

East Jefferson General Hospital
& Procedure
Metairie, LA 70006

Medical Staff Services Policy

Policy No.: MSC – 5

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Effective Date: October 16,

2012

Title: **Medical Staff Reappointment**

Approved by:

Jeffrey Sketchler, M.D.
Chief of Staff

Reviewed Date: 7/22/13

Revised Date: 8/13/13, 6/14/14, 10/24/15, 8/30/17; 12/12/17

I. POLICY: To further define the Medical Staff Reappointment Process and provide guidance and clarification of the process with respect to the renewal time period. Renewal of Medical Staff Membership is defined as outlined in the Medical Staff Bylaws.

Renewal of Medical Staff Membership is defined as outlined in the Medical Staff Bylaws.

Article III, Membership Application Process: Section 3.4, Duration of Medical Staff Membership – Except as otherwise provided in these Bylaws, initial membership in the Medical Staff shall be for a period of up to two years. Each membership renewal shall be for a period of up to two years.

And

Section 3.6, Membership Renewal and Requests for Modifications of Staff Status or Privileges.

II. DEPARTMENTS AFFECTED: Medical Staff

III. GUIDELINES:

Upon receipt of a complete Medical Staff Reappointment application, along with membership dues and any additional assessments, the Medical Staff Office will initiate the routine credentialing process per the Medical Staff Bylaws and Joint Commission guidelines.

According to this process, the completed reappointment application, required primary credentialing documents, and required quality/hospital trending data will be reviewed by the Division Chief for his/her recommendation to the Medical Staff Credentials Committee regarding membership/privilege renewal.

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A. Submission of reappointment application

Completed applications must be received no later than 45 days prior to the expiration date. In the event a completed application is received after the deadline and fully processed in time for presentation to the next Credentials Committee meeting, the applicant will be assessed a fine equivalent to the fees associated with an Initial Application. All fines, fees and dues must be paid with submission of the application.

If the Medical Staff Office is unable to obtain all required verifications by the Credentials Committee meeting, the applicant will be considered a voluntary resignation.

B. As part of this review, factors which may trigger a less than 2 year reappointment renewal recommendation include, but are not limited to, the following:

1. If the practitioner is under a Focused Professional Performance Evaluation (FPPE) or has been warned, educated, or if action was taken as a result of a FPPE or other quality performance issue approved by the Medical Executive Committee
2. Issues of documented non-compliance with Medical Staff and/or Health Information Management policies. Once the practitioner is on the "Over 60-day delinquent list", the practitioner will receive notifications from the Medical Staff Office to attend the next scheduled Medical Executive Committee (MEC) meeting to address this issue unless the delinquent charts are completed prior to the meeting. Should the practitioner remain on the "Over 60-day list as of the date/time of the MEC meeting and fail to attend such meeting as requested, the practitioner will be issued a \$100 assessment fee at the time of occurrence. Failure to pay the assessment will be addressed according to Section 5.3-5 of the Medical Staff Bylaws.
3. If the practitioner has been on Medical Record Suspension greater than 50% of the Reappointment cycle
 - a) Effective January 1, 2016, the practitioner will be subject to pay his/her membership dues at the time of the less than two year reappointment cycle.

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4. Identified issues as part of the Risk Management reporting system or other complaints; issues of documented disruption or impairment for which it is determined by the Chief of Staff and/or Medical Director that the practitioner is the causative factor and such action has been reviewed by the Medical Executive Committee.

5. Core Measures: Four months or more of any core measure non-compliance within the last year prior to credentialing year.

6. Ongoing Professional Performance Evaluation (OPPE): Two periods of the same metric outside of the established threshold over the last two available OPPE data points just prior to credentialing year.

C.