is alleged to have violated or was found guilty of violating any criminal law (excluding minor traffic violations).

9.3.13 Information pertaining to any mental or organic conditions, which may pose a risk to patients.

9.3.14 Details of any prior or pending government agency or third-party payer proceeding or litigation challenging or sanctioning the applicant's patient admission, treatment, discharge, charging, correction, or utilization practices, including, but not limited to, Medicare fraud and abuse proceedings and convictions.

9.3.15 Recent photographs and a legible copy of a government-issued picture ID. The applicant will verify their identity either in-person or via two-way video conference with the Medical Staff Services Department. .

9.3.16 A current Curriculum Vita.

9.3.17 Payment of the application fee.

9.3.18 Consents to performance of health screenings (including immunizations, as required by Medical Staff or BCH Employee Health policies).

9.3.19 Completion of a New Employee or Medical Staff orientation.

9.4 The Medical Staff Services Department will query the National Practitioner Data Bank, the OIG, relevant databases, and primary sources, with regard to a practitioner applying for initial appointment to include a criminal background check. The criminal background check will be conducted as follows:

9.4.1 Applicant to complete a release form to conduct a criminal background check.

9.4.2 Criminal background checks will be conducted on all applications and will include:

a. A Statewide Criminal Court history (Colorado or state of residence within the last two years), to include felony and misdemeanor charges.
b. Social Security Trace
c. Query of Colorado Adult Protective Services Check system (for practitioners seeking employment with BCH)

9.4.3 On applications where there are potential issues and/or questions which cannot be resolved or additional concerns arise, a more extensive criminal background check may be conducted and may include any of the following:

a. Colorado Statewide Civil Court records
b. Colorado Bureau of Investigations arrest records
c. Statewide Repository Arrest records
d. Federal Criminal Search
e. Federal Civil Search
f. Out of State Civil Records (upper court, lower court, or both)
g. Out of State Criminal history (felony or felony and misdemeanor)
h. Military Services

9.4.4 The Medical Staff Services Department will primary source verify the applicant’s:

a. Current licensure
b. Relevant training
c. Current competence

9.4.5 Findings from any of the above stated background checks will be utilized to verify the applicant’s full disclosure of historical issues, and/or identify other concerns not previously stated in the application.

9.5 Upon receipt of the above, the Medical Staff Services Department will verify its contents. The provision of information by the applicant containing confirmed significant misrepresentations, misstatements, omissions or inaccuracies in the application or credentialing process, whether intentional or not, and/or failure of the applicant to sustain the burden of producing adequate information, shall result in automatic and immediate rejection of the application. If such misrepresentation, misstatement, omission, or inaccuracy is discovered after the applicant has

received membership or clinical privileges, such membership and clinical privileges shall be grounds for automatically and immediate termination. Rejection of an application or termination of membership or clinical privileges on the grounds stated in this paragraph shall be an administrative action and shall not entitle the applicant to any procedures under the Fair Hearing Plan or the APP Manual. If the information revealed as a result of any misstatement, omission or misrepresentation on an application indicates that the practitioner has engaged in unprofessional or criminal conduct as defined by law, the medical staff shall report such conduct to the appropriate agencies as required by law. An applicant may reapply for Medical Staff membership and clinical privileges, based on this type of administrative action, one year after the rejection or termination was enacted.

9.6 In the event there is undue delay in obtaining the required information, the Medical Staff Services Department determines that additional information or documentation is necessary to properly evaluate the applicant's qualifications for membership or clinical privileges, or it appears to the Medical Staff Services Department that the applicant may not meet one or more of the qualifications for membership or clinical privileges, the Medical Staff Services Department will notify the applicant of the additional information or documentation that is required to determine whether the applicant meets the qualifications for membership or clinical privileges. It shall be the responsibility of the applicant to use their best effort to assist the Medical Staff Services Department in obtaining all information necessary to evaluate the applicant's qualifications for membership and clinical privileges and to resolve any doubts or concerns regarding the applicant's qualifications. If the Medical Staff Services Department has not received the requested information within thirty (30) days after notification to the applicant, it shall not continue to process the application and the time periods for processing shall be tolled. If the applicant provides the required information, the Medical Staff Services Department shall resume processing the application, unless the application has been removed from consideration for failure to be completed as set forth in section 9.7 and 9.8 below.

9.7 An application is not deemed complete unless and until (i) all required fields on the application are filled in and all necessary explanations are provided to the satisfaction of the Medical Staff Services Department; (ii) all letters of reference and information from former hospitals, department chairs, physicians who have worked with or observed the applicant and other affiliations have been received and are responsive to the satisfaction of the Medical Staff Services Department; (iii) all information necessary to properly evaluate and address any doubts or concerns regarding an applicant's qualifications has been received by the Medical Staff Services Department and is consistent with the information provided in the application; and (iv) all other requested information or documentation has been provided. The determination that an application is incomplete shall be made by the Medical Staff Services Department as the designee of the Chief Executive Officer and is an administrative decision which does not entitle the applicant to any procedural rights under the Fair Hearing Plan, or, if an APP, the APP Manual. In addition, a Department Chair, the Credentials or Medical Executive Committees or the Governing Board may, at any time during the credentialing process, request additional information or documentation the Chair, Committees or Board deems necessary to properly evaluate the applicant's qualifications for membership or clinical privileges. It shall be the responsibility of the applicant to provide such requested information or documentation. Failure to provide such documentation within thirty (30) days of the request (or such additional time period as the Chair, Committee or Board may permit) shall be deemed a voluntary withdrawal of the applicant's application and the application shall be withdrawn from further consideration. Withdrawal of the

application shall not entitle the applicant to any procedural rights under the Fair Hearing Plan or, if an APP, the APP Manual.

9.8 The applicant whose application is not completed within six (6) months after it was received by the Medical Staff Services Department shall be automatically removed from consideration for membership and/or clinical privileges and no further processing will take place. Such an applicant's application may, thereafter, be reconsidered only upon payment by the applicant of an additional application fee and only if all information therein which may change over time, including, but not limited to, hospital reports and personal references, have been resubmitted.

9.9 When collection and verification is accomplished and the application is deemed complete by the Director of Medical Staff Department, Medical Staff Services Department the file will then be summarized and presented to the appropriate Department Chair(s).

9.10 The completed application will be sent to the applicable department(s), Credentials Committee, Medical Executive Committee, Joint Conference Committee and Governing Board, as described below, for review at the next appropriate regularly scheduled meetings.

9.11 The Department Chair, Credentials Committee, Medical Executive Committee or Governing Board may interview the applicant at any stage in the credentialing process to seek further information from the applicant, clarify any information received or address any questions or concerns regarding the applicant's qualifications for membership and/or clinical privileges. If a Committee or the Governing Board has material reservations regarding the qualifications of the applicant at least one of the Committees or the Board shall interview the applicant before membership and/or clinical privileges are granted. The responsibility to interview an applicant may be delegated to an ad hoc committee appointed by the Credentials or Medical Executive Committees or the Governing Board. An applicant is not entitled at an interview to any of the rights and procedures under the Fair Hearing Plan, including without limitation, the right to be represented by counsel at the interview unless the right or procedure is expressly granted to the applicant at the sole discretion of the interviewing body.

