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Credentialing Procedures of the Medical Staff

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ARTICLE I. APPOINTMENT AND REAPPOINTMENT

1. General.

- A. Except as otherwise specified herein, no person shall exercise clinical privileges in the Hospital unless and until said person is appointed to the faculty of the University of Kansas School of Medicine ("Medical School") and, in accordance with the Bylaws of the Medical Staff of the University of Kansas Hospital ("Medical Staff Bylaws"), either (1) receives appointment to the Medical Staff of the University of Kansas Hospital ("Medical Staff") and is granted such clinical privileges; (2) obtains temporary clinical privileges; or (3) is approved as a Limited Privilege Practitioner. Appointment to the Medical Staff shall confer only such clinical privileges as have been granted in accordance with these Credentialing Procedures ("Procedures") and

the Medical Staff Bylaws.

- B. Non-renewal of faculty appointment to the Medical School will automatically result in termination of Medical Staff membership and clinical privileges at the Hospital. Such termination shall not be deemed to constitute corrective action as specified in the Medical Staff Bylaws, and shall not trigger any fair hearing rights under Medical Staff Bylaws.
- C. In connection with all applications affecting Medical Staff membership or clinical privileges, the applicant shall have the burden of producing information for an adequate evaluation of the applicant's qualifications and suitability for the clinical privileges and Medical Staff category requested, resolving any reasonable doubts about such matters, updating any information used during the application process in a timely fashion, and satisfying reasonable requests for additional information about the applicant's suitability for the clinical privileges and Medical Staff category requested. The applicant's failure to sustain this burden shall be grounds for denial of the application.
- D. Applicants have the right to review information submitted by an outside primary source in support of their credentialing application unless the information is not required to meet verification requirements or if law prohibits disclosure. The practitioners' right to review is stated on the application form.
- E. A process exists for practitioners to be notified and given an opportunity to correct information submitted incorrectly by another party to correct their own information submitted incorrectly.
 - 1. The practitioner will be notified by the Medical Staff Coordinator or designee for clarification if necessary, either in writing or verbally, and the initial contact, as well as the response is documented in the credentialing file. If the response is not easily satisfied, or is still incomplete, the incident is reported to the Credentialing Committee for review.
 - 2. If the matter is deemed resolved by written response to the Chair of the Credentialing Committee, it is documented as such in the credentialing file and brought to the Credentialing Committee at the next scheduled meeting for review for recommendation.
 - 3. If the matter is not deemed resolved, the Medical Staff Coordinator may be directed to pursue further actions or queries to further a satisfactory response from the practitioner or other sources. Response from the practitioner must be received either verbally or written within five working days for the initial notification of request for additional information.
 - 4. Failure to provide response may result in Credentials Committee recommendation that the application be withdrawn.
- F. Unless otherwise specifically stated in the Medical Staff Bylaws, appointments, reappointments, denials of appointment or clinical privileges, limitations on clinical privileges, and revocations of appointments to the Medical Staff shall be made as set forth in these Procedures and the Medical Staff Bylaws, with ultimate authority for such residing in the Board after receiving recommendations from the Executive Committee. In connection with such actions, the Executive Committee may

recommend to the Board, and the Board may determine, that certain qualifications described in the Medical Staff Bylaws, these Credentialing Policies, and other Medical Staff documents and forms (for example, board certification or volume requirements) be waived for candidates with equivalent qualifications, as demonstrated through equivalent training and current competence, provided that the rationale for any such recommendations or waivers is thoroughly documented. The appointment requirements and composition of said Board can be found in Article IV, Section 4.2 of the Amended and Restated Bylaws of the University of Kansas Hospital Authority ("Bylaws of the Hospital Authority"), which includes at least one health care provider involved in the final decision-making process for initial credentialing and reappointment and who has no other role, except as a full Board Member, in the organization's management.

- G. In lieu of review by the full Board of requests for initial appointment or reappointment to the Medical Staff, and granting, renewal, or modification of clinical privileges, the Board may delegate authority for review to a committee of at least two (2) voting members of the Board, provided, however that:
1. Such expedited review shall not be available where:
 - a. an applicant submits an incomplete application;
 - b. the Executive Committee makes a recommendation that constitutes an "Adverse Action" (as defined in Article VIII, Part A, Section 1 of the Medical Staff Bylaws, or
 - c. the Executive Committee makes a recommendation that an Application be approved but that the clinical privileges requested be limited.
 2. Such expedited review is considered on a case-by-case basis, but is usually unavailable where:
 - a. there is a current challenge or a previously successful challenge to the applicant's licensure or registration
 - b. the applicant has received an involuntary termination of medical staff membership at another hospital;
 - c. the applicant has received involuntary limitation, reduction, denial, or loss of clinical privileges; or
 - d. the Hospital determines that there has been an unusual pattern of, or an excessive number of, professional liability actions resulting in final judgment against the applicant.

2. Medical Staff Membership

A. Application Forms.

1. Application forms for initial appointment and reappointment to the Medical Staff shall be developed by the Chief Executive Officer of the Hospital ("CEO") and the Chief of Staff of the Medical Staff ("Chief of Staff").
2. The application form for initial appointment to the Medical Staff shall

include, at a minimum, the following:

a. Requests for information from the applicant.

