

**YALE-NEW HAVEN HOSPITAL
MEDICAL STAFF POLICY
REFERENCE LETTERS**

Purpose: The purpose of this policy is:

- to set forth the guidelines for the sources of reference considered appropriate for new applicants to and re-appointed members of the Medical Staff
- to define confidentiality provisions applicable to written and oral references

Scope:

This policy shall apply to all members of the Medical Staff in all categories.

Policy:

Prospective members of the Medical Staff shall submit names of individuals from whom the Hospital may solicit references as appropriate based upon the guidelines as outlined in Appendix A. The type of references and instances in which references are required at the time of re-appointment are specifically outlined in the Low Volume Admitters Policy.

The Hospital reserves the right to solicit references and other information from persons other than those supplied in initial applications or re-appointment applications.

The objective in soliciting references is to obtain first hand information about the applicant's "current competence" and ability to perform the clinical privileges he/she requests to perform at Yale-New Haven Hospital. In order for the Hospital and Credentials Committee to obtain a honest, objective evaluation, reference writers are assured that their letters will be kept confidential to the extent permitted by law and will not be shared with the applicant or current Medical Staff member.

Procedure:

Re-Appointment

1. Letters are obtained in accordance with the Low Volume Admitters Policy. At any point in the review process, letters in addition to those suggested by the Medical Staff member may be required or solicited to confirm current competence.

Initial Appointment

1. Upon making application, prospective members of the Medical Staff submit the names of individuals from whom they would like the Hospital to solicit references consistent with the Guidelines established by the Credentials Committee and attached as Appendix A.

Note: Under unique circumstances, with sufficient verification of current competence, the Credentials Committee may recommend approval of applicants with fewer than the minimum of three (3) references as required in Appendix A. These may include, but are not limited to, the following:

- Fewer than three (3) individuals can be identified by the applicant and the Department of Physician Services having direct knowledge of the applicant's care and current competence.
- As a result of an acquisition or other similar assumption of a specific sub-set of hospital services, disclosure regarding the results of the applicant's OPPE and FPPE and other peer

review documentation and information is made available to the Department of Physician Services for consideration in the appointment process.

When fewer than three (3) references are obtained, depending on circumstances, the Credentials Committee may choose to require a period of proctoring consistent with the options outlined in the "Proctoring Policy"

2. The Credentialing Specialist responsible for the processing the application sends reference request along with the "Credentials Attestation and Authorization" and privileges requested by the applicant to each reference writer. (Appendix B). Reference writers are informed that their information will not be shared with the applicant.
3. Completed applications for Medical Staff Membership, including the reference letters, are sent to the Associate Section Chief, Section Chief, Associate Chief, Chief and Chief of Staff for review and recommendation of privileges as applicable relative to each Department. Applications are forwarded to the Credentials Committee or Credentials Sub-Committee for review consistent with New Appointment Application Processing and Sub-Committee Review of New Applications Policies. At any point in the process, the Credentialing Specialist or any other individual reviewing the application for appropriateness and eligibility for membership and privileges may require or solicit references in addition to those identified by the applicant.

Confidentiality of References

1. Access to letters of reference supplied as part of the new application or re-appointment process is limited to the medical staff leaders listed in #3 above, members of the Credentials Committee or Credentials Sub-Committee and relevant employees of the Department of Physician Services.
2. Copying of letters of reference is strictly limited and generally permitted exclusively for purpose of review by the Credentials Committee. All copies are returned by Credentials Committee members at the end of each meeting and subsequently destroyed.
3. Except as required by law, removal or copying of letters of reference for any other purpose is prohibited.
4. Medical Staff applicants may not have access to letters of reference although other items in the Medical Staff file are available to them for review upon proper notice as specifically defined in the Policy and Procedure concerning "*Applicant Access to Files.*"
5. Reference letters are retained with the Medical Staff file until the entire file is destroyed.

zinck/reference letters

revised 4/23/03

Reviewed 02/06/08

Reviewed 6/7/11

Updated 11/1/12

Approved: March 6, 2013 Medical Board

Approved: March 21, 2013 PSCQ

APPENDIX A
YALE NEW HAVEN HOSPITAL
Guidelines for Identification of Reference Writers

General Guidelines (required for all applicant categories):

- *Minimum* of three (3) references is required. Acceptable references are from individuals in your same specialty who have been, or currently are, in a position to supervise/evaluate your skills and techniques relative to the privileges you are requesting.
- References from individuals who trained under you are not acceptable.
- References from the practice you are joining are not acceptable.
- References from a practice you are leaving are acceptable and may be required.
- Yale New Haven Hospital reserves the right to request additional references beyond those outlined here as indicated during the credentialing process.

