 <p>B.S. Aquino Drive, Bacolod City, Negros Occidental, 6100</p> <p>DR. PABLO O. TORRE MEMORIAL HOSPITAL</p>	Document Code:	DPOTMH-C-28-P01 (2)
	Effective Date:	06-15-2022
	Document Type:	Policy
	Page Number:	1 of 3
	Department/Section:	Medical Director's Office
	Document Title:	<b>CREDENTIALING AND PRIVILEGING OF DPOTMH MEDICAL STAFF</b>

### **PURPOSE:**

1. To outline the policy in the credentialing and privileging of the Medical Staff.
2. To define a physician's scope of practice and the clinical services they may provide.

### **LEVEL:**

President and CEO, VP – Chief Medical Officer, Medical Director, Medical Staff President, Department Chairman, All Medical Consultants who will apply for Privilege to Practice at Dr. Pablo O. Torre Memorial Hospital


### **DEFINITION OF TERMS:**

1. **T2Y** – 2 year temporary admitting privilege given to new graduates of our *Residency Training Program in Internal Medicine, Pediatrics, Obstetrics and Gynecology*.
2. **T4Y** – 4 year temporary admitting privilege given to new graduates of our *Residency Training Program in Anesthesia and General Surgery*.
3. **Visiting** – Privilege to practice given to Medical Consultants who are Specialty Board-certified not actively involved in the training of residents.
4. **Active** – Privilege to practice given to Medical Consultants who are Specialty Board-certified and actively involved in the training of residents. May be elected to department posts or hospital positions.

### **POLICY:**

1. It is the policy of this hospital that all physicians who practice their profession here shall meet the minimum credentialing, privileging, and performance standards required by regulatory bodies.
2. Physicians who intend to become a member of the Medical Staff at DPOTMH shall apply for such privilege to practice and should be properly credentialed.



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	Page Number:	2 of 3
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3. Each medical staff member is authorized to perform only those diagnostic and / or therapeutic procedures for which he has been credentialed. Should the Physician acquire credentialed skills or privileges, he/she must provide the department and the Office of the Medical Director a copy of the new certificate.
4. Provisions of this policy shall apply to all licensed independent practitioners.
5. Clinical privileges shall be granted to each licensed independent practitioner as permitted by law and the hospital to practice independently, to provide medical or other patient care services within the scope of the individual's training, experience, demonstrated current competence, judgment, character, and capability.
6. The description of clinical privileges does not, however, relieve physicians of their responsibility to act in case of an emergency to save lives and/ or to alleviate suffering.
7. Adherence to the Code of Professional Conduct is a must at all times.


#### **DOCUMENTATION:**

Revised Policy

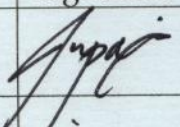
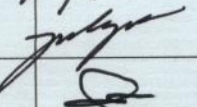


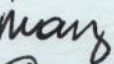
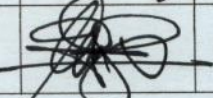
#### **DISSEMINATION:**


Provision of copy to ALL Department Chairman



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	Page Number:	3 of 3
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### APPROVAL:

	Name/Title	Signature	Date
Prepared by:	<b>LYANNE MARIA V. ASPAREN</b> Administrative Secretary to the VP-CMO		7/7/22
Verified by:	<b>JOSE PEPITO B. MALAPITAN. MD</b> Assistant Medical Director		July 8, 2022
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		7/08/2022
Recommending Approval:	<b>FREDERIC IVAN L. TING, MD</b> OIC-Total Quality Division		7/8/22
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		7.8.22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		9/13/22

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	Page Number:	1 of 3
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	Document Title:	<b>CREDENTIALING AND PRIVILEGING OF DPOTMH MEDICAL STAFF</b>

### **PURPOSE:**

To outline the policy in the credentialing and privileging of the Medical Staff.

