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5 **2.2. Reappointment Procedure**  
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- 7 A. Any person desiring to maintain clinical privileges and Medical Staff membership  
8 must complete a reappointment application packet and submit it to the Medical  
9 Staff Office by April 1 of the second year of the reappointment term (with the  
10 exception of Emeritus and Retired practitioners). Failure to file the completed  
11 reappointment application packet on or before April 1 may result in automatic  
12 termination of appointment at the expiration of the appointee's current term.  
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- 14 B. Prior to the December meeting of the Board of Directors, in the second year of the  
15 reappointment term, the section and/or department chiefs shall review the status,  
16 clinical privileges, demonstrated current competence and performance of Medical  
17 Staff members. The review shall include but not be limited to the following:  
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- 19 1. completion of information necessary to update the medical staff file;
  - 20 2. professional and clinical judgment in the treatment of patients;
  - 21 3. ethics and conduct;
  - 22 4. peer recommendation letter from a practitioner that is in the same  
23 professional discipline and who has direct professional knowledge of your  
24 experience, and who has known you for at least one year;
  - 25 5. willingness to provide continuous care and supervision to patients, teaching  
26 duties, and participation of departmental coverage;
  - 27 6. attendance at General Staff and department meetings;
  - 28 7. participation and attendance at committee meetings;
  - 29 8. board status;
  - 30 9. affiliation with local, state and national societies;
  - 31 10. evidence of continuing medical education activities as it relates to privileges  
32 granted;
  - 33 11. evidence of current competence to verify the ability to perform the privileges  
34 requested, e.g. surgical/procedure/case log;
  - 35 12. compliance with these Bylaws, Rules and Regulations, and Manuals in  
36 addition to Hospital policies and rules and corporate integrity plan and  
37 standards of conduct;
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- 50 13. timely completion of medical records;
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- 52 14. cooperation with Hospital personnel and other practitioners;
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- 54 15. use of the Hospital and general attitude toward patients, the Hospital, and
- 55 colleagues;
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- 57 16. participation in continuous quality improvement activities, including the
- 58 medical review functions;
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- 60 17. current and unrestricted Ohio license;
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- 62 18. current and unrestricted Drug Enforcement Agency number;
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- 64 19. participation in other community activities relating to medicine;
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- 66 20. return of completed information forms, when required;
- 67
- 68 21. physical and mental health status;
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- 70 22. any other criteria which in the opinion of the department and/or section
- 71 chief (s) is relevant;
- 72
- 73 23. department and/or section assignment and delineation of privileges;
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- 75 24. previously successful or currently pending challenges to any licensure or
- 76 registration (state or DEA) or the voluntary or involuntary relinquishment of
- 77 such licensure or registration;
- 78
- 79 25. voluntary or involuntary termination of medical staff membership or voluntary
- 80 or involuntary limitation, reduction, or loss of clinical privileges at another
- 81 Hospital;
- 82
- 83 26. involvement in a professional liability action (pending claims, judgments or
- 84 settlements);
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- 86 27. documentation of professional liability insurance in an amount not less than
- 87 \$1 million per incident and \$1 million per annual aggregate. The amount
- 88 required is determined by the Medical Executive Committee and approved
- 89 by the Board of Directors;
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- 91 28. review of medicare/medicaid or other federal sanction(s);
- 92
- 93 29. review of incidents reportable to the National Practitioner Data Bank or other
- 94 central agency; querying the National Practitioner Data Bank is required
- 95 during reappointment;
- 96
- 97 30. data contained in the Quality Improvement Profile;
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99 31. documented completion of annual PPD skin testing requirements (annual  
100 Mantoux PPD skin test) unless the practitioner has a history of a prior  
101 positive skin test. Those individuals with a prior skin test will be required to  
102 complete a questionnaire concerning symptoms related to tuberculosis.  
103 Failure by the practitioner to comply will result in an automatic suspension of  
104 medical staff privileges;

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106 32. results of criminal background check.

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108 C. All practitioners for membership and clinical privileges shall at the time of  
109 appointment or reappointment, be and remain board certified by the national  
110 specialty board applicable to their primary specialty/sub-specialty. A practitioner  
111 who is a qualified candidate for board certification at the time of initial  
112 appointment shall have five years from the date eligibility was first attained to  
113 become board certified.