9.12 A permanent record will be made of the interview including the general nature of questions asked, adequacy of answer and the findings of the Department Chair, Committee, or group relative to the qualifications of the applicant. The interview will be documented, and a copy of the interview results will be placed in the applicant's file. The Medical Staff Services Department will contact the applicant to arrange the interview and notify the applicant in writing of the date, time, and place of such interview.

9.13 The Chair of the Department(s) wherein the applicant has requested clinical privileges shall review the completed application and all related documentation for the purpose of evaluating the applicant to exercise the requested clinical privileges. A Department Chair may ask the applicant for further documentation. This documentation will be added to the applicant's credentials file. A report of the Chair's findings will be forwarded to the Credentials Committee within 30 days of the Chair's receipt of a completed application. In the event a Department Chair is unable to formulate their findings within the aforementioned time frame for any reason, the Department Chair will so inform the Credentials Committee and may request a reasonable extension of time.

9.14 The applicant's complete credentialing application will then be reviewed by the Credentials Committee at its next scheduled meeting. The Credentials Committee shall review and evaluate

the application, together with all related documentation and information, the report(s) of the Department Chair(s) and such other relevant information as may be available. As part of its evaluation, the Committee may conduct an independent investigation of the applicant's qualifications, may interview the applicant, and may request further documentation. It shall endeavor to submit its report and recommendation 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 to the Medical Executive Committee within sixty (60) days after receipt of the applicant's file and any additional requested information.

9.15 The Chair of the Credentials Committee or President of the Medical Staff will present to the Medical Executive Committee a summary of the applicant's file, the findings of the Department Chair(s) and the findings and recommendations of the Credentials Committee. The Medical Executive Committee shall consider this information at its next regularly scheduled meeting.

9.16 If the vote and recommendation of the Credentials Committee is unanimous in favor of approval, the Medical Executive Committee may forward the recommendation of the Credentials Committee directly to the Governing Board for action.

9.17 Notwithstanding the unanimous approval of the application by the Credentials Committee, any member of the Medical Executive Committee may, for any reason, request that the Medical Executive Committee consider the application and all related documentation and information.

9.18 In the absence of a unanimous recommendation of the Credentials Committee favoring approval of an application, the Medical Executive Committee shall consider the application and all related documentation and information, in addition to the report and recommendation of the Credentials Committee.

9.19 The Medical Executive Committee shall promptly forward its report and recommendation to the Governing Board, the complete application will be available upon request. All favorable recommendations must recommend the clinical privileges to be granted.

9.20 If the recommendation of the Medical Executive Committee differs from the recommendation of the Credentials Committee in its conclusion, the Medical Executive Committee shall clearly state the reasons and rationale for its differing conclusions and shall cite references in the applicant's record for its disagreement, if possible.

9.21 In addition, the Medical Executive Committee may defer action on the application, may remand it to the Credentials Committee or to the Department(s) for further study or answers to specific questions, or may interview the applicant. Where possible, the Medical Executive Committee should make its recommendation within seventy (70) days of receipt of the application from the Credentials Committee.

9.22 Expedited Process for Granting Membership/Privileges

9.22.1 The Board of Directors has delegated to the Joint Conference Committee the authority to render decisions on their behalf for initial appointments to membership and granting of privileges, reappointment to membership, or renewal or modification of privileges that meet the criteria for expedited privileges. The BOD also delegates to the JCC the ability to approve medical staff forms, policies and/or procedures which have been recommended by the MEC, with prior endorsement by the appropriate medical staff committees, and

that are non-controversial or administrative in nature (as outlined in Policy MS.1006.DEPT – Expedited Process for Granting Membership/Privileges).

9.22.2 The Joint Conference Committee shall, in whole or in part, adopt or reject the Medical Executive Committee recommendations or may reserve the right to defer action on the application, policy or form and refer the application, policy or form back to the MEC for further interviews, documentation or consideration stating the reasons for such referral and setting a reasonable time within which a subsequent recommendation shall be made. At the next regularly scheduled meeting of the Joint Conference Committee (or appropriate subcommittee), after receipt of such subsequent recommendation, the Joint Conference Committee shall make a decision on the application and/or requested privileges, policy or form.

9.22.3 If the action of the Joint Conference Committee is favorable to the application, policy or form its action shall be final and notice of its decision shall be forwarded to the Governing Board for their information and given by the Chief Executive Officer to the applicant.

9.23 The new appointee will be notified in writing by the Chief Executive Officer of the action of the Governing Board. The notice shall include (1) a statement that the applicant has been appointed to a particular Medical Staff or APP category; (2) the Department to which they have been assigned; (3) the clinical privileges they may exercise; (4) a summary of duties as a Medical Staff or APP appointee; and (5) any special conditions to the appointment. Any other pertinent information regarding appointment to the Medical Staff or as a privileged APP will either be forwarded or made available to the appointee at this time.

9.24 If the recommendation of the Medical Executive Committee is adverse to the applicant, the Chief Executive Officer shall notify the applicant by certified mail, return receipt requested, of the bases for the adverse decision and the applicant's procedural rights under the Fair Hearing Plan or APP Manual. The Governing Board shall take final action after the applicant has waived or exhausted the applicable procedural rights under the Fair Hearing Plan or APP Manual. Action taken thereafter shall be the conclusive decision of the Governing Board

9.25 Following the action of the Joint Conference Committee or Governing Board of any decisions to grant, modify or restrict staff membership and/or clinical privileges, pertinent information regarding the appointment will be forwarded to all appropriate department/units within BCH.

SECTION 10. CONFLICT RESOLUTION

10.1 Whenever the Governing Board determines that it will decide a matter contrary to the Medical Executive Committee's recommendation, the matter will be submitted to the Joint Conference Committee for review and recommendation before the Governing Board makes its final decision.

SECTION 11. CONFIDENTIALITY

11.1 All records of professional review activities, including, without limitation, all information received or generated in the credentialing process and all records considered or created by a professional review committee or body shall be confidential to the fullest extent provided by state and federal law. Each practitioner involved in professional review and/or credentialing activities, shall keep in strict confidence all papers, reports and information obtained by virtue of membership on a

committee or participation in professional review and credentialing activities. Official minutes of the proceedings are open to all members of the applicable committees.

11.2 Due to the increasing amount of materials that must be reviewed by committees, certain minutes and information may be made available to committee appointees prior to a regularly scheduled meeting. These materials and their contents are confidential, and the materials must be returned at the relevant meeting or appropriately destroyed. One master copy of all material will be maintained by the Medical Staff Services Department for review, if necessary.

SECTION 12. PROCESSING TIME FOR INITIAL APPOINTMENT

12.1 Absent unusual circumstances or requests for additional information, a complete application for membership and/or clinical privileges will usually be reviewed and processed within 180 days of receipt by the Medical Staff Services Department.

