

Name of Policy: Credentials Committee Policy Number: 3364-87-11 Approving Officer: Chief of Staff, Medical Executive Committee Responsible Agent: Chief of Staff Scope: University of Toledo Medical Center and University of Toledo Physicians, LLC Clinical Premises		 Effective date: Original effective date: 3/14/2001	
Key words: Credentials Committee, Medical Staff, Appointment, Staff Credentials, Peer Review			
☐	New policy proposal	☒	Minor/technical revision of existing policy
☐	Major revision of existing policy	☐	Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo, the University of Toledo Medical Center (“UTMC”), and its Medical Staff that a Credentials Committee will be appointed and function as defined below.

(B) Purpose of policy

To define the composition, functions, and responsibilities of the Credentials Committee.

(C) Scope

This policy applies to all clinicians of The University of Toledo, the University of Toledo Physicians, LLC, and the University of Toledo Medical Center.

(D) Procedures

(1) Composition of the Medical Staff Credentials Committee

The members of the Credentials Committee will be appointed by the Chief of Staff and will include physician members representative of the clinical services offered by UTMC. There will be no less than ten physician members. Three members of Legal Affairs/Risk Management will be ex-officio members of the committee without vote. One physician member will be designated Chairperson by the Chief of Staff. All members will be entitled to vote.

The term of the Chairperson of the Credentials Committee is for a period of three years, and not more than two consecutive terms may be served by one individual. The Chief of Staff has the right to remove the Chairperson of the Credentials Committee at any time and replace with a new physician member.

(2) Meetings of the Medical Staff Credentials Committee

The Credentials Committee will meet no less than ten times per year.

The Credentials Committee is a peer review committee as defined by section 2305.25 of the Ohio Revised Code. As such, the committee's proceedings and records are confidential.

(3) Functions and Responsibilities of the Medical Staff Credentials Committee

The duties of the Credentials Committee will be to:

- a. Review and evaluate the credentials of all applicants for initial appointment, reappointment, or modification of appointment to privileges and to membership on the staff, including the applications to provide services by allied health professionals; to obtain and consider the recommendations of the appropriate Service Chief, and to make recommendations for membership, staff category, and service division, and delineation of clinical privileges and any special conditions on privileges in compliance with the Medical Staff Bylaws, ~~specifically the criteria set forth in Appendix A,~~ with special consideration being given to:
 - i. Loss or limitation on licensure, cancelation of medical staff membership or privileges, or reduction of privileges in other clinical facilities, including proctoring, investigations by hospitals, state licensing boards or other medical review committees or the existence of consent agreements;
 - ii. Cancellation of professional liability insurance or claim information from the National Practitioner Data Bank or insurance loss run reports that identifies high frequency, severity or concerning nature of claims, and all adverse events;
 - iii. Complaints with respect to professionalism and patient satisfaction data and information; or
 - iv. Any other information deemed relevant and pertinent to the Credentials Committee.
- b. Make a report to the Medical Staff Executive Committee on each such applicant for Medical Staff membership, clinical privileges and allied health status which includes specific consideration of the recommendations from the Services in which such applicant requests privileges and a recommendation for membership, staff category, Service division, and delineation of clinical privileges and any special conditions on privileges;
- c. Review any existing Medical Staff member who is becoming a newly hired employee of the University of Toledo Physicians, LLC, which applicant will complete a new application and be reviewed by the Credentials Committee prior to employment with the University of Toledo Physicians, LLC;

- d. Make referrals to the Peer Review Committee of the Medical Staff for purposes of compliance with the Focused Professional Practice Evaluations (FPPE) or Peer Review and Ongoing Professional Practice Evaluations (OPPE) processes and policies, or investigate any reported breach of ethics unless the Chief of Staff directs that such investigation be conducted by an investigation committee pursuant to the Medical Staff Bylaws; and
- e. Review any reports that are referred by any committee and the Chief of Staff, including the Medical Staff Peer Review Committee.

(4) Policies for Criteria for Clinical Privileges or for the Provision of Services

The Credentials Committee will devise and recommend criteria through the delineation of clinical privileges to perform medical procedures, in collaboration with clinical service chiefs or their designees. The Credentials Committee will devise and recommend criteria and expectations for which allied health professionals may provide services at University clinical sites. Policies approved by the Credentials Committee will be presented to the Medical Executive Committee in accordance with the Medical Staff Bylaws.

Approved by: Daniel Barbee Chief Executive Officer Date Puneet Sindhvani, MD Chief of Staff Date <i>Review/Revision Completed by:</i> <i>HAS, Legal Counsel, Chief of Staff</i>	Policies Superseded by This Policy: • <i>MS-011</i> Initial effective date: 3/14/2001 Review/Revision Date: 11/19/03 05/09/07 02/23/11 02/27/13 05/01/2016 09/01/2023 Next review date:
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