1. Inclusive dates of professional school education, name and address of the professional school attended, and copy of diploma or other evidence of receipt of degree.
2. Inclusive dates of residency or other postgraduate training, names and addresses of institutions at which such training was received, and copies of certificates or other evidence of completion of the program(s).
3. States in which the applicant holds or has held licensure, in the ten (10) year period prior to the date of the application, inclusive dates of each such licensure, and a current certificate of Kansas licensure.
4. Whether the applicant is board certified and, if so, the name(s) of the applicable board(s), and the dates of issuance and expiration of each such certification.
5. A certificate evidencing the applicant's current DEA registration with a Kansas practice address.
6. Names and addresses of all hospitals or other health care organizations at which the applicant possesses or has ever possessed Medical Staff membership and any type of clinical privileges, the inclusive dates of each, and the status of each.
7. Names and addresses of practice, at which the applicant practiced in the ten (10) year period prior to the date of the application, inclusive of dates of each.
8. Names and mailing addresses of at least three (3) practitioners licensed in the same profession as the applicant who are qualified and able to attest to the applicant's current professional competence, skills and ethical character.
9. Any previous or currently pending challenges to any state or federal license or registration, including any professional license, controlled drug or substance registration (DEA or state) and any voluntary relinquishment of any such licensure or registration.
10. Any previous voluntary or involuntary termination of medical staff membership at any hospital or health care organization, and any voluntary or involuntary limitation, reduction or loss of clinical privileges at any hospital or health care organization.

11. Any final judgments in or settlements of law suits or claims in which the applicant is alleged to have practiced below the applicable standard of professional care.
12. The current existence and extent of professional liability insurance coverage (minimums of \$1,000,000 per occurrence, \$3,000,000 aggregate), the insurance carrier's name and address, and the inclusive dates of coverage.
13. The existence and extent of the applicant's professional liability insurance coverage for the ten (10) year period prior to the date of the application, noting any termination, denial or limitation of such professional liability insurance, the insurance carrier's names and addresses, and the inclusive dates of coverage.
14. The applicant's citizenship or visa status.
15. Whether the applicant has been convicted, pled guilty to, or pled no contest to any crime, other than minor traffic offenses, in any jurisdiction.
16. A curriculum vitae reflecting the applicant's complete professional experience and qualifications, detailed by month and year, inclusive of, but not limited to, all state licenses ever held by the applicant, all hospitals or other health care organizations at which the applicant has possessed Medical Staff membership and any type of clinical privileges, and all practice which the applicant has practiced.

b. Recommendations of Clinical Service Chief.

1. Category of Medical Staff membership.
2. Delineation of clinical privileges.

c. Applicant's Covenants.

1. Signifies the applicant's willingness to appear for interviews in connection with the application;
2. Attests that all information submitted in the medical staff application (including attachments) is true, correct and complete to the applicant's best knowledge and belief;
3. Authorizes the Chief of Staff or his or her designee to obtain a current report on the applicant from the National Practitioner Data Bank;
4. Authorizes consultation with individuals and entities

who have been associated with the applicant and who may have information bearing on the applicant's competence, qualifications and performance, and authorizes such individuals and entities to candidly provide all such information;

5. Consents to inspection and copying of records and documents that may be material to an evaluation of the applicant's qualifications and ability to carry out the responsibilities of the Medical Staff category and clinical privileges requested, and authorizes all individuals and entities in custody of such records and documents to permit such inspection and copying;
6. Agrees to submit to a physical and/or mental health examination by a licensed third party physician who is not a member of the Medical Staff, at the applicant's expense, if requested by the Executive Committee or any committee of the Medical Staff charged with evaluating the credentials of applicants to the Medical Staff;
7. Releases all persons from any liability for their acts performed in connection with investigating and evaluating the applicant in connection with the Application;
8. Releases from liability all individuals and organizations who provide information regarding the applicant, including otherwise confidential information;
9. Consents to the disclosure to other hospitals, medical associations, and licensing boards, and to other similar organizations as required by law, of any information regarding the applicant's professional or ethical standing in the possession of the Hospital or the Medical Staff, and releases the Medical Staff, its members, the Hospital, members of the Hospital's administration, and the Board and its members from liability for any such disclosure;
10. Agrees to comply in full with all provisions of the Medical Staff Bylaws, any Rules and Regulations of the Medical Staff, and all applicable Hospital policies and procedures, and these Procedures;
11. Agrees to timely report to the Chief of Staff or his or her designee, the occurrence of any of the following events: (i) notice of the initiation of any action and/or the taking of any final action by any Federal or State regulatory agency which may result in any changes to

the applicant's professional licensure or ability to prescribe controlled substances in any jurisdiction; (ii) notice of the initiation of any action and/or the taking of any final action by any hospital, health maintenance organization, health plan, health insurance company or other health care entity, including any state or federal government agency, which may result in the denial, limitation, revocation, or involuntary withdrawal or surrender of the applicant's staff privileges, provider status or other membership in such hospital, health plan, health insurance company or other health care entity, including Medicare, Medicaid or any other government-sponsored health program; (iii) the applicant's voluntary withdrawal or surrender of, or change or limitation in, the licensure, registrations, staff privileges, provider status or memberships described in subparagraphs (i) and (ii); (iv) initiation, settlement, adjudication or other resolution of any claim or lawsuit in any jurisdiction in which the applicant has been accused of a breach of the standard of care resulting in injury to a patient; (v) felony convictions; (vi) onset or recurrence of any physical or mental illness, injury, disorder, or condition (including chemical dependency or substance abuse) that affects the applicant's ability to properly render medical care to patients, with or without accommodation or assistance, or causes the applicant to undergo major surgery, extended treatment or rehabilitation, or to refrain from exercising his or her clinical privileges for an extended period of time; or (vii) any modification to the applicant's professional liability insurance other than a change of carrier;

12. pledges to provide for continuous quality care for the applicant's patients; and
13. pledges to maintain an ethical practice, including refraining from illegal inducements for patient referral, providing continuous care for the applicant's patients, seeking consultation whenever necessary, refraining from providing unnecessary surgical or medical services, and refraining from delegating patient care responsibility to non-qualified or inadequately supervised providers.

