TAYLOR STATION SURGICAL CENTER MEDICAL STAFF POLICY & PROCEDURE

SUBJECT: PROCESSING MEDICAL STAFF APPLICATIONS

PURPOSE: To establish processes for Medical Staff Credentialing

RESPONSIBLE

PERSONS: Board of Managers, Center Director, Credentials Representative

POLICY:

- A. Requests for applications are to be forwarded to the Physicians Advisory Council (PAC)
- B. If the PAC determines requestor is eligible for medical staff membership, the Assistant Manager to Director of HR/Business Operations is responsible for sending the applicant copies of the following:
 - Application
 - Bylaws
 - Rules and Regulations
 - Integrity Plan Summary
 - Code of Conduct
 - Catholic Health Care Directives
- C. The applicant is responsible for completing the application and providing the following information, but not limited to:
 - Typed, completed and signed application and privileges requests
 - Copy of current state license and where applicable DEA certificate
 - Copy of current professional liability insurance
 - Verification (copy of certificates or a copy of a letter from an appropriate specialty board) of Board status (i.e. board admissibility of board certification)
 - Two letters from persons who have recently worked with the applicant, directly observed his or her professional performance over a reasonable period of time, and who can and will provide reliable information regarding current ability to perform requested privileges, health status, ethical character and ability to work with others. Note: References must be from individuals practicing in field similar to the applicant and may not be \ employees or family members
 - TB Screening within last 12 months.
 - Photo ID only at initial privilege.
 - Any other information requested by TSSC at any time during the application process
 - Attestation of ability to perform requested privileges on the applicant's health status only at initial privilege

Processing Procedure:

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- A. The application shall be deemed incomplete and further processing will be stayed pending receipt of the requested information.
- B. If all the required information listed above is not submitted within 45 days of receipt of the application, the application will be considered void, and no further processing will take place. One reminder notice will be sent or verbally communicated to the applicant 20 days after receipt of the application.
- C. Upon receipt of a properly executed and completed application, the Credentials Representative will review application and make written recommendation together with all accompanying documentation and verifications to the PAC at its next regularly scheduled meeting.
- D. The PAC will make its recommendation in writing to the Board of Managers within 30 days of the meeting in which the Credentials Representative presented his/her recommendation. The PAC may defer recommendation for an additional 30 days if additional information is deemed necessary.
- E. A personal interview with the new applicant may be conducted. The applicant will be notified to arrange an interview with the appropriate individual which may be the Credentials Representative or other designated individual. The individual who conducts the interview will make a permanent record of the interview, including the general nature of questions asked and responses. This record will be placed in the applicant's credentials file.
- F. The Board of Managers will review the recommendations of the PAC and make the decision within 30 days of the meeting in which the PAC recommendations were presented. The applicant will be notified in writing of Board's decision. The final decision notification will include the specific clinical privileges the new appointee may exercise and any special conditions attached to the privileges. This notification will be double check for completeness by the Assistant Manager to Director of HR/Business Operations, and the ASC Administrator or Director of HR/Business Operations before being sent to the applicant.