POLICY

To insure that all members and clinical privilege holders who are reapplying for membership and/or clinical privileges are processed in accordance with regulatory standards as well as the bylaws and rules & regulations developed and adopted by the medical staff and approved by the governing board.

PURPOSE

The purpose of this policy is to define Torrance Memorial Medical Center’s policy and procedure for processing reappointment and renewal applications by the Medical Staff Services Department.

GENERAL INSTRUCTIONS

1. Selection
   1.1 Members and clinical privilege holders will be reappointed or renewed at least every two years. Reappointment or renewal selection will be based on the original appointment or initial approval date. The reappointment or renewal process will be an ongoing monthly process.
   1.2 A reappointment or renewal packet will be sent, via regular mail at least 6 months prior to the current expiration date.
   1.3 The reappointment or renewal packet will contain the following:
      1.3.1 Letter outlining completion instructions
      1.3.2 Reappointment or renewal form
      1.3.3 Agreement to maintain confidentiality
      1.3.4 Request for detail of malpractice lawsuits over the past two years
      1.3.5 Form for CME credits received within the past two years
      1.3.6 Current privilege delineation sheet requesting review and signature
      1.3.7 Blank clinical privilege form for requesting new privileges
      1.3.8 Self-addressed return envelope
   1.4 If the reappointment or renewal packet is not received within thirty (30) days of the initial request or 5 months prior to expiration, a second notice will be sent.
   1.5 If the reappointment or renewal packet is not received within sixty (60) days of the initial request or 4 months prior to the expiration date, a third and final notice will be mailed via certified mail.

2. Processing
   2.1 The reappointment or renewal form shall be date stamped upon receipt.
   2.2 Any change in demographic information will be entered into the credentialing database.
   2.3 The National Practitioner Data Bank (NPDB) will be queried.
   2.4 Intel Resources will be queried for malpractice cases within the last two years.
3. **Processing (continued)**

   2.6 Meeting attendance for the past two years will be obtained from the credentialing database.

   2.7 Summary of CME credits earned since previous reappointment or renewal will be obtained from the member or clinical privilege holder.

   2.8 Hospital clinical activity at Torrance Memorial Medical Center (TMMC) (number of patients admitted, consultations performed, procedures performed, etc.) will be obtained for the past two years.

   2.9 The Reappointment or Renewal Packet shall include:

      2.9.1 The completed reappointment or renewal form completed by the member or clinical privilege holder.

      2.9.2 Member or clinical privilege holder’s Profile.

      2.9.3 Number of patients admitted, consultations performed, procedures performed, etc at TMMC.

      3.9.5 Verification of all current medical license(s), DEA Certification, other certification such as x-ray/fluoroscopy or resuscitation certificate(s).

      3.9.6 A copy of the current liability certificate.

      3.9.7 Verification of alternate coverage.

      3.9.8 Peer references and hospital affiliation letters to include privilege and hospital activity if possible.

   2.10 Any “adverse” comments received will be flagged and brought to the attention of the Department Chief.

   2.11 If the member or clinical privilege holder fails to submit a completed re-application or renewal form prior to expiration, the member or clinical privilege holder shall be deemed to have automatically relinquished his or her medical staff membership and/or privileges.

3. **Committee Process**: Completed reappointment or renewal application will first be submitted to the appropriate clinical department for review and action.

   3.1 The clinical department associated with the particular privilege will be responsible for making recommendations on renewal of those privileges.

   3.2 To insure timely processing of the reappointment or renewal process, if a department/committee is not scheduled to meet, the chief of the department may review and make a recommendation. This action will be placed on the agenda of the next regularly scheduled department meeting.

   3.3 Departmental/committee recommendations relevant to privileges, staff category, etc. will be forwarded to the Credentials Committee, Medical Executive Committee and the Governing Board.

4. **Follow-up**:

   4.1 Privileges and appointment or renewal date will be updated in the credentialing database.
4. Follow-up (continued)

4.2 Members or clinical privilege holders shall be notified of the action by mail. Such action shall include the expiration date of the appointment or renewal period, a listing of current privileges and any other special circumstances.

4.3 Hospital Staff shall be aware of changes via query of the electronic Physician/AHP Roster.

Reference(s)
The Joint Commission (TJC) Standards
CMS Standards
Title 22 Regulations
TMMC Medical Staff Bylaws
TMMC Medical Staff Rules & Regulations