3. The application form for reappointment to the Medical Staff shall include, at a minimum, the following:

a. **Requests for information from the applicant.**

1. Whether the applicant is board certified and, if so, the name(s) of the applicable board(s), and the dates of issuance and expiration of each such certification.
2. Any previous or currently pending challenges to any state or federal license or registration, including any professional license, controlled drug or substance registration (DEA or state) and any voluntary relinquishment of any such licensure or registration.
3. Any previous voluntary or involuntary termination of medical staff membership at any hospital or health care organization, and any voluntary or involuntary limitation, reduction or loss of clinical privileges at any hospital or health care organization.
4. Any final judgments in or settlements of law suits or claims in which the applicant is alleged to have practiced below the applicable standard of professional care.
5. The current existence and extent of professional liability insurance coverage (minimums of \$1,000,000 per occurrence, \$3,000,000 aggregate), the insurance carrier's name and address, and the inclusive dates of coverage.
6. Whether the applicant has been convicted, pled guilty to, or pled no contest to any crime, other than minor traffic offenses, in any jurisdiction.

b. Recommendations of Clinical Service Chief.

1. Category of Medical Staff membership.
 2. Delineation of clinical privileges.
- c. The applicant's covenants required by Section 1.2, subsection A(2)(c).
- d. Any other items necessary to allow the Executive Committee to update and evaluate the qualifications of the applicant.
- e. For the purpose of permitting requests for modification of clinical privileges, the applicant's inclusive dates of training relevant to the clinical privileges requested, the name of the institution or program at which such training was received, and copies of certificates or other evidence of completion of the program.

B. Application Process.

1. Applications For Initial Appointment.

- a. On behalf of the CEO, the Chief of Staff or his or her designee

shall provide all persons approved for faculty membership at the Medical School wishing to apply for membership in the Medical Staff and/or clinical privileges with copies of the Medical Staff Bylaws, any Rules and Regulations of the Medical Staff, and these Procedures, as amended and currently in force.

- b. All applications for initial appointment to the Medical Staff ("Applications") shall be submitted to the Chief of Staff or his or her designee who shall establish a separate, confidential credentials file in the applicant's name. Credentials files shall be maintained in accordance with the Medical Staff Bylaws.
- c. All Applications shall include a written statement from the Chief of the Clinical Service from which the applicant has received the required faculty appointment, which statement shall approve the applicant for a particular category of Medical Staff membership requested and approve a delineation of clinical privileges to be exercised by the applicant.
- d. The Chief of Staff or his or her designee shall, after receiving an Application on the appropriate form, review the Application and its supporting materials for completeness and notify the applicant in writing of any items necessary to complete the Application. Should the applicant fail to supply the necessary information and/or documents necessary to complete the Application within thirty (30) days of its receipt by the Chief of Staff or his or her designee, the Application shall be considered withdrawn, and the applicant shall be required to submit a new Application.
- e. The Chief of Staff or his or her designee shall, upon receipt of an Application, expeditiously seek to collect and verify, through primary sources when possible, all information submitted with the Application, including the following:
 1. Obtain a current National Practitioner Data Bank report on the applicant in accordance with the Medical Staff Bylaws.
 2. Verify through approved sources board certification if the practitioner states on the Application the he or she is board certified; or, if no board certification is stated on the Application, then verify the highest level of education obtained by the practitioner.
 3. Contact the references listed in the Application and obtain information as to the current competence, skill level and ethical character of the applicant.
 4. Contact the licensing agency of each state in which the applicant claims a previous or current license to inquire as to whether the license is valid and whether

any disciplinary action has taken place or is pending against the applicant.

5. Contact the appropriate person at any hospital, health maintenance organization, health plan, health insurance company or other health care entity, including any state or federal government-sponsored program, at or with which the applicant has applied for or claims present or past privileges, membership or other provider status for the period of ten (10) years immediately preceding the date of the Application, or for such longer period of time as the Chief of Staff or his or her designee may determine, to inquire as to said status and as to whether any disciplinary action, limitation, suspension, revocation, dismissal, or denial has taken place or is pending against the applicant.
 6. For each state licensing agency, Federal or state agency, hospital, health maintenance organization, health plan, health insurance company or other health care entity, including any state or federal government-sponsored program, at or with which the applicant reports, or the Chief of Staff or his or her designee discovers, any past or pending disciplinary action, limitation, suspension, revocation, dismissal, or denial, obtain from such entity or entities copies of whatever documents might be available which verify, explain, provide detail and/or summarize said past or pending action and the reasons for it.
- f. Within a reasonable time after the Application has been processed pursuant to Section 1.2, subsection B(1)(e), the Executive Committee and any committee of the Medical Staff charged with evaluating the credentials of applicants to and/or members of the Medical Staff ("Credentialing Committee"), shall review the Application, its supporting documentation, and any additional information obtained pursuant to Section 1.2, subsection B(1)(e).
 - g. In connection with its review pursuant to Section 1.2, subsection B(1)(e), the Executive Committee, or a Credentialing Committee, may, if it desires:
 1. Request that the applicant appear before the Executive Committee or Credentialing Committee for an interview, the subject of which may include any matter related to the applicant's Application.
 2. Request that the applicant submit to a physical and/or mental examination, to be performed by a licensed third party physician who is approved by the Physician

Advocacy Program of the Kansas Medical Society, acceptable to both the Executive Committee and the applicant, and is not a member of the Medical Staff. The Executive Committee or Credentialing Committee shall request such an examination only if it, in good faith, is concerned that the physical and/or mental health of the applicant may prevent the applicant from competently exercising the clinical privileges requested in the Application. The applicant shall authorize the physician performing the examination to submit a report of said physician's findings to the Executive Committee or Credentialing Committee, or both.