### **SCOPE:**

President and CEO, Medical Director, Medical Staff President, Department Chairmen, All Medical Consultants who will apply for Privilege to Practice at Dr. Pablo O. Torre Memorial Hospital


### **PERSON RESPONSIBLE:**

President and CEO, Medical Director, Medical Staff President, Department Chairman


### **PROCEDURE:**

- 1 The applicant physician prepares three (3) letters of application addressed to the following:
  - 1.1 Department Chairman
  - 1.2 Medical Director
  - 1.3 President & CEO
- 2 Applicant Physician to attach the following:
  - 2.1 Curriculum Vitae
  - 2.2 College of Medicine Diploma
  - 2.3 Photocopy of PRC license, Professional Tax Receipt (PTR) and PhilHealth Accreditation ID
  - 2.4 *Certificate of Completion of Residency Training*
  - 2.5 Documents of Diplomate or Fellowship (if any)
  - 2.6 Recommendation Letters from Training Officer and Medical Director where the consultant has trained.
  - 2.7 Recent 2x2 picture (2pcs)
  - 2.8 Accomplished ABAC and Conflict of Interest form

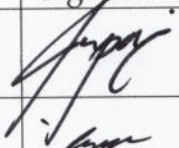
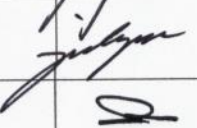


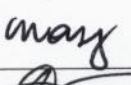
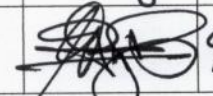


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	Document Type:	Standard Operating Procedure
	Page Number:	2 of 3
	Department/Section:	Medical Director's Office
	Document Title:	<b>CREDENTIALING AND PRIVILEGING OF DPOTMH MEDICAL STAFF</b>

- 3 The applicant will apply for Privilege to Practice to the Department Chair concerned personally (or virtual).
- 4 The Department Chairman approves and/or disapproves application. If approved, the Department Chair will forward the application to the Medical Staff secretary to be routed for approval and signing by the different Clinical Department Chairs
- 5 Once all Department Chairs have signed and approved the application, the Medical Staff secretary will forward the application to the Medical Staff President who will then reassess the application for review of credentials, moral and personal circumstances of the applicant physician. After review, the Medical Staff President will sign and forward the application to the office of the VP-Chief Medical Officer and Medical Director.
- 6 The Medical Director annotates the recommendation and forwards it to the President and CEO.
- 7 The President and CEO reviews the recommendations of the Medical Director, Medical Staff President, and Department Chair.
  - 7.1 If the application has been approved, through a written notice, the President and CEO grants admitting privileges to the applicant physician.
  - 7.2 For T2Y and T4Y status, after the completion of the temporary visiting status given to the applicant physician, the applicant re-applies to the Department Chairman for a re-classification of status for visiting/active consultant. The Chairman provides an official letter to the VP-CMO of the recommendation/ approval of reapplication. No need for rerouting with the Credentialing Committee.
  - 7.3 After the completion of the special temporary visiting status given to the applicant physician, not under T2Y and T4Y, the usual procedure for *application for the privilege of practice will be followed.*
  - 7.4 If the application has been denied, the applicant physician may re-apply after complying with the deficiencies (if any).

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**APPROVAL:**

	Name/Title	Signature	Date
Prepared by:	<b>LYANNE MARIA V. ASPAREN</b> Administrative Secretary to the VP-CMO		7/7/22
Verified by:	<b>JOSE PEPITO B. MALAPITAN, MD</b> Assistant Medical Director		July 8, 2022
Reviewed:	<b>DENNIS C. ESCALONA, MN, FPCHA, FPSQua</b> Quality Assurance Supervisor		7/08/2022
Recommending Approval:	<b>FREDERIC IVAN L. TING, MD</b> OIC-Total Quality Division		7/8/22
	<b>MA. ANTONIA S. GENSOLI, MD, FPPS, FPCHA</b> Vice President – Chief Medical Officer		7-8-22
Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		9/13/22






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MEMORIAL HOSPITAL

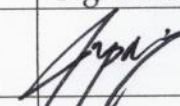
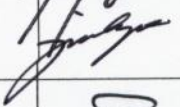


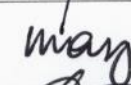
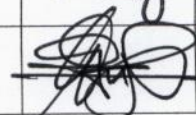
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Effective Date:	07-31-2022
Document Type:	Work Instruction
Page Number:	1 of 2
Department/Section:	Medical Director's Office
Document Title:	<b>CREDENTIALING AND PRIVILEGING OF DPOTMH MEDICAL STAFF</b>

