

**YALE-NEW HAVEN HOSPITAL
MEDICAL STAFF POLICY
SUB-COMMITTEE REVIEW OF NEW APPLICATIONS**

Purpose: To minimize the delay in credentialing and privileging new Medical Staff.

Scope: New applicants to the Medical Staff

Policy: It is the policy of Yale-New Haven Hospital to perform initial credentialing in accordance with the Medical Staff Bylaws and with other legal and regulatory requirements. The Hospital intends to credential applicants for appointment to the Medical and Affiliated Health Care staff with care and as expeditiously as possible.

Although subject to a less detailed application process, the Sub-Committee will also review applications for clinical fellowship positions if concerns are identified by the Department of Physician Services relative to the applicant's education, experience or history.

Procedure:

1. Once an application for Medical Staff membership and privileges has been received, the Department of Physician Services will process it in accordance with steps #1 through #18 as outlined in the "*New Appointment Application Processing*" Procedure.
2. All completed files will then be referred to an internal Committee appointed by the Chief of Staff. This Committee will be composed of the following: the Director of Physician Services, the Chief of Staff or his/her representative, a representative of the Office of Legal & Risk Services and/or the Credentials Committee Chair or a member of the Credentials Committee that he/she designates.
3. Each of the individuals listed above will independently review all initial applications for Medical Staff or Affiliated Health Care provider membership and privileges in the order indicated in #2.
4. The Committee composed of the individuals listed in #2 will review the completed application for verification of training and experience to perform the requested privileges, review of references, gaps in professional history, review of any documentation submitted for affirmatively answered practice history questions, and any other information relevant to the determination of eligibility for appointment and current competency to perform the privileges requested.

The Committee has the authority to request further references, resolve delineation discrepancies by contacting the applicant or the Chief or Associate Chief of Service and to make other inquiries.

5. If there are no unresolved discrepancies/questions or "red flags" in the application and the application is recommended for approval, temporary privileges may be granted immediately following approval by members of the Sub-Committee as described below:

A minimum of three (3) Sub-Committee members must approve an application in order for temporary privileges to be granted. The Chief of Staff or his/her designee and the Director, Physician Services or his/her designee are required for approval. The third approval may be from the Office of Legal & Risk Services representative or the Credentials Committee Chair or his/her designee from the Credentials Committee.

Review by the representative of the Office of Legal & Risk Services will be required for all applications in which there are pending or resolved legal matters. Examples of the latter include but are not limited to: malpractice cases and VISA issues. Consistent with the Medical Staff Bylaws and #7 below, applications with “red flags” are not eligible for Sub-Committee approval and require full Credentials Committee review.

The Credentials Committee is informed of the individuals that have been approved by the Sub-Committee at its next meeting.

6. Following notification to the Credentials Committee, individuals approved by the Sub-Committee are recommended at the next Medical Board/Medical Board Administrative Committee and Patient Safety & Clinical Quality Committee of the Board of Trustees consistent with items #14 through 17 as stipulated in the “*New Appointment Application Processing*” Procedure.
7. Unresolved discrepancies or any other questions raised by the application or concerns expressed by any single member of the Sub-Committee will cause the application to be referred to the full Credentials Committee for consideration.

Applications containing issues relative to the following will not be eligible for consideration under this policy:

- Current or previously successful challenges to licensure or registration in any state
- Involuntary termination of medical staff membership at another organization
- Involuntary limitation, reduction, denial or loss of clinical privileges
- Chief/Associate Chief/Section Chief disapproval or refusal to sign
- Pending or prior arrests or convictions for any reason

Additionally, any one of the Sub-Committee members shall have the authority to request that the application be forwarded to the Credentials Committee for full review. The Credentials Committee will be informed of the reason for the referral of the application and will review the entire application prior to making its recommendation to the Medical Board.

New: 09/10/02
Revised: 10/10/02
Revised: 08/18/04
Revised: 05/24/06
Revised: 06/06/06
Reviewed: 02/06/08
Updated: 06/08/09
Updated: 05/31/11
Revised: 01/29/13
Approved: March 6, 2013 Medical Board
Approved: March 21, 2013 PSCQ