3. Request additional information from the applicant regarding issues raised by the Application, its supporting documentation, or the additional information obtained pursuant to Section 1.2 subsection B(1)(e).

h. Following the review pursuant to Section 1.2, subsections B(1)(f) and (g), the Executive Committee shall, by majority vote, determine any one of the following:

1. that the Application be approved and that the applicant be granted the category of Medical Staff membership and clinical privileges recommended in the Application;
2. that the Application be denied, specifying the reasons for such denial; or
3. that the Application be approved, but that the clinical privileges granted be limited, specifying the proposed limitations and the reason(s) for them.

In connection with its review and recommendation to the Board, the Executive Committee may recommend to the Board that certain qualifications (for example, board certification or volume requirements) be waived for candidates with equivalent qualifications, as demonstrated through equivalent training and current competence, provided that the rationale for any such recommendation is thoroughly documented.

i. After determining its recommendations pursuant to Section 1.2, subsection B(1)(h), the Executive Committee shall:

1. Forward its recommendations in writing to the CEO and the Board.
2. In the event of its determination that the Application

be denied or that the requested clinical privileges be limited, send written notice to the applicant in accordance with Article VIII of the Medical Staff Bylaws.

- j. Upon receipt of recommendations and materials from the Executive Committee pursuant to Section 1.2, subsection B(1)(i)(1), the Board shall:
1. Within sixty (60) days of its receipt of a recommendation from the Executive Committee that the Application be approved and the recommended clinical privileges be granted, either accept, reject, or modify the recommendation of the Executive Committee or refer the matter back to the Executive Committee for further consideration, stating the purpose for such referral and the time within which further action is to be taken by the Executive Committee.
 2. Within sixty (60) days of its receipt of a recommendation from the Executive Committee that the Application be denied or the recommended clinical privileges be limited, provided that the applicant has waived or failed to timely exercise any applicable rights under Article VIII of the Medical Staff Bylaws, either accept, reject, or modify the recommendation of the Executive Committee or refer the matter back to the Executive Committee for further consideration, stating the purpose for such referral and the time within which further action is to be taken by the Executive Committee.
 3. In the event that the applicant exercises any applicable rights under Article VIII of the Medical Staff Bylaws with respect to the Executive Committee's recommendation, comply with the requirements of said Article VIII.
 4. In connection with its review, the Board, upon recommendation from the Executive Committee or after consulting with the Executive Committee, may waive certain qualifications (for example, board certification or volume requirements) for candidates with equivalent qualifications, as demonstrated through equivalent training and current competence, provided that the rationale for any such waivers is thoroughly documented.
- k. Following its next scheduled meeting at which its determinations are made pursuant to Section 1.2, subsection

B(1)(j), the Board shall:

1. If it accepts the Executive Committee's recommendation that the Application be approved and that the requested clinical privileges be granted, notify the applicant in writing of such. If the applicant has requested membership in the Active, Courtesy, or Volunteer staff, the notice shall inform the applicant that the applicant's membership is provisional for a period of at least one (1) year and will be re-evaluated at the end of such period in accordance with these Procedures.
 2. If it rejects the Executive Committee's recommendation that the Application be approved or limits the clinical privileges requested, send written notice to the applicant in accordance with Article VII of the Medical Staff Bylaws. In the case of limitation of the clinical privileges requested, if the applicant has requested membership in the Active, Courtesy, or Volunteer staff, the notice shall inform the applicant that the applicant's membership is provisional for a period of at least one (1) year and will be re-evaluated at the end of such period in accordance with these Procedures.
 3. If it accepts the Executive Committee's recommendation that an Application be denied or that an Application be approved but that the clinical privileges requested be limited, notify the applicant in writing of such.
- I. A "complete" Application should normally be processed within one hundred twenty (120) days, unless the gathering of additional information or additional deliberations is necessary pursuant to Section 1.2, subsection B(1)(g) to ensure a fully informed review. For purposes of this time frame, a "complete" Application is an Application that is properly completed and signed, for which all necessary peer references have been received by the Chief of Staff, all necessary documents have been submitted to the Chief of Staff, and for which all necessary primary source verifications have been completed by the Chief of Staff, or his or her designee, as is required pursuant to Section 1.2, subsection (B)(1)(e). The time frame specified in this subsection is intended only as a guideline. Lack of strict adherence to this guideline shall not constitute a violation of these Procedures and does not entitle the member to due process, hearing or appeal rights in accordance with Article VIII of the Medical Staff Bylaws.