SECTION 13. REAPPLICATION AFTER ADVERSE DECISION DENYING APPLICATION, ADVERSE CORRECTIVE ACTION DECISION, OR RESIGNATION IN LIEU OF DISCIPLINARY ACTION

13.1 A practitioner who has been the subject of a final adverse action, as defined below, shall not be eligible to reapply for membership and/or the clinical privileges affected by the adverse action for a period of at least three (3) years after the date the adverse action becomes effective.

13.2 A final adverse action, for purposes of this Section VII only, shall mean the following:

13.2.1 Revocation of the practitioner's membership or clinical privileges;

13.2.2 The practitioner's resignation of his membership or relinquishment of his clinical privileges during an investigation of the practitioner’s competence or professional conduct or following a recommendation by the Credentials or Medical Executive Committees or action by the Governing Board to suspend, revoke or restrict the practitioner's membership or clinical privileges;

13.2.3 A final decision by the Governing Board to deny all or any portion of an applicant's request for membership and/or clinical privileges (including without limitation a request by a current practitioner for increased clinical privileges);

13.2.4 An applicant's withdrawal of all or any portion of his request for membership and/or clinical privileges (including without limitation a request by a current member or practitioner for increased clinical privileges) during an investigation of the practitioner's competence or professional conduct or following a recommendation by the Credentials or Medical Executive Committee or action by the Governing Board to deny all or any portion of the applicant's request for membership or clinical privileges; or

13.2.5 A practitioner's failure to reapply for membership and/or clinical privileges after an automatic resignation as set forth in Article III, Section 3 of the Fair Hearing Plan.

13.3 For the purpose of this, an adverse decision shall be effective when:

13.3.1 all hearing, appellate review, and other quasi-judicial proceedings conducted by BCH, if any, bearing on the decision are completed, or

13.3.2 all judicial proceedings, if any, bearing upon the decision which are filed and served within eighteen (18) months after the completion of the proceedings are completed, whichever is later.

13.4 An individual who has been the subject of a final adverse action, as defined above, may request an application for membership and/or clinical privileges after the three-year period has expired. Such individual shall not be eligible to reapply for membership and/or clinical privileges unless they:

13.4.1 meets the eligibility criteria set forth in Section 4 of this Manual;

13.4.2 demonstrates that the basis for the earlier adverse action no longer exists and/or that the individual has successfully completed rehabilitation in the areas which formed the basis for the previous adverse action; and

13.4.3 demonstrates that they have complied with all the specific requirements any such adverse decision may have included, such as completion of training or proctoring conditions.

13.5 The individual must document all professional activities and all educational, training, proctoring and other rehabilitation activities in which they have engaged since the date of the final adverse action. For each professional activity, the individual must furnish a letter from someone who observed the individual's performance in the activity indicating that the basis for the earlier adverse action no longer exists. For each educational, training, proctoring or other rehabilitation activity, the individual must furnish a letter or other documentation that the individual successfully completed the rehabilitation, education or training activity and that the individual is rehabilitated in the areas which formed the basis for the adverse action.

13.6 An individual who does not meet the eligibility criteria set forth in Section 4 or is unable to provide the documentation required in Section 6 of this Manual, shall not be eligible to reapply for membership and/or clinical privileges. The Director of the Medical Staff Services Department shall determine whether the individual has met the eligibility criteria or has furnished the requisite documentation. Such determination is an administrative decision and shall not entitle the individual to any of the procedures under the Fair Hearing Plan, or, if an APP, under the APP Manual.

13.7 If an individual meets the eligibility criteria and furnishes the requisite documentation, the Credentials Committee shall review all information submitted by the individual regarding their eligibility to reapply for membership or clinical privileges. If the Credentials Committee determines that the individual is eligible to reapply for membership and/or clinical privileges, the individual shall be provided with an application. If the Credentials Committee determines that the individual is not eligible to reapply, it shall so notify the individual. The individual may request an interview with the Credentials Committee or, at the Credentials Committee's discretion, with an ad hoc committee appointed by the Credentials Committee. After such interview, if one is requested, the Credentials Committee shall make a recommendation to the Governing Board. The Governing Board shall make the final decision whether an individual is eligible to reapply for membership or clinical privileges. Such decision shall not entitle the individual to any procedures under the Fair Hearing Plan or the APP Manual, except that the individual may request an interview with the Governing Board, or at the Governing Board's discretion, an ad hoc committee, in the event the Governing Board's final decision is adverse to the individual and contrary to the recommendation of the Credentials Committee.

13.8 If an individual is permitted to reapply for membership and/or clinical privileges, such application shall be treated in the same manner as an initial application and shall be subject to all provisions of this Manual applicable to the processing of an initial application.

SECTION 14. PROCTORING

14.1 Proctoring is the process through which skills and/or knowledge that a practitioner asserts they *already possess* are confirmed. All practitioners who are granted privileges may be subject to proctoring with respect to high risk/problem-prone procedures, concerns of quality issues or other issues as deemed necessary. Routine proctoring is accomplished and monitored through the quality and peer review process of the Medical Staff.

14.2 Proctoring Assignment

14.2.1 The practitioner shall comply with specific proctoring requirements identified by the department to which they are assigned. A proctor who has the same or comparable privileges as the practitioner will be assigned as the primary proctor. A partner or associate of the practitioner may also be assigned as a proctor.

14.2.2 Proctoring forms or such other documentation of proctoring acceptable to the Medical Staff Services Department will be completed by all proctors. Proctoring forms will be submitted to the Medical Staff Services Department and the applicable Department Chair(s). It shall be the responsibility of the practitioner to assure that all proctoring forms are submitted in a timely fashion.

14.2.3 When the practitioner has completed applicable requirements for proctoring, the Medical Staff Services Department will provide all documentation of proctoring to the Credentials Committee.

14.2.4 The Credentials Committee may approve exceptions to the proctoring requirements stated on the core privileges forms for good cause upon the request of a practitioner or department or upon the Committee's own motion.

SECTION 15. REAPPOINTMENT PROCEDURE

15.1 All appointments of membership and/or clinical privileges are for a period not to exceed 36 months.

15.2 A practitioner shall not be eligible for reappointment to the Medical Staff or renewal of the practitioner's clinical privileges unless the practitioner demonstrates that they continue to meet all the applicable qualifications and eligibility requirements for membership and clinical privileges set forth in Section 4 of this Manual. Notwithstanding the foregoing, a practitioner applying for appointment whose professional license has been suspended or whose privileges at another hospital have been revoked or suspended shall not be ineligible to apply for reappointment, but the circumstances of the revocation or suspension shall be considered in determining whether the practitioner continues to meet the qualifications for membership and/or clinical privileges.

