Name of Policy: Credentials Committee  
Policy Number: 3364-87-11  
Approving Officer: Medical Staff  
Medical Executive Committee  
Responsible Agent: Chief of Staff  
Scope: All University of Toledo and University of Toledo Physicians, LLC Clinical Premises

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(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. There will be three members of Legal Affairs/Risk Management on the Committee. 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 the 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.
3.3 Qualifications for membership.

(a) Generally. The qualifications by which each application for appointment or reappointment to membership on the staff and for privileges and by which each member’s continued membership on the staff and enjoyment of privileges will be evaluated are set forth in this Article III. The basic qualifications set forth in Section 3.3 (b) may not be waived except as expressly provided in these Bylaws. The Medical Center and each element of the Medical Center responsible for evaluating continued exercise of privileges and membership on the staff and applications for appointment will have wide discretion in applying the qualifications set forth in Section 3.4(a).

(b) Basic qualifications. Each member of the staff:

(1) Must be currently licensed to practice medicine, osteopathic medicine, dentistry, podiatry, or psychology in the State of Ohio;

(2) Must currently meet the specific qualifications for the category of the member’s membership on the staff as established by Article IV below;

(3) Must meet any specific qualifications for the member’s clinical privileges which are contained in any policy applicable to the service or services in which the member holds privileges;

(4) Possess and provide requested information of relevant training and experience for the category of membership and clinical privileges;

(5) Must have shown demonstrated ability and current competence in the fields covered by the member’s application for membership and privileges including, if applicable, privileges to provide anesthesia services; and

(6) Is not excluded from participation in any federal health care program, as defined under 42 U.S.C. §1320a-7b (f), for the provision of items or services for which payment may be made under such federal health care programs; has not been recently convicted (as that term is defined under 42 U.S.C. §1320a–(7)(i)) of a criminal offense related to health care; or has not received nor is there a final adverse action, as such term is defined under 42 U.S.C. §1320a-7e (g).

3.4 Other qualifications.

(a) Related to the person. Each member of the staff will:
(1) Adhere strictly to the law and the ethics of the person’s profession and the Medical Center, and will refrain from fee splitting or inappropriate inducements relating to patient referrals;

(2) Comply with Medical Center policies and regulations and the Bylaws and Policies of the Medical Staff;

(3) Work cooperatively with others;

(4) Participate in and perform the responsibilities imposed upon members of the staff including, without limitation, participation in relevant continuing education programs (these must be commensurate for requirements for relicensure in Ohio) and attendance at staff, Clinical Service meetings and Medical Center committees;

(5) Have the physical and mental health necessary to perform the responsibilities incident to staff membership and privileges, with or without reasonable accommodation; and will submit any reasonable evidence of current ability to perform privileges, as may be requested;

(6) Comply with the call obligations applicable to the category of staff membership and service requirements, and assist the Medical Center in fulfilling its responsibilities for providing emergency and charitable care; and

(7) Be Board Certified by an American Board of Medical Specialties (ABMS), an American Osteopathic Association (AOA) or a Royal College of Physicians or Surgeons recognized Board within five years of becoming a member of the Medical Staff, subject to the following conditions:

  i. Exceptions may be granted by the Executive Committee or Board;
  ii. If the primary specialty of the Medical Staff Member is not recognized as a specialty by either the ABMS or the AOS, and the Member does not fit into a general certificate specialty, the Member is not required to obtain an exception;
  iii. For Members requiring board certification, once certified by a recognized board, the Medical Staff Members requiring board certification must remain certified by at least one recognized board as a condition for Medical Staff Membership (given a grace period of two years to complete).

(b) Related to the Medical Center. In assessing a person’s qualifications for staff membership and privileges, consideration may be given to the ability of the Medical Center and Staff to provide adequate facilities and support services for the person’s practice and patients, the Medical Center’s image and mission in the community, the quality of medical care rendered to
patients in the Medical Center, the efficiency of the Medical Center, the well-being of the Medical Center, and the person’s compliance with ethical and moral standards.

3.5 **Information that may be considered.** In determining whether a particular person meets the qualifications established by these requirements, any relevant information may be considered. In evaluating each application for reappointment, changes in category or status, or additional privileges, particular attention will be given to the professional and clinical performance of the applicant at the Medical Center, based at least in part, on the findings of the Focused Professional Practice Evaluations (FPPE) or Peer Review and Ongoing Professional Practice Evaluations (OPPE) as set forth in Medical Staff Policy, patterns of practice, quality management programs of the staff, medical audits, utilization reviews, infection control activities, tissue reviews, medical record reviews, pharmacy and therapeutics activities and the current ability to perform the privileges requested.