I. PURPOSE
To ensure the timely processing of applications for appointment/reappointment and granting of privileges to the Medical Staff and Allied Health Staff as Licensed Independent Practitioners at Indiana University Health North Hospital.

II. SCOPE
This policy applies to physician, dentist and allied health practitioner members of the Indiana University Health North Hospital Medical/Allied Health Staff who fulfill the criteria for expedited credentialing and privileging.

III. POLICY STATEMENT
Each application and request for clinical privileges as a Licensed Independent Practitioner, shall be reviewed and assessed by Medical Staff Office personnel; appropriate Physician Employer/Supervisor and/or Subspecialty-section, Section Chair; Credentials Committee Chair or designee; Medical Executive Committee and delegated members of the Indiana University Health North Hospital Board of Directors according to the criteria outlined in the procedure.

IV. PROCEDURE
A. Initial Appointment to the Medical/Allied Health Staff and Requests for Clinical Privileges
Applications for appointment and requests for clinical privileges shall be processed as expedited when the following criteria are met:

1. A complete application is received;
2. All relevant primary source verifications are received;
3. There is no current challenge or previously successful challenge to licensure or registration;
4. The applicant has not received an involuntary termination of medical/allied staff membership at another organization;
5. The applicant has not received involuntary limitation, reduction, denial, or loss of clinical privileges; or
6. The Credentials Committee will be made aware of any malpractice claims that a new applicant has had regardless of number. The only exception being claims for incidents which occurred while the applicant was a
resident/fellow or claims that were dismissed or closed with no payment and no admission of wrongdoing.

B. **Reappointment Applications and Requests for Clinical Privileges**

Reappointment applications and requests for clinical privileges shall be processed as expedited when the following criteria are fulfilled:

1. The hospital determines that there has not been either an unusual pattern of, or an excessive number of professional liability actions resulting in a final judgment against the applicant. During the past two years:
   a) There is no more than one new pending malpractice claim;
   b) There are not more than three (3) pending malpractice claims;
   c) There is no new claim which involves the death of a patient (If the practitioner was dismissed from the suit without payment or admission of wrongdoing, or if the claim closed with a panel opinion of “no malpractice” and no payment, it does not need to be presented to the Credentials Committee); and
   d) There is no record of judgments **against** the practitioner and/or monetary settlement(s) on claims.

2. There are no licensure restrictions.

3. There are no indications of investigations or potential problems.

4. Information has been returned in a timely manner and contains nothing that suggests the practitioner is anything other than qualified in all areas.

5. Applicant meets CME requirements. Applicants for reappointment, who are going through the process early due to birthdate schedule, will not be required to meet the CME requirement until their next scheduled reappointment date.

6. Practitioner-specific profile indicates that performance has been satisfactory in all areas (clinical practice, quality of care, behavior, etc.) The Section Chair and/or Credentials Committee Chair will identify those that do not meet these criteria.

7. There are no identified health problems that would affect the practitioner performing the privileges requested.

8. There are no disciplinary actions or sanctions since time of last appointment/reappointment.

C. Medical Staff Office personnel shall process the application, obtain all documentation and verifications, assess the application, and recommend expedited processing if all criteria are fulfilled.

D. Applications and Requests for Clinical Privileges shall be forwarded to
the appropriate Physician Employer/Sponsor, and/or Subsection/AHP, and/or Section Chair for review and recommendation to the Credentials Committee. The Physician Employer/Sponsor, and/or Subsection AHP, and/or Section Chair shall review the application and request for clinical privileges to ensure it fulfills the established standards for membership and clinical privileges.

E. The applicant and his request for clinical privileges shall be presented to the Credentials Committee or designee for review and recommendation.

F. If the Credentials Committee or designee recommend continuation as an expedited application, the applicant and the request for clinical privileges are presented to the Medical Executive Committee (MEC) for review and recommendation. If the Medical Executive Committee recommends approval for expedited processing, the Chair of the Medical Executive Committee shall sign the Credentials Committee report. The report shall be forwarded to the Expedited (Quality) Committee of the Board of Directors for final action.

G. If the expedited process is recommended by the MEC:

1. The recommendations of the Physician Employer/Sponsor and/or Subsection/AHP, Section Chair, Credentials Committee, and Medical Executive Committee are forwarded to at least two (2) voting members of the Board of Directors who are delegated the authority to render decisions and approve applications and clinical privileges on behalf of the Board of Directors.

2. The applicant and Section Chair shall be notified of appointment or reappointment once approved by the Board of Directors delegates.

3. The full governing body shall review and ratify all appointments and/or reappointments at its next regularly scheduled meeting.

V. CROSS REFERENCE
IUH North Hospital Medical Staff Bylaws
IUH North Hospital Credentials Manual

VI. RESPONSIBILITY
Credentials Committee
Medical Executive Committee
President, Indiana University Health North Hospital
Board of Directors
VII. APPROVAL BODY
Credentials Committee
Medical Executive Committee
Board of Directors

VIII. APPROVAL SIGNATURES
Approved by:

__________________________________________  Date
Kevin Lee Smith, MD
Chair, Credentials Committee

__________________________________________  Date
Jay R. Bhatt, MD
President Medical Staff

__________________________________________  Date
Paul M. Calkins, MD
Chief Medical Officer

__________________________________________  Date
Jonathan R. Goble, MHA, MBA, FACHE
President