15.3 At least 120 days prior to the expiration date of each practitioner's appointment, the Medical Staff Services Department shall provide a reappointment application to the Medical Staff member. This application shall be completed and returned to the Medical Staff Services Department not later than thirty (30) days after the practitioner's receipt of the application. If the reappointment application is not returned to the Medical Staff Services Department within this 30-day time period, the practitioner will be notified by email that they must return the reappointment application within 30 days of receipt of the email. The reappointment application must be received within this time period in order to process the reappointment prior to expiration of current appointment.

15.4 Failure, without good cause as determined by the Credentials Committee or MEC, to complete and return the reappointment application within these sixty (60) days, may result in a delay in the approval of the application and the expiration of the current appointment. If the practitioner submits the completed reappointment application after sixty (60) days but prior to the expiration of their current appointment, the application will be processed for reappointment. However, if the current appointment expires prior to approval, the practitioner's staff membership and/or clinical privileges shall, in effect, be automatically suspended until such time as their reappointment has been approved. A practitioner whose membership and/or clinical privileges are so expired shall not be entitled to any procedural rights under the Fair Hearing Plan, or APP Manual.

15.5 Failure, without good cause as determined by the Credentials Committee or MEC, to complete and return the reappointment application prior to the expiration shall result in the current appointment expiring. This expiration of appointment, shall, in effect, be considered a voluntary resignation. If the practitioner wishes to resume membership and clinical privileges, an initial application will need to be submitted. A practitioner whose membership and/or clinical privileges are so resigned shall not be entitled to any procedural rights under the Fair Hearing Plan, or APP Manual.

15.6 The provisions of Section 6 of this Manual regarding the effect of the initial application shall apply to the reappointment application.

15.7 The Medical Staff Services Department shall query the National Practitioner Data Bank and other relevant databases, with regard to a practitioner applying for reappointment.

15.8 The Medical Staff Services Department shall collect from the practitioner's credentials file and other relevant sources cumulative information regarding the individual's professional activities, current competence, performance and conduct at BCH and/or other hospitals at which the practitioner has privileges. Such information shall include, without limitation, the following:

15.8.1 patterns of care as demonstrated in findings of quality assurance activities;
15.8.2 medical records/hospital reports;
15.8.3 continuing medical education activities;
15.8.4 any prior corrective action investigations, proceedings, recommendations or actions at BCH or at other facilities at which the practitioner practices;
15.8.5 service on Medical Staff, Department, and Committees as requested;
15.8.6 timely and accurate completion of medical records;
15.8.7 ability to work cooperatively with others in a healthcare setting in a consistently cordial and productive manner;
15.8.8 compliance with all applicable bylaws, policies, rules, regulations and procedures of BCH and the Medical Staff;
15.8.9 appropriate utilization of resources;
15.8.10 cumulative results of any Department or Section evaluations, quality management or professional review activities, medical staff monitoring functions, including, but not limited to, monitoring and evaluation of the quality and appropriateness of care, surgical case review, drug usage evaluation, the medical record review function, blood usage review and the pharmacy and therapeutics function;
15.8.11 any current, untreated mental or organic conditions which pose a risk to patients;
15.8.12 proof of health screening/immunization as required by Medical Staff or Board policy;

15.8.13 other information relevant to assessing the practitioner's qualifications for continued membership and clinical privileges.

15.9 The requirements of Section 9 of this Manual, including without limitation, the requirements for completion of an application and the consequences for misstatements or omissions in an application, shall apply to applications for reappointment.

15.10 The Medical Staff Quality Manager will compile a quality review summary of known clinical activity for each practitioner due for reappointment.

15.10.1 The quality review summary will be attached to the reappointment application.

15.10.2 When the final determination regarding reappointment is made by the Governing Board and the reappointment application is ready to be filed in the practitioner's Credentials File, the quality review summary will be removed from the reappointment application and will be filed in the practitioner's quality review file in the Medical Staff Department. The quality review summary is both a peer review and a quality management record and is confidential and privileged under state and federal law.

SECTION 16. PROCESSNG APPLICATIONS FOR REAPPOINTMENT

16.1 Practitioners applying for reappointment of membership and/or clinical privileges must be able to present documentation that, at the time of application for reappointment, the practitioner continues to meet the qualifications for membership and/or clinical privileges based on current and cumulative information regarding the following:

16.1.1 current licensure;

16.1.2 current board certification by an approved specialty board or other applicable board as defined by the delineation of privileges for the practitioner’s specialty or must attain approved board certification within the timeframe for board eligibility as defined by the specialty board (See Bylaws Section 2).

16.1.3 compliance with applicable continuing medical education related to the practitioner’s specialty and or privileges;

16.1.4 confirmation of current physical and mental health status free from any significant physical, emotional, or behavioral impairment which prevents the practitioner from meeting the qualifications for continued membership and clinical privileges. The discretion rests with the Department Chair, the Credentials Committee or the Medical Executive Committee to require a physical and/or mental health examination of the practitioner;

16.1.5 ethical behavior, professional performance and current competence based in whole or in part upon results of quality assurance activities and reports and further evidenced by documentation of professional performance at BCH;

16.1.6 appropriate clinical and professional judgment based in whole or in part upon results of quality assurance activities and reports and further evidenced by documentation of professional performance at BCH;

16.1.7 clinical and/or technical skills, as indicated in whole or in part by the results of quality assurance activities and reports and further evidenced by documentation of professional performance at BCH or any other Hospital;

16.1.8 disciplinary action, including without limitation, reprimands, warnings, revocation, suspension or restriction regarding the practitioner’s licensure, certification or registration (i.e., state or Drug Enforcement Administration) or the voluntary relinquishment of such licensure, certification or registration;

16.1.9 voluntary or involuntary termination of membership or voluntary or involuntary limitation, reduction or loss of clinical privileges at BCH or at another hospital;

16.1.10 involvement in any liability claims or actions with final judgments or settlements;

16.1.11 compliance with BCH and Medical Staff bylaws, rules and regulations and

16.1.12 Department policies, attendance at Medical Staff, Department and Committee meetings and cooperation with and participation in Medical Staff Committees and other committees, if required or requested;

16.1.13 Appropriate conduct , including the ability to work cooperatively with others in a consistently cordial and productive manner and in compliance with all Hospital polices regarding behavior;

16.1.14 written evidence of the malpractice insurance required by the Governing Board;

16.1.15 the information gathered by the Medical Staff Services Department pursuant to Section 15.8 of this Manual;

16.1.16 proof of screening/ immunization as required by Medical Staff or Board policy;

16.1.17 any other reasonable indicators of qualifications or any other information that may be requested by the various Medical Staff Committees;

16.1.18 agreement, documented by signature on the reappointment application release form, to participate in the Organized Health Care Arrangement ("OHCA") established by Boulder Community Health and the Medical Staff of Boulder.

16.2 The applicant shall have the burden of providing accurate and adequate information to allow the Medical Staff and Governing Board of the Hospital to evaluate their current competency and qualifications for reappointment.