Applicant Category: M.D., D.O., D.P.M.

Completion of Residency or Fellowship *within the past six months*

- One reference must be from the residency or fellowship training director (as applicable) who oversaw your training
- Additional references from applicable Department Chief and/or other clinical leaders at the institution where you completed residency/fellowship or, if in practice, your current hospital Department Chief

Completion of Residency or Fellowship *within the past seven to twenty four months*

- One reference must be from the residency or fellowship training director (as applicable) who oversaw your training
- One reference must be from the department Chief(s) at your current hospital(s).
- If you have had privileges at more than your current hospital(s) since completion of your residency/fellowship, references must be from the department Chief(s) at these institutions as well
- Other references from individuals in your same specialty as described under “General Guidelines” above

In practice (following Residency or Fellowship) *for two to five years*

- One reference must be from the department Chief(s) at your current hospital(s).
- If you have had privileges at more than your current hospital(s) since completion of your residency/fellowship, references must be from the department Chief(s) at these institutions as well
- Other references from individuals in your same specialty as described under “General Guidelines” above

In practice (following Residency or Fellowship) *for more than five years*

- One reference must be from the department Chief(s) at your current hospital(s).
- References from Chief(s) at any hospital at which you have held privileges for the past five (5) years.

- Other references from individuals in your same specialty as described under “General Guidelines” above

Applicant Category: D.M.D., D.D.S.

Completion of Residency *within the past six months*

- One reference must be from the residency training director who oversaw your training
- Reference from your current practice partner(s) if you have joined a practice since completion of residency
- Other references from individuals in your same specialty as described under “General Guidelines” above. May be dentists (other than your residency training director) who supervised you during residency.

Completion of Residency *within the past seven to twenty four months*

- One reference must be from your residency training director who oversaw your training
- If you are a member of a hospital medical staff, one reference must be from the Chief(s) of Dentistry at your current hospital(s).
- If you have had privileges at more than your current hospital(s) since completion of your residency, references must be from the department Chief(s) at these institutions as well
- Other references from individuals in your same specialty as described under “General Guidelines” above.

In practice (following Residency) *for two to five years*

- If you are a member of a hospital medical staff, one reference must be from each of the department Chief(s) at your current hospital(s).
- If you have had privileges at more than your current hospital(s) since completion of your residency/fellowship, references must be from the Chief(s) of Dentistry at these institutions as well
- Other references from individuals in your same specialty as described under “General Guidelines” above

In practice (following Residency) *for more than five years*

- If you are a member of a hospital medical staff, one reference must be from the Chief(s) of Dentistry at your current hospital(s).
- References from Chief(s) of Dentistry at any hospital at which you have held privileges for the past five (5) years.
- Other references from individuals in your same specialty as described under “General Guidelines” above

Applicant Category: APRN, PA, CNM, CRNA

Completion of education/training *within the past six months*

- One reference must be from the program director at the institution where you received your professional degree who has known you throughout your training including your clinical rotations.
- One reference must be from a professional in your field (i.e. an APRN for an APRN applicant)
- At least one reference from an M.D. or D.O. who supervised you during your clinical rotations during training or, if you have been in practice since graduating, your current supervising physician.

