

TAYLOR STATION SURGICAL CENTER MEDICAL STAFF POLICY & PROCEDURES

SUBJECT: RE-CREDENTIALING AND RE-APPOINTMENT PROCEDURE

PURPOSE: To establish rules for medical staff re-credentialing and appointment processes

RESPONSIBLE

PERSON: Board of Managers, Credentials Representative, Physicians Advisory Council, Center Director

POLICY:

- A. Each member of the medical staff shall be subject to periodic review and reappointment which shall occur least every two year.
- B. A medical staff member, either in the re-credentialing process or at any other time, may submit in writing a request for his/her privileges.
- C. All re-credentialing and requests for modification of privileges will follow the same application process as described in Medical Staff By-Laws Article IV: Application for Membership
- D. The Medical Staff membership of any member who chooses not to seek re-credentialing and re-appointment shall expire at the conclusion of his/her appointment period.

PROCEDURE:

- A. Medical staff members will be notified of the expiration date of his/her medical staff appointment at least 120 days prior to the expiration date.
- B. At least 90 days prior to his/her appointment expiration date, the medical staff member must furnish the following information in writing:
 - Update application or updated CAQH.
 - Specific request for any modifications of clinical privileges, accompanied by information demonstrating current clinical competence in the privileges requested
 - TB Screening within last 12 months .
- C. Verification of information will be accordance with Medical Staff Policy and Procedure: Verification of Application Information.
- D. The Center Director will be responsible for coordinating information relevant to current performance of requested privileges at TSSC.
- E. Information from the staff members credential file and other relevant sources will be collected, regarding the individuals professional and collegial activities and his/her performance and conduct at TSSC and/or other health care organizations. The Credentials Representative shall take into consideration all information available from internal and external sources including, but not limited to
 - Education, training, and experience if changed from initial appointment
 - Board certificate and licensure
 - (2) References
 - Adherence to Center and Medical Staff policies/procedures and applicable local, state, federal

regulations

- Timely and accurate completion of medical records
- Findings from TSSC's quality/utilization monitoring activities
- Results of case or peer review activities
- Reports from various TSSC committees
- Complaints and satisfaction surveys
- Restrictions on privileges at other health care organizations
- Results of query of NPDB or Medicare/Medicaid Sanction List

F. Reappraisal will include the full range of privileges requested.

G. The final processing of reappointment requests will follow the procedure as outlined in Medical Staff Policy: Processing of Medical Staff Applications.