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115 Board certification is a continuing eligibility requirement to maintain medical staff  
116 appointment with or without privileges. Failure to meet or maintain board  
117 certification shall result in automatic termination of membership and clinical  
118 privileges on the medical staff. The Board certification requirement shall not  
119 apply to any practitioner whose application was approved on or prior to July 1,  
120 2005, who was not Board certified on or prior to July 1 2005, and who has  
121 continuously maintained a medical staff appointment in good standing.

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123 D. Any individual who does not satisfy the requirement of Board certification,  
124 but is Board eligible or possesses equivalent qualifications, may request that the  
125 Board certification requirement be waived. The individual requesting the waiver  
126 bears the burden of demonstrating exceptional circumstances, and that his or  
127 her qualifications are equivalent.

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129 A request for a waiver shall be submitted to the Credentials Committee for  
130 consideration. The individual must supply all information as requested by the  
131 Credentials Committee. The Credentials Committee may, in its discretion,  
132 consider the specific qualifications of the individual in question, input from the  
133 relevant department/section chief(s), the best interests of the Hospital and the  
134 patients and families it serves, the application form and other information  
135 supplied by the applicant. The individual's specialized expertise to meet a patient  
136 care need may also be considered when reviewing a request for a waiver of Board  
137 certification

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139 The Credentials Committee's recommendation will be forwarded to the Medical  
140 Executive Committee. Any recommendation to grant a waiver must include the  
141 basis and criteria relied upon for such recommendation.

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143 The Medical Executive Committee will review the recommendation of the  
144 Credentials Committee and make a recommendation to the Board of Directors  
145 regarding whether to grant or deny the request for a waiver. Any  
146 recommendation to grant a waiver must include the basis and criteria relied upon  
147 for such recommendation.

148 No individual is entitled to a waiver or to a hearing if the Board determines not to  
149 grant a waiver. A determination that an individual is not entitled to a waiver is not  
150 a "denial" of appointment or clinical privileges and does not give rise to the right  
151 to a hearing. The granting of a waiver in a particular case is not intended to set a  
152 precedent for any other individual or group of individuals.

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154 An application will not be submitted to Credentials Committee for consideration  
155 of appointment until the Board has determined that a waiver should be granted.  
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157 E. The department and/or section chief(s), **the Surgeon-in-Chief, if a surgical**  
158 **section and/or department,** and the Chief Medical Officer shall thereafter consult  
159 and make recommendations to the Credentials Committee which shall evaluate  
160 such recommendation on the basis of such criteria, conduct whatever  
161 investigation it deems necessary to support its evaluation, and submit its written  
162 recommendation as to the status and clinical privileges of the Medical Staff member  
163 being considered to the Medical Executive Committee. The recommendation of  
164 the Credentials Committee shall be accompanied by the recommendation of the  
165 section chief, when appropriate, the department chief, **the Surgeon-in-Chief,**  
166 **when appropriate,** and the Chief Medical Officer.  
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168 F. The Medical Executive Committee will review the Credentials Committee  
169 recommendations and present their recommendations to the Board of Directors  
170 through the President of the Medical Staff. In all instances where non-  
171 reappointment or a change for less clinical privileges or staff category is  
172 recommended, but not requested by the, staff member, or if a request for promotion  
173 is not recommended, the staff member shall be notified by the President of the  
174 Medical Staff as to the reasons for such recommendations and that the staff  
175 member is entitled to a hearing as specified in the Medical Staff Bylaws.  
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177 No adverse recommendation shall be transmitted to the Board of Directors until the  
178 staff member has exercised or has waived his/her right to a hearing.  
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180 G. No later than their December meeting in the second year of the reappointment  
181 term, the Board of Directors will determine reappointment status and clinical  
182 privileges of Medical Staff members. Any staff member whose reappointment,  
183 category or clinical privileges have changed will be notified by the President of the  
184 Medical Staff of such changes.  
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186 Staff members who are not reappointed may file a new application for staff  
187 membership after one year.  
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190 **Medical Staff Office/ka**

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191 **Action of the Bylaws Committee: Approved 1/10/13**

192 **Action of the Credentials Committee: Approved 1/17/13**

193 **Action of the Medical Executive Committee: Approved 1/22/13**

194 **Notification to the General Staff:**

195 **Action of the Board of Directors:**