16.3 If the applicant has had insufficient activity at BCH to properly evaluate their application for reappointment, additional information may be requested from other hospitals where the applicant holds privileges. If the practitioner does not meet the requirements applicable to their current Medical Staff category, the Medical Staff Services Department shall recommend to the Credentials Committee that the practitioner be reassigned to the appropriate category for which they are qualified. If the Credentials Committee agrees with such recommendation, the practitioner shall be notified and the application for reappointment shall be processed as an application for reappointment to the new Medical Staff category. Reassignment to a different Medical Staff category is an administrative action and does not entitle the practitioner to any procedures under the Fair Hearing Plan or APP Manual.

16.4 The complete application for reappointment and all supporting documentation shall be forwarded for consideration, first to the clinical Department Chair(s) and then to all other applicable reviewing bodies. Processing of requests for reappointment follows the same procedure for consideration of an application for initial appointment as set forth in this Manual, with final approval resting with the Governing Board of the Hospital.

16.5 Department Action:

16.5.1 The Chair of the Department in which the practitioner has been assigned shall gather information and/or confer with all Chairs of Departments where the applicant requests or has exercised privileges in order to compile a report on the practitioner's performance. The Chair shall transmit a written report concerning the reappraisal of the full range of clinical privileges held by the practitioner to the Credentials Committee. A separate recommendation must be submitted for each applicant. The assessment of the practitioner's performance will include reviews of the practitioner's file as described

above, completed Ongoing Professional Practice Evaluations during the reappointment cycle, a statement as to whether or not the Chair knows of, or has observed or been informed of any conduct which indicates that the practitioner does not meet the qualification for membership and whether, to the Chair's knowledge, the practitioner has fulfilled all Medical Staff obligations and properly exercised his clinical privileges during the prior appointment period. In the event an applicant's volumes are too low at BCH to assess competence, data will be requested from another hospital or surgery center where the applicant practices.

16.6 Credentials and Medical Executive Committee Action:

16.6.1 Following the receipt of the Department Chair's recommendation concerning the application for reappointment, the Credentials Committee shall review the practitioner's file, the Department Chair's recommendation and all available and relevant information and shall make a recommendation to the Medical Executive Committee for reappointment, or non-reappointment and for staff category, department assignment or changes in clinical privileges. The Medical Executive Committee shall forward its recommendations to the Governing Board.

16.7 Limited Period of Appointment:

From time to time, the Medical Executive Committee may recommend a period of appointment of less than three (3) years. Such appointment is not an adverse action and shall not entitle the practitioner to a hearing or other procedures under the Bylaws Fair Hearing Plan or other policy. A limited appointment may be extended without completion of a new application and review required by these Bylaws provided that a reappointment application is completed and processed within three years. The practitioner will submit a supplemental application and any other requested information, which will be reviewed, along with any additional information deemed appropriate, by the Department.

16.8 Governing Board Action:

16.8.1 The procedures for action on an application for reappointment shall be the same as those for initial appointment.

16.9 Request for Modification of Appointment Status or Privileges:

16.9.1 A practitioner, either in connection with reappointment or at any other time may request modification of their staff category, department assignment, or clinical privileges by submitting a written request to the respective department(s) and forwarded to the Credentials Committee. Requests for modification of department assignment shall be reviewed by the Credentials Committee. Requests for modification of a Medical Staff category shall be reviewed by the Credentials Committee and are subject to approval by the Governing Board. Denial of a request for modification of department assignment or Medical Staff category shall not constitute an adverse action and shall not entitle the practitioner to any rights under the Fair Hearing Plan. All requests for increased privileges must be accompanied by information demonstrating current clinical competence in the specific privilege requested. Requests for increased privileges shall be treated in the same manner as an initial application. There will be an exception for resignations, which will be processed immediately and noted on the Credentials Committee report.

SECTION 17. PROCESSING TIME FOR REAPPOINTMENT

Absent unusual circumstances or requests for additional information, a complete application for membership will usually be reviewed and processed within 120 days of receipt.

SECTION 18. CONDITIONAL REAPPOINTMENT

18.1 If the performance or conduct of a practitioner raises concerns regarding the practitioner's judgment, conduct or other qualifications, a conditional reappointment may be imposed. A reappointment is considered conditional if it impacts the practitioner's Medical Staff membership or privileges.

18.2 The Credentials or Medical Executive Committees may recommend, or the Governing Board may determine on its own motion, conditional reappointment for any practitioner if concerns regarding the practitioner are identified at any stage of processing the practitioner's application for reappointment.

18.3 The conditions imposed in a conditional reappointment may be related to any concerns regarding the practitioner identified by the Credentials or Medical Executive Committees or the Governing Board or may consist of a reappointment for a specified period of time.

18.4 The Chief Executive Officer shall inform a practitioner in writing of any conditions imposed on the practitioner's reappointment and that failure to abide by the conditions of reappointment or any other infraction of Hospital or Medical Staff Bylaws, policies, rules or regulations shall result in re-evaluation of the practitioner's reappointment and may result in corrective action, up to and including revocation of membership and/or clinical privileges.

18.5 Conditional reappointment shall not entitle the practitioner to any rights under the Fair Hearing Plan unless the conditions restrict the practitioner's exercise of clinical privileges during the period of reappointment in a manner that would otherwise entitle the practitioner to rights under the Fair Hearing Plan.

SECTION 19. CLINICAL PRIVILEGES

19.1 A Practitioner providing clinical services may exercise only those specific privileges granted to them by the Board or temporary or emergency privileges as described herein. These privileges shall be hospital-specific, within the scope of the Practitioner's current competence and shall be subject to the rules of the Department and/or Medical Staff. Core privileges for each specialty generally include admission, work-up, diagnosis and treatment or consultative services and include services for patients of all ages, except as specifically noted within delineations of privileges or by hospital policy. Each Practitioner must obtain consultation with another appropriate practitioner in any case when the clinical needs of the patient exceed the privileges of the Practitioner currently attending to the patient; or when consultation is required by rules, guidelines or protocols.

19.2 Requests for clinical privileges will be considered only when accompanied by evidence of education, training, experience, demonstrated competence and, as applicable, compliance with any requirements established by the Hospital. Valid, complete requests for clinical privileges shall be evaluated on the basis of education, training, experience, demonstrated competence, ability and judgment and other qualifications as BCH deems applicable.

SECTION 20. TEMPORARY CLINICAL PRIVILEGES

20.1 Upon written request and documentation of a patient care need, the CEO or designee, on the recommendation of the Medical Staff President or designee, may grant temporary privileges to cover a needed hospital service to attend patients without applying for membership on the medical staff (with the exception of 20.1.4 below). Specifically, temporary privileges may be granted for the following:

- 20.1.1 The care of a specific patient(s);
- 20.1.2 An individual serving as a Locum tenens for a Member who is on vacation, attending an educational seminar, ill, and/or needs coverage assistance for a short period of time; an individual providing specialty coverage when a shortage of specialists is identified.
- 20.1.3 The purpose of proctoring; or
- 20.1.4 An applicant with a complete and clean application awaiting review by the MEC and board, following a favorable recommendation by Department Chair and/or Credentials Committee.