KEY TASKS	PERSON RESPONSIBLE
1. Provides application form and routing slip to the Applicant Physician.	Medical Affairs Coordinator
2. Submits all requirements to the President & CEO through the Medical Director or MSO President.	Applicant Physician
3. Approves/disapproves application and forwards documents to the Medical Staff President.	Department Chairman
4. Assesses application for review and recommends evaluation to the Credentialing Committee.	Medical Staff President
5. Reviews the credentials of Applicant physician within 2 months.	Credentialing Committee
6. Recommends to Medical Director then to Chief Executive Officer for final approval as Active, Visiting, T2Y or T4Y	Medical Staff President
7. Annotates recommendation of the Credentialing Committee thru the Medical Staff President and forwards recommendation to the President & CEO.	Medical Director
8. Reviews the recommendation of Medical Director, Medical Staff President, Department Chairman.	President & CEO
9. Approves the application of the Applicant Physician.	

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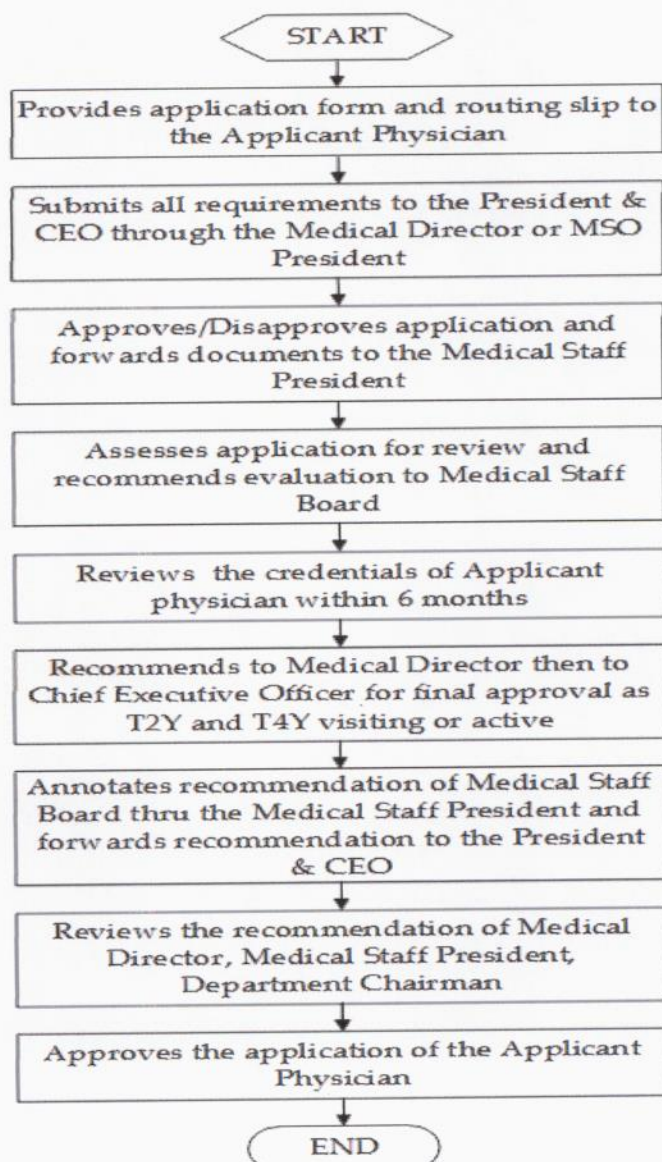





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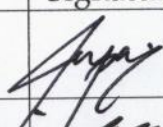
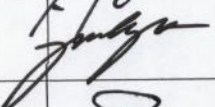


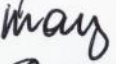

Document Code:	DPOTMH-C-28-P01-FC1
Effective Date:	07-31-2022
Document Type:	Flowchart
Page Number:	1 of 2
Department/Section:	Medical Director's Office
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## FLOWCHART



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Approved:	<b>GENESIS GOLDI D. GOLINGAN</b> President and CEO		7/12/22