2. Evaluation Upon Conclusion of Focused Professional Practice Evaluation (FPPE)

- a. At the conclusion of a member's FPPE, the Credentialing Committee shall review the member's proctoring evaluations as assigned by the Clinical Chair and as provided in the FPPE Policy. The Credentials Committee shall forward its recommendations to the Executive Committee that the member be assigned a Medical Staff Category without limitations.
- b. Following the receipt of the Credentialing Committee's recommendation, the Executive Committee shall, by majority vote, make recommendations of any one of the following:
 1. That the member is free to exercise all of the prerogatives of the category of the Medical Staff to which the member has been appointed without proctoring or other limitations;
 2. That the member is free to exercise all of the prerogatives of the category of the Medical Staff to which the member has been appointed, but that the member's clinical privileges be limited, specifying the limitations and the reason(s) for them; or
 3. That the member's membership in the Medical Staff be terminated, specifying the reasons for such termination.
- c. After determining its recommendations pursuant to Section 1.2, subsection B(2)(b), the Executive Committee shall:
 1. Forward its recommendations in writing to the CEO and the Board.
 2. In the event of its determination that the member's membership in the Medical Staff be terminated or that the member's requested clinical privileges be limited, send written notice to the member in accordance with Article VIII of the Medical Staff Bylaws.
- d. Upon receipt of recommendations from the Executive Committee pursuant to Section 1.2, subsection B(2)(c)(1), the Board shall:
 1. Within sixty (60) days of its receipt of a recommendation from the Executive Committee that the member's appointment be unrestricted, either accept, reject, or modify the recommendation of the Executive Committee or refer the matter back to the Executive Committee for further consideration, stating the purpose for such referral and the time within which further action is to be taken by the Executive

Committee.

2. Within sixty (60) days of its receipt of a recommendation from the Executive Committee that the member's provisional status be lifted but that the member's clinical privileges be limited or that the member's medical staff membership be terminated, and provided that the applicant has waived or failed to timely exercise any applicable rights under Article VIII of the Medical Staff Bylaws, either accept, reject, or modify the recommendation of the Executive Committee or refer the matter back to the Executive Committee for further consideration, stating the purpose for such referral and the time within which further action is to be taken by the Executive Committee.
3. In the event that the applicant exercises any applicable rights under Article VIII of the Medical Staff Bylaws with respect to the Executive Committee's recommendation, comply with the requirements of said Article VIII of the Medical Staff Bylaws.

- e. Following its next scheduled meeting at which its determinations are made pursuant to Section 1.2, subsection B(2)(d), the Board shall:
 1. If it accepts the Executive Committee's recommendation that the member's provisional status be lifted, notify the member in writing of such.
 2. If it accepts the Executive Committee's recommendation that the member's Medical Staff membership be terminated or that the member's provisional status be lifted but that the member's clinical privileges be limited, notify the member of such.

3. Applications for Reappointment.

- a. At least ninety (90) days prior to the expiration date of the Medical Staff Year, the Chief of Staff or his or her designee, on behalf of the CEO, shall mail or deliver an application form for reappointment to the Medical Staff to each member whose appointment is scheduled to expire at the end of such Medical Staff Year, including members who are on a leave of absence.
- b. At least sixty (60) days prior to the expiration date of the Medical Staff Year, each member whose appointment is scheduled to expire at the end of such Medical Staff Year shall submit to the Chief of Staff or his or her designee a completed application, on the appropriate form, for reappointment to the Medical Staff

and, if applicable, for modification of clinical privileges. All materials and other information collected with respect to any member's application for reappointment shall be placed in the member's confidential credentials file established in accordance with the Medical Staff Bylaws.

- c. The application process for reappointment to the Medical Staff shall proceed in accordance with the process set forth in Section 1.2, subsection B(1), with the term Application deemed to refer to the application for reappointment and the items set forth in Section 1.2, subsections B(1)(e)(3)-(6) applying only if (1) the application for reappointment includes such items which are new since the investigation in connection with the member's initial application; or (2) they are necessary to verify information submitted in connection with the member's request for modification of clinical privileges submitted in connection with the application for reappointment.
- d. The applicant must attest that all information submitted in the medical staff reappointment application (including attachments) is true, correct and complete to the applicant's best knowledge and belief; and the applicant must also explain any gaps in work history greater than sixty (60) days.
- e. In connection with their review of an application for reappointment, the Executive Committee and the Credentialing Committee shall also consider the following:
 1. the member's ethical behavior, clinical competence and clinical judgment in the treatment of patients;
 2. the member's compliance with the Bylaws of the Hospital Authority, the Medical Staff Bylaws, any Rules and Regulations of the Medical Staff, any policies and/or procedures of the Hospital or Medical Staff, and these Procedures;
 3. the member's explanation of any gap in work history greater than sixty (60) days;
 4. the member's behavior in the Hospital, including cooperation with medical and Hospital personnel relating to patient care and the orderly operation of the Hospital; and
 5. the member's capacity to satisfactorily treat patients as indicated by results of the Hospital's quality improvement and risk management activities, completion of Focused Professional Practice Evaluation in accordance with the Focused Professional Practice Evaluation Medical Staff Policy, or other reasonable indicators of current competence.

f. **Failure to File Reappointment Application.** Failure without good cause to timely file a completed application for reappointment shall result in the automatic suspension of the member's admitting privileges and expiration of other clinical privileges and prerogatives at the end of the current Medical Staff Year. If a member fails without good cause to submit a completed application for reappointment within forty-five (45) days after the date it was due, the member shall be deemed to have resigned membership in the Medical Staff. In the event Medical Staff membership terminates for the reasons set forth in this section, the procedures set forth in Article VIII of the Medical Staff Bylaws shall not apply.