20.2 For purposes of temporary clinical privileges, an application shall be considered upon verification of the following:

- 20.2.1 complete application for temporary privileges
- 20.2.2 current licensure
- 20.2.3 relevant training or experience
- 20.2.4 current competence
- 20.2.5 ability to perform the privileges requested
- 20.2.6 NPDB
- 20.2.7 adequate professional malpractice insurance
- 20.2.8 current DEA
- 20.2.9 affiliations (for locum tenens, a minimum of the previous 5 placements will be acceptable if no questionable responses are received).
- 20.2.10 A Statewide Criminal Court history (Colorado or state of residence within the last two years)
- 20.2.11 Verification of identity

20.3 An application shall be considered clean if the applicant has:

- 20.3.1 No current or previously successful challenges to his or her licensure or registration;
- 20.3.2 No subjection to involuntary termination of medical staff membership at another organization;
- 20.3.3 No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges.
- 20.3.4 No subjection to Medicare/Medicaid Sanctions
- 20.3.5 No record of an excessive number of professional liability actions, or any one significant judgment/settlement.
- 20.3.6 Signed attestation agreeing to be bound by the bylaws, rules and regulations, policies, procedures and protocols of the Medical Staff and BCH.

20.4 Time Limited

- 20.4.1 Temporary privileges shall be granted for a specific period of time, as warranted by the situation, but shall not exceed one hundred and twenty (120) days.
- 20.4.2 Temporary privileges shall expire at the end of the time period for which they are granted.

20.4.3 A practitioner providing a specific patient care need (one-time only), will be granted permission to practice only during the specific, documented, timeframe services are to be provided.

20.5 Termination of Temporary Clinical Privileges

20.5.1 If the care or safety of patients might be endangered by continued treatment by the individual granted temporary privileges, the Chief Executive Officer, the appropriate Department Chair, or the President of the Medical Staff may immediately terminate all temporary privileges. The appropriate Department Chair, or the President of the Medical Staff shall assign to another Medical Staff Member responsibility for the care of such terminated individual's patients until they are discharged. Whenever possible, consideration shall be given to the wishes of the patient in the selection of a substitute physician.

20.5.2 The granting of temporary privileges is a courtesy which may be extended by BCH. Temporary privileges may be terminated for any reason.

20.5.3 Neither the granting, denial, or termination of temporary privileges shall entitle the individual to any of the procedural rights provided in this policy.

20.6 Emergency/Disaster Situations

20.6.1 **Immediate:** In the case of an emergency in which serious or permanent harm or aggravation of injury or disease is imminent, or in which the life of a patient is in immediate danger and any delay in administering treatment could add to that danger, any Medical Staff Member or practitioner with clinical privileges at BCH is authorized and will be assisted to do everything possible to save the patient's life or to save the patient from serious harm, to the degree permitted by the individual's license or certification regardless of department affiliation, staff category or delineated privileges. An individual exercising emergency privileges is obligated to summon all consultative assistance deemed necessary to save a patient from such danger and to arrange for appropriate follow up care.

20.6.2 **Disaster:** Emergency privileges may be granted to licensed practitioners when the emergency management plan has been activated and the Medical Staff is unable to handle the immediate patient needs. Processes to ensure verification of identity, licensure and competence, as well as oversight of the care, treatment and services provided are delineated in the Practitioner Disaster Response Protocol (MS.1005.ORG).

20.7 Proctoring

20.7.1 Temporary privileges for proctoring are intended for physicians and other practitioners who do not currently hold staff membership/privileges. Proctoring may involve direct observation or retrospective review by a practitioner who is experienced in the area of expertise or procedure(s) being performed by another practitioner. It is a reliable way to assess current competence in performing the clinical privileges granted and provides an assessment of the practitioner's clinical judgment, skills, and technique.

SECTION 21. TELEMEDICINE PRIVILEGES

21.1 Telemedicine is the practice of medicine through the use of electronic communication or other communication technologies to provide or support clinical care, from a distance, which result in a written or documented medical opinion and affects the medical diagnosis or treatment of a patient. The Medical Staff shall define which clinical services are appropriately delivered through telemedicine technology, according to commonly accepted quality standards. Practitioners who wish to provide telemedicine services in prescribing, rendering a diagnosis, or otherwise providing clinical treatment to a BCH patient independently, without clinical supervision or direction from a Medical Staff Member must be granted appropriate clinical privileges to do so.

SECTION 22. INTERDEPARTMENTAL PRIVILEGES AND PROCEDURES

22.1 Criteria for procedures that cross specialty lines will be comparable. Representatives of the specialties involved should collaborate to develop standard criteria by considering resources such as ABMS statements, white papers, community standards, BCH expertise, etc.

22.2 If no agreement can be reached, the recommendations of each specialty involved will be forwarded to the Credentials Committee. After evaluation of this information, the Credentials Committee will forward its recommendation to the MEC. If they cannot finalize a recommendation, the opinions of each specialty will be submitted to the MEC. The MEC will then evaluate the recommendations and/or opinions submitted by the specialties involved and the Credentials Committee and forward its recommendation to the Governing Board. Based on this report, the Governing Board will grant final approval of the interdepartmental procedure criteria in question.

SECTION 23. COMMUNITY BASED WITHOUT CLINICAL PRIVILEGES

23.1 Eligibility/Qualifications Criteria:

- 23.1.1 Must maintain a valid Colorado professional license
- 23.1.2 Must meet the malpractice insurance coverage requirement of $1/$3M.
- 23.1.3 Are subject to the standards of behavior as outlined in the code of professional conduct, when entering BCH premises.
- 23.1.4 Are not required to be board certified.
- 23.1.5 Are not required, for membership application or reappointment to the medical staff, to provide a reference or affiliation verification.
- 23.1.6 Are not required to provide a covering physician.
- 23.1.7 Are not required to maintain a copy of their DEA license on file since they may not exercise prescriptive authority while visiting patients at BCH.
- 23.1.8 Are not required to submit a delineation of privileges form, as no clinical privilege is granted for this category. Similarly, Members of this category are exempt from an OPPE and FPPE process.
- 23.1.9 NOTE: Should a Community Based Member desire to become a member with clinical privileges, all requirements as outlined under Section 4 of this Manual and Section 2 of the Bylaws would apply.

SECTION 24. LEAVE OF ABSENCE

24.1 If a Medical Staff Member will be absent from patient care responsibilities for more than thirty (30) days, they must request a leave of absence from the Medical Staff. A Member who is absent from patient care responsibilities for more than three (3) months and has not requested a leave of absence shall be automatically placed on a leave of absence. A Member who is absent from patient care responsibilities for more than six (6) months and has not requested a leave of absence shall be deemed to have voluntarily resigned from the Medical Staff and must reapply for Medical Staff membership and privileges.