Completion of education/training *within the past seven months to two years*

- One reference must be from the program director at the institution where you received your professional degree who knew you throughout your training including your clinical rotations.
- One reference must be from a professional in your field (i.e. an APRN for an APRN applicant)
- Reference from your current supervising/collaborating M.D. or D.O.
- If you have been in more than one position since graduation, a reference from each of your supervising/collaborating M.D./D.O.s

In practice for *more than two years*

- One reference must be from a professional in your field (i.e. an APRN for an APRN applicant)
- Reference from your current supervising/collaborating M.D. or D.O.
- If you have been in more than one position since graduation, a reference from each of your supervising/collaborating M.D./D.O.s for the past two to five years (as applicable depending upon length of time in practice)

APPENDIX B
Yale-New Haven Hospital
New Application Attestation and Authorization

PLEASE NOTE:

As relevant for each practitioner, the content and requirements of this attestation and authorization are applicable for Yale New Haven Hospital and the entities (as listed below) that have credentialing services agreements with Yale New Haven Hospital:

Yale New Haven Community Medical Group
Shoreline Surgery Center, LLC
SSC II, LLC
Temple Recovery Care Center
Grimes Health Center

By applying for appointment/reappointment on the Yale-New Haven Hospital Medical Staff, I hereby authorize Yale-New Haven Hospital and the entities identified above (as applicable), their representatives, employees, agents and members to consult with prior associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, and ability to work cooperatively with others.

Additionally, I authorize Yale-New Haven Hospital employees to access the information contained in my medical staff file at Bridgeport Hospital including any information I submitted to Bridgeport Hospital in support of my initial application or re-appointment application, primary source verifications and any references or peer review information obtained by Bridgeport Hospital on my behalf. This authorization extends to any health information records contained in my Bridgeport Hospital medical staff file including, but not limited to, immunization, titer, and PPD to Yale New Haven Hospital for purposes of completing this application.

I hereby release from liability all representatives, employees, agents and Medical Staff members of Yale-New Haven Hospital and the entities identified above (as applicable) for their acts performed and statements made in connection with evaluating my credentials and qualifications.

I hereby release from liability any and all individuals and organizations who provide information to Yale-New Haven Hospital and the entities identified above (as applicable), their representatives, employees, agents and members concerning my professional competence, ethics, character, and other qualifications for membership.

I agree to indemnify Yale-New Haven Hospital, its representatives, employees, agents and Medical Staff members and the entities identified above (as applicable) in the event that any false or misleading information or failure to provide complete data later exposes the Hospital or entities to professional liability.

I authorize Yale-New Haven Hospital and the entities identified above (as applicable) their employees and agents to allow Delegated Entities and/or Accrediting Bodies access to my provider credentialing and recredentialing files as requested and to permit Delegated Entities and/or Accrediting Bodies to review said files.

I agree to abide by the Bylaws and the Rules & Regulations of the Medical Staff of Yale-New Haven Hospital and the entities identified above (as applicable). (Copies of the Yale New Haven Hospital Bylaws are available upon request or via the Y-NHH Clinical Workstations. A copy of the Yale New Haven Hospital Rules & Regulations is attached.) I further agree to abide by the Policies of the relevant facilities applicable to my activities and to provide for continuous care for my patients. Additionally, I agree to practice in accordance with my privileges as delineated for each entity (as applicable) and to obtain consultations as appropriate.

Confidentiality of reappointment and other materials in the possession of Yale-New Haven Hospital will be maintained in accordance with Hospital Policies.

I further attest that I have read, understand and will abide by the enclosed Yale New Haven Hospital policies regarding Infection Control Safety and Standard Precautions and HIPAA Privacy and Security.

I declare under penalty of law, that all statements, answers, and information contained in this application are true, correct and complete to the best of my knowledge. I understand that falsification, misrepresentation or omission of any fact(s) will be sufficient cause for ceasing processing and/or denial of this application and/or subsequent termination of any participating privileges granted upon the basis of this application with no hearing rights. I agree to inform Yale-New Haven Hospital in writing within fifteen (15) days, of any changes in the information provided and the answers to questions on the application as a result of new information or developments subsequent to my signing of the application.

I understand and agree that acceptance of this application/reappointment application does not constitute approval of membership in the Medical Staffs of Yale-New Haven Hospital or the entities identified above (as applicable) and grants me no rights or privileges of membership until such time as I receive written notice of membership status.

I agree that photocopies of this document will be as binding as the original and attest to the fact that the signature below is my own.