4. **Ongoing Obligation to Update Initial Appointment and Reappointment Applications.**

- a. All applicants for appointment and reappointment following completion of an Application and continuing so long as such member is appointed to the Medical Staff and/or maintains clinical privileges at Hospital, shall have the obligation to immediately notify, within five (5) days or less, the Chief of Staff, or his or her designee, upon becoming aware of any of the following (each a "Material Notification Event"):
1. notice of the initiation of any action and/or the taking of any final action by any federal or state regulatory agency which may result in any changes to the member's professional licensure or ability to prescribe controlled substances in any jurisdiction;
 2. notice of the initiation of any action and/or the taking of any final action by any hospital, health maintenance organization, health plan, health insurance company or other health care entity, including any state or federal government agency, which may result in the denial, limitation, revocation, or involuntary withdrawal or surrender of the member's medical staff privileges, provider status or other membership in such hospital, health plan, health insurance company or other health care entity, including Medicare, Medicaid or any other government-sponsored health program;
 3. the member's voluntary withdrawal or surrender of, or change or limitation in, the licensure, registrations, staff privileges, provider status or memberships described in foregoing items (1) and (2);
 4. the initiation, settlement, adjudication or other resolution of any claim or lawsuit in any jurisdiction in which the member has been accused of a breach of the standard of care resulting in injury to a patient;

5. the member's arrest for, charge with, conviction of, pleading guilty to, or pleading no contest to, a felony or misdemeanor (other than a traffic violation, but including a traffic violation that involves the use or misuse of alcohol or any illegal substance chemicals);
6. the onset or recurrence of any physical or mental illness, injury, disorder, or condition (including chemical dependency or substance abuse) that affects the member's ability to properly render medical care to patients, with or without accommodation or assistance, or causes the member to undergo major surgery, extended treatment or rehabilitation, or to refrain from exercising the member's clinical privileges for an extended period of time; and
7. any modification to the member's professional liability insurance, other than a change of carrier.

b. Additionally, all members shall notify the Chief of Staff, or his or her designee, within thirty (30) days of any change, modification or update to any other information which the member provided in the Application that would not be considered a Material Notification Event.

5. **Changes in Category.**

- a. Any Clinical Service Chief who initiates or receives a member's request for a change in category of Medical Staff membership shall, within a reasonable time, determine whether the member meets the criteria for membership in the category to which the member membership is to be changed and forward a recommendation to the Executive Committee for approval.
- b. The Executive Committee shall, within a reasonable time, determine whether the member meets the criteria for membership in the category to which the member's membership is to be changed and forward its recommendations to the Board for approval.
- c. A change in category of Medical Staff membership shall, upon approval by the Board, become effective immediately.
- d. The procedures set forth in Article VIII of the Medical Staff Bylaws shall not apply to the denial of a change in Medical Staff category.

3. **Temporary Clinical Privileges.**

- A. Upon a written request from the Chief of the applicable Clinical Service certifying that the Hospital is in immediate need of a certain applicant's services in order to render medical care to patients who cannot reasonably be cared for at the Hospital by any other physician, and provided the applicant strictly meets the other criteria for

temporary clinical privileges specified in the Medical Staff Bylaws, the CEO and the Chief of Staff, acting together, may, in their discretion, grant temporary clinical privileges to said applicant for a period not to exceed the maximum period specified in the Medical Staff Bylaws.

- B. No applicant to whom temporary clinical privileges are granted shall exercise said temporary clinical privileges until he or she has received a written notice of the granting of such from the Chief of Staff.
- C. The Chief of Staff or the CEO may, upon written notice to the applicant, immediately revoke the applicant's temporary clinical privileges if either determines that there is reason to believe that the applicant no longer meets the criteria set forth in the Medical Staff Bylaws or if the applicant fails to comply with any supervision or reporting requirements imposed in connection with such temporary clinical privileges pursuant to the Medical Staff Bylaws. Such revocation of temporary clinical privileges shall not serve to interrupt the processing of the applicant's application for initial appointment to the Medical Staff nor shall such revocation of temporary clinical privileges be deemed an event which entitles the applicant to any rights under Article VIII of the Medical Staff Bylaws.

4. Modification of Clinical Privileges.

- A. Any member desiring a modification of the member's clinical privileges shall submit a written request for such modification ("Request for Modification") to the Chair of the appropriate Clinical Service. Any such Request for Modification shall include, at a minimum, a delineation of the clinical privileges requested, the inclusive dates of training relevant to the clinical privileges requested, the name(s) and address(es) of the institution(s) or program(s) at which said training was received, and copies of Certificates or other evidence of completion of such program(s).
- B. Any Clinical Service Chief receiving a Request for Modification shall, within a reasonable time after receiving the Request for Modification and its supporting materials, determine whether the Request for Modification should be granted and forward the Request for Modification, its supporting materials, and the Chair's written recommendation to the CEO or the CEO's designee.
- C. On behalf of the CEO, the Chief of Staff or his or her designee shall, upon receipt of a Request for Modification, expeditiously seek to collect and verify, through primary sources when possible, all information submitted with the Request for Modification including the following:
 - 1. Contact the appropriate person at any hospital, health maintenance organization, health plan, health insurance company or other health care entity, including any state or federal government sponsored program, at or with which the member claims to possess or has applied for privileges similar to the clinical privileges requested to inquire as to the status of the application, the applicant's exercise of said privileges, and as to whether any disciplinary action, limitation, suspension, revocation or denial of said privileges, or a denial of the application for said privileges, has taken place or is pending against the applicant.
 - 2. For each hospital, health maintenance organization, health plan, health

insurance company or other health care entity (if so required by the applicable accrediting body), including any state or federal government sponsored program, at or with which the member reports, or the Chief of Staff or his or her designee discovers, any past or pending disciplinary action, denial, limitation, suspension, or revocation, obtain from such entity or entities copies of whatever documents might be available which verify, explain, provide detail, and/or summarize said action and the reasons for it.