24.2 In accordance with the general regulations of the Medical Staff, a practitioner may request a leave of absence by giving written notice to the Medical Staff Services Department for transmittal to the appropriate Department Chair and the Chief Executive Officer. The notice must state the period of time, an explanation of the reason for the request and dates requested for the leave, which may not exceed six (6) months, but may be extended up to an additional six (6) months. Absence for longer than such period shall constitute automatic relinquishment of Medical Staff appointment and clinical privileges. If the leave of absence is approved by the Board, the practitioner's clinical privileges, prerogatives and responsibilities are, in effect, suspended, but the practitioner shall be responsible for payment of dues unless waived by the Medical Staff.

24.3 If the leave of absence is greater than three (3) months in duration or was requested for significant medical reasons, then the Member must submit a report from their attending physician indicating that the Member is physically and/or mentally capable of resuming a hospital practice and exercising the clinical privileges requested.

24.4 The practitioner must, at least two (2) weeks prior to the termination of the leave, or may at any earlier time, request reinstatement.

24.5 If the Member’s reappointment period falls while the Member is on a leave of absence, the Member is subject to the reappointment process as described in the Credentialing Manual.

24.6 The practitioner must submit a request for reinstatement, or an application for Initial Appointment if the current appointment is expired. Either process must include a written summary of relevant activities during the leave including a letter from the chief of staff at all institutions where clinical privileges were held during the leave, if so requested by the Medical Executive Committee or Governing Board. If clinical privileges were not held, the practitioner may be asked to provide documentation of chronological activity.

24.7 The practitioner may also be asked to appear for a personal interview with the Credentials Committee or another committee.

24.8 The Credentials and Medical Executive Committees shall make recommendations to the Governing Board concerning reinstatement. Failure, without good cause, to request reinstatement or to provide documentation of chronological activity shall be deemed to be a voluntary resignation from the Medical Staff and shall result in automatic termination of membership, privileges, and prerogatives. A request for membership and/or clinical privileges subsequently received from a practitioner so terminated shall be submitted and processed in the same manner specified for application for initial appointments.

SECTION 25. USE OF TERMS

25.1 When used herein the terms "Department", "Chair", "Credentials Committee Chair", "Chief Executive Officer", "Chief of Staff", "Medical Staff Coordinator", "Medical Staff Services Department Director", and "Governing Board" are construed to include their "designee(s)".

SECTION 26. ADOPTION/CORRECTION/REVISION OF MANUAL

26.1 Corrections/Revisions.

26.1.1 Minor corrections or revisions may be made to the manual by the Medical Staff Services Department when such correction or change is necessary due to spelling, punctuation, grammar, context or if required by law. No prior notice of Medical Staff or Board approval of such change is required.

26.1.2 All substantive proposed changes will be posted for the review of the Medical Staff. Any written comments shall be forwarded to the Medical Executive Committee.

26.2 Amendment.

26.2.1 Any amendment to this document shall be approved by the Credentials Committee, the Medical Executive Committee and the Governing Board.

26.3 The procedures outlined in the Medical Staff and Hospital 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 Credentialing Manual.

SECTION 27. CREDENTIALING POLICIES

MS.1001.DEPT Health Status Examinations

MS.1002.DEPT Release of Information

MS.1003.DEPT New Procedure Policy (Development of Criteria)

MS.1004.DEPT In-House Training

MS.1005.DEPT Identification of Applicants

MS.1006.DEPT Expedited Process for Granting Membership/Privileges

AUDIENCE LEVEL
☐ Organization-wide
☐ Ambulatory
X Departmental

Health Status Examinations

Purpose:
To gather and assess information, to the best of the facility's ability, regarding practitioner's health status at the time of application and/or reappointment to the Medical Staff of Boulder and Boulder Community Health.

Scope:
Applies to all applicants and Members of the medical staff. Department, Credentials, PPRC, and/or Medical Executive Committee(s) are responsible for implementing the steps under this policy.

Policy Statement:
If, at any time, the applicable Department Chair, Credentials Committee or the Medical Executive Committee identifies a current mental or physical problem that adversely impacts the practitioner's privileges/practice, any of those aforementioned committees shall have the right to request the practitioner to submit to a mental and/or physical examination.

The committee(s) may request a letter from the practitioners' primary care physician in lieu of mental or physical examinations addressing any concerns that may impact patient care delivery skills. This is subject to appeal to the Medical Executive Committee. Failure to respond to this request may result in automatic suspension, denial and/or termination of the practitioner’s privileges or application for privileges at the Hospital and shall not entitle the practitioner to any rights under the Fair Hearing Plan.

Final Approval:
Director, Medical Staff Services

Effective Date: 04/25

Last Review Date: 06/26

AUDIENCE LEVEL
☐ Organization-wide
☐ Ambulatory
X Departmental

Release of Information

Purpose:
To maintain confidentiality in compliance with any applicable state and federal laws.

Scope:
Medical Staff Coordinators, Director of Medical Staff Services Department.

Procedure:

1. Application and/or Credentials File

Practitioners may call or write to request information regarding the status of their application or regarding information contained within their application or credentials file.

A. A practitioner is entitled to view or receive a copy of any document which they personally provided to the Medical Staff Services Department.
B. A practitioner is not entitled to review or receive copies of any reference letters, reference questionnaires or other similar peer review information, which has been provided by another peer or entity. Peer review documents are protected by state and federal laws.
C. A practitioner may approve the release of certain information contained within their credentials file by signing an appropriate written release.
D. A practitioner may have access to portions of their credentials file only after they have provided twenty-four (24) hour notice to the Medical Services Staff Department.

2. Department Chair's Access for Review - In conjunction with the performance of peer review activities, department chairs (or their designee i.e., section chief) may review applications for privileges within their department as the need arises or they may review the credentials file of any departmental member, which they deem necessary. Twenty-four (24) hour notice must be provided to the Medical Staff Services Department before a file can be reviewed.

3. Other's Access for Review - Any practitioner involved in a Medical Staff or departmental committee which has peer review responsibilities will have appropriate access to files during regularly scheduled meetings. Requests to access files during unscheduled periods must be made twenty-four (24) hours in advance. Such access shall be for the sole purpose of performing peer review activities.

4. Review By Applicant Or Current Medical Staff Member - An applicant or member may only review (or have copies of) information for their file, which they have personally provided.

5. Other interested third parties (i.e., medical facilities, medical staff members, potential partners, etc.) are not entitled to any information with regard to a practitioner (i.e., status of an application, content of the information received, etc.) from any credentials file, unless a specific release has been signed by the practitioner which outlines the specific information that the Medical Staff Services Department may release to that party. A facility requesting information will provide a current release signed by the practitioner (within the past six months). Inquiries with no release attached or with an inappropriate release will be returned unanswered to the inquiring person or facility with a note advising the person/facility that a valid release is required in order to comply with the request.

6. The only information that can be given to a third party (i.e., other facility, the public, patients) without a release are the dates on staff and membership category.

Final Approval:
Director, Medical Staff Services

Effective Date: 04/25

Last Review Date: 06/26

AUDIENCE LEVEL
☐ Organization-wide
☐ Ambulatory
X Departmental

New Procedure Policy (Development of Criteria)

Purpose
To maintain the quality of care provided to patients at Boulder Community Health by assuring that clinicians have the proper credentials to perform new procedures and to allocate necessary resources for education, equipment, and training.

Scope
Joint Conference Committee, Medical Staff and Medical Staff Services Department

Policy Statement
Practitioners may perform new procedures at BCH only after the Joint Conference Committee has deemed the new procedure appropriate to be performed at BCH and also after appropriate credentialing criteria has been established.

Procedure:
Applicant Will Be Required To:

1. Complete the appropriate application form. The applicant must be in good standing at BCH, including but not limited to, no restrictions of practice privileges.
2. Provide a written summary of the proposed procedure and any additional documentation deemed necessary. Applicant will identify resources, education and training necessary to perform the new procedure efficaciously and in a safe manner. This information will be shared with the director and/or vice-president of the clinical service to provide input for budgetary consideration. Applicant will provide proof of appropriate liability coverage.
3. Comply with all BCH and Medical Staff rules and regulations and policies and procedures.
4. The Department Chair and/or Committee may be requested by Joint Conference Committee to provide evaluation of the application. This may include development of credentialing criteria and quality monitors.
5. If the Joint Conference Committee approves a new procedure to be performed at BCH, development of credentialing criteria and quality monitors will be implemented through the Credentials Committee.
6. Approval from Joint Conference Committee for a new procedure to be performed at BCH does not signify the practitioner has been granted the privilege. The practitioner must apply and be granted the privilege, once criteria has been developed and approved by the Governing Board. Denial of a new procedure will not entitle the practitioner to any rights under the Fair Hearing Plan.

Final Approval:
Director, Medical Staff Services
Effective Date: 04/25
Last Review Date: 06/26

AUDIENCE LEVEL
☐ Organization-wide
☐ Ambulatory
X Departmental

Identification of New Applicants

Purpose
To define a mechanism for ensuring that new applicants requesting approval are the same individuals identified in the credentialing documents.

Scope
Medical Staff Services Department

Policy Statement
A recent photo and a legible copy of a current government-issued picture ID must accompany a new applicant's request for approval. The applicant must also submit their government ID in person or via video conference.

Procedure

During the initial application period, the applicant will coordinate with the Medical Staff Services Department to meet in person or via video conference to provide an original, valid government ID. This process will serve to positively identify the applicant for credentialing and e-prescribing purposes.

Documentation of identification verification will be kept in the credentialing file.

Final Approval:
Director, Medical Staff Services

Effective Date: 04/25

Last Review Date: 06/26

AUDIENCE LEVEL
☐ Organization-wide
☐ Ambulatory
X Departmental

Expedited Process for Granting Membership/Privileges

Scope

Medical Staff Services Department; Department Chairs; Credentials Committee; MEC; JCC

Policy Statement

This policy and procedure is made for rendering appointment, reappointment, and privileging decisions, based on the judgment of the Joint Conference Committee, through an expedited credentialing process without compromising the quality of the review. "Expedited credentialing" provides an expedited review and approval process if specific, pre-defined criteria are met. This process will reduce the volume of applications presented to the full Board to allow for adequate time to evaluate those candidates determined ineligible for the expedited process.

Procedure

Each application, its associated documentation and the information acquired during the credentialing and privileging process to determine eligibility for expedited review will be considered by the department chair, credentials committee, medical executive committee.

In order to be eligible for expedited approval, the following criteria must be met:

2.1 The application is complete and accurate with all requested information returned. (A complete application is one in which not only is the application itself complete but all primary source verification and information required by the medical staff bylaws is complete as well).

2.2 There are no significant discrepancies in information received and no significant negative or questionable information is received.

2.3 Medical staff/work history is unremarkable (i.e., no frequent moves or unexplained or alarming gaps).

2.4 The applicant's request for clinical privileges is consistent with the medical staff's designation for applicant's specialty and his or her experience, training, and current competency; and all applicable privileging criteria are met.

2.5 The applicant possesses a current, valid state license; professional liability insurance in limits specified by the medical staff; and federal/state narcotics certificate(s), if applicable.

2.6 The applicant has indicated that he or she can safely and competently exercise the clinical privileges requested, with or without a reasonable accommodation.

2.7 The applicant's history shows an ability to relate to others in a harmonious, collegial manner.

2.8 At the time of renewal of privileges, documentation of activity at BCH and/or verification from outside healthcare entities/peers sufficiently verifies current competence.

2.9 At the time of renewal of privileges, the results of peer review activities and the quality improvement functions of the medical staff reveal no areas of concern.

Each of the following criteria will be thoroughly evaluated on a case-by-case basis and may lead to ineligibility for expedited credentialing:

A. The applicant's medical staff appointment, staff status, and/or clinical privileges have never been involuntarily resigned, denied, revoked, suspended, restricted, reduced, surrendered, or not renewed at another other healthcare facility.
B. The applicant has never withdrawn application for appointment, reappointment, or clinical privileges or resigned from the medical staff before a decision was made by another healthcare facility's governing board or to avoid denial or termination of such.
C. No licenses; DEA or other controlled-substance authorizations; membership in local, state, or national professional societies; or board certification have ever been suspended, modified, terminated, or voluntarily or involuntarily surrendered.
D. The applicant has not been named as a defendant in a criminal action or been convicted of a crime.
E. There are no significant adverse findings reported by the National Practitioner Data Bank, Healthcare Practitioner Data Bank, Federation of State Medical Boards, the American Medical Association/American Osteopathic Association, or any other practitioner data base.
F. There is not an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.
G. There are no proposed or actual exclusions and/or any pending investigations of the applicant from any healthcare program funded in whole in part by the federal government, including Medicare or Medicaid.

Processing of Applications: The Medical Staff Services Department receives and processes the application according to organization and medical staff policy.

If, an any point in the process below, any reviewer feels that the application does not meet criteria for expedited credentialing, the file will be processed and transmitted through the full review processes outlined in the medical staff bylaws.

3.1 The appropriate department chair or designee reviews the completed and verified application and forwards a report with findings and a recommendation to The Credentials Committee.
3.2 The Credentials Committee reviews the application at its next scheduled meeting and forwards its recommendation executive committee.
3.3 The Medical Executive Committee reviews the application at its next scheduled meeting and forwards it recommendation to the joint conference committee of the board.
3.4 The Joint Conference Committee reviews and evaluates the qualifications and competence of the practitioner applying for appointment, reappointment, or renewal or modification of clinical privileges and renders its decision. A positive decision results in the appointment or privileges requested. The date of the committee's decision is the approval date. If the decision is adverse to an applicant, the matter will be referred back to the Medical Executive Committee for further evaluation.
3.5 The Joint Conference Committee will forward its actions to the full board at its next scheduled meeting.

Reference: SECTION 6 of Credentialing Manual. Processing Applications for Staff Appointment, 16-18.

Policy Approved: Governing Board 4/28/09
Reviewed/Revised: Governing Board 6/30/26