- D. All materials and other information collected with respect to any member's Request for Modification shall be placed in the member's confidential credentials file established in accordance with the Medical Staff Bylaws.
- E. Within a reasonable time after the Request for Modification has been processed pursuant to Section 1.4, subsection C, the Executive Committee shall review the Request for Modification, its supporting documentation, and any additional information obtained pursuant to Section 1.4, subsection C.
- F. In connection with its review pursuant to Section 1.4, subsection E, the Executive Committee may, if it desires:
 - 1. Request that the Member appear before the Executive Committee for an interview, the subject of which may include any matter relating to the member's Request for Modification.
 - 2. Request additional information from the applicant regarding issues raised by the Request for Modification, its supporting documentation, or the additional information obtained pursuant to Section 1.4, subsection C.
- G. Following the review pursuant to Section 1.4, subsection E, the Executive Committee shall, by majority vote, determine and recommend to the Board any one of the following:
 - 1. That the Request for Modification be accepted and that the member be granted the clinical privileges he or she has requested;
 - 2. That the Request for Modification be denied, specifying the reasons for such denial; or
 - 3. That the Request for Modification be accepted, but that the clinical privileges granted be limited, specifying the proposed limitations and the reason(s) for them.
- H. After determining its recommendations pursuant to Section 1.4, subsection G, the Executive Committee shall:
 - 1. Forward its recommendations in writing to the CEO and the Board.
 - 2. In the event of its determination that the Request for Modification be denied or that the requested clinical privileges be limited, send written notice to the member in accordance Article VIII of the Medical Staff Bylaws.
- I. Upon receipt of a recommendation from the Executive Committee that a Request for

Modification be approved and that the requested clinical privileges be granted, the CEO may, as an agent of the Board, upon consultation with the Chief of Staff and at any time prior to the next meeting of the Board, approve the Request for Modification and the clinical privileges requested and notify the member of such.

- J. Upon receipt of recommendations and materials from the Executive Committee pursuant to Section 1.4, subsection G, the Board shall:
 - 1. Within sixty (60) days of its receipt of a recommendation from the Executive Committee that the Request for Modification be approved and the requested clinical privileges be granted, either accept, reject, or modify the recommendation of the Executive Committee or refer the matter back to the Executive Committee for further consideration, stating the purpose for such referral and the time within which further action is to be taken by the Executive Committee.
 - 2. Within sixty (60) days of its receipt of a recommendation from the Executive Committee that the Request for Modification be denied or the requested clinical privileges be limited, provided that the member has waived or failed to timely exercise any applicable rights under Article VIII of the Medical Staff Bylaws, either accept, reject, or modify the recommendation of the Executive Committee or refer the matter back to the Executive Committee for further consideration, stating the purpose for such referral and the time within which further action is to be taken by the Executive Committee.
 - 3. In the event that the member exercises such member's rights under Article VIII of the Medical Staff Bylaws with respect to the Executive Committee's recommendation, comply with the requirements of Article VIII of the Medical Staff Bylaws.
- K. Following its next scheduled meeting at which its determinations are made pursuant to Section 1.4, subsection J, the Board shall:
 - 1. If it accepts the Executive Committee's recommendation that the Request for Modification be approved and that the requested clinical privileges be granted, notify the member in writing of such.
 - 2. If it rejects the Executive Committee's recommendation that the Request for Modification be approved or limits the clinical privileges requested, send written notice to the member in accordance with Article VIII of the Medical Staff Bylaws.
 - 3. If it accepts the Executive Committee's recommendation that a Request for Modification be denied or that a Request for Modification be accepted but that the clinical privileges requested be limited, notify the member of such.

5. Leave of Absence.

A. Procedure for Obtaining Leave of Absence.

- 1. Any member wishing or required to request a leave of absence shall forward a written request, stating the reasons for and proposed period of

time of the requested leave of absence, to the Chief of the Clinical Service of the Hospital from whom the member has received the required faculty appointment. Said Clinical Service Chief, if he or she approves the requested leave, shall forward the request, along with his or her recommendation, to the Chief of Staff.

2. Upon receipt of a request for a leave of absence from a member and a recommendation from the appropriate Clinical Service Chief, the Chief of Staff or his or her designee shall present the request to the Credentialing Committee. The Credentialing Committee shall forward the request, along with its own recommendation, to the Executive Committee.
3. The Executive Committee will review the request, make its own recommendation as to the requested leave, and forward the request, along with its recommendation, to the Board for final acceptance or denial. The Board's action will be reported to the member and the appropriate Clinical Service Chief, and the Medical Staff staff roster shall be revised to reflect the change.

B. Procedure for Reinstatement.

1. Each member who wishes to have his or her clinical privileges, prerogatives and responsibilities reinstated following a leave of absence must submit a written request for reinstatement to the Chief of the Clinical Service of the Hospital from whom the member has received the required faculty appointment. Such request for reinstatement must be submitted in writing within a reasonable time prior to the member's desired reinstatement date to allow for review of the request and to verify information submitted in connection with the request for reinstatement. Along with the request, the member must submit a written summary of relevant activities during the leave, to include documentation of current competency, information about any additional training the member received while on leave, and a statement of current health status. The member shall also provide such additional information as may be requested by the Chief of Staff or his or her designee, the Credentialing Committee, the Executive Committee, or the Board.
2. Upon receipt of a member's request for reinstatement from a leave of absence, the appropriate Clinical Service Chief will forward information to the Chief of Staff. The Chief of Staff or his or her designee will confirm information supplied regarding the leave and report such information to the Credentialing Committee.
3. The Credentialing Committee shall review the information submitted by the Chief of Staff and shall forward its own recommendation as to the request for reinstatement, along with the information it received from the Chief of Staff, to the Executive Committee.
4. Upon receipt of the materials and recommendation as to a requested reinstatement, the Executive Committee shall review the request and documentation and recommendations submitted and forward its own

recommendation, along with the information it received from the Credentialing Committee, to the Board.

5. In acting upon the request for reinstatement, the Board of Directors may approve reinstatement either to the same or a different staff category, and may limit or modify the clinical privileges to be extended to the member upon reinstatement. Action of the Board will be submitted to the applicant and appropriate parties so notified. The procedures set forth in Article VIII of the Medical Staff Bylaws shall apply to the denial of reinstatement or limitation of clinical privileges in connection with a reinstatement request.

- C. **Extension of Leave of Absence.** If a member's request for reinstatement has not been fully processed and approved by the Board by the date the member's leave of absence expires, the member's leave of absence shall be extended until such time as the processing and approval is completed unless the delay is due to the member's failure to timely submit a request for reinstatement or provide other documentation or cooperation, in which case the members' appointment and clinical privileges may terminate as deemed appropriate by the Executive Committee with the approval of the Board. Any extension of such leave pursuant to this section does not create a vested right in the member for approval of the request for reinstatement or for continued appointment to the Medical Staff. In no event shall any extension described herein continue beyond the date the member's appointment is regularly scheduled to expire.

6. **Limited Privilege Practitioner.**

Requests for approval as a Limited Privilege Practitioner shall be submitted by the requesting practitioner to the Chief of the Clinical Service of the Hospital from whom the requesting practitioner has received the required faculty appointment, who shall forward such request, along with said Chair's recommendation, to the Chief of Staff or his or her designee. Such requests shall be in writing and include at least the name of the patient to be cared for, or the specific clinical services to be performed; the proposed date of procedure or date(s) of coverage; the requesting practitioner's current DEA certificate, if applicable; the requesting practitioner's Kansas License certificate (regular or temporary); a certificate verifying the requesting practitioner's current medical malpractice insurance coverage; and a current National Practitioner Data Bank report. The Chief of Staff, or his or her designee, and the Chief Executive Officer, or his or her designee, shall jointly determine whether such limited privileges shall be granted and shall, upon reaching said determination, notify the requesting practitioner, the appropriate Clinical Service Chief, the Executive Committee and the Board in writing.

7. **Disaster Privileges.**

- A. In the event of a disaster causing the activation of the Hospital's Emergency Management Plan and rendering the Hospital unable to handle immediate patient needs, the CEO, the Chief of Staff, or such other designee(s) as may be indicated in writing by the CEO or the Chief of Staff may grant disaster clinical privileges to a practitioner (i.e., MD, DO, DDS, Psychologist, ARNP, PA) upon the practitioner's presentation of his or her valid government issued photo identification (i.e., driver's license or passport) and at least one of the following:
 1. Identification indicating that the practitioner is a member of a Disaster Medical Assistance Team ("DMAT");

2. A current picture hospital identification card that clearly identifies professional designation; or
 3. A current license to practice medicine;
 4. Primary source verification of licensure; or
 5. Confirmation by a licensed independent practitioner currently privileged by the Hospital or by a staff member with personal knowledge of the volunteer practitioner's ability to act as a licensed independent practitioner during a disaster
- B. Two of the above listed three identifiers are presented to, and copied by, the Labor and Credentialing Pool during the check-in process. Once the volunteer goes through this process, he/she is assigned a temporary Hospital ID and will then be assigned as needed. Once the assignment is made, he/she will report to the senior medical officer who will supervise care provided by direct observation and/or chart review. The practitioner's documentation shall be copied by Labor and Credentialing Pool for the Hospital's Medical Staff Office and maintained in a credentials file for the practitioner. Additional information regarding the practitioner may also be maintained in the practitioner's credentials file as directed by the Emergency Coordinator.
- C. No practitioner shall exercise disaster clinical privileges until he/she has been cleared to practice through the Labor and Credentialing Pool. Temporary approval of disaster clinical privileges may extend for up to a seventy-two (72) hour period, following which the senior medical officer supervising the practitioner will confirm the practitioner's satisfactory performance and determine whether disaster privileges should continue. The senior medical officer may request an extension of temporary approval for as long as the disaster situation warrants.
- D. As soon as possible after the disaster is under control so that the Hospital is able to handle immediate patient needs, the Medical Staff Office, acting under the direction of the CEO, the Chief of Staff or their designee(s), shall begin the verification process of the credentials and privileges of practitioners who have been granted disaster clinical privileges in accordance with the procedures for granting temporary clinical procedures as set forth in Section 1.3 of these Procedures. Such verification will be completed within 72 hours from the time the volunteer practitioner presents to the organization. In the extraordinary circumstance that primary source verification of licensure, certification, or registration cannot be completed in 72 hours, the verification process will be completed as soon as possible.

Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.

Approval Signatures

Step Description	Approver	Date
	Jennifer Palmer: Health System Policy Administrator	04/2021
University of Kansas Hospital Board	Michelle Crutcher: EXEC ASST TO SVP OR DIV CHIEF	04/2021
On Behalf of Tammy Peterman	Becky Pilarz: EXEC ASST TO COO	02/2021
	Timothy Williamson: VP OF QUALITY & SAFETY	02/2021
Executive Committee Medical Staff	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	02/2021
Executive Committee Medical Staff	Timothy Williamson: VP OF QUALITY & SAFETY	02/2021
	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	02/2021

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