CHI Health

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A TEAM APPROACH TO PROVIDER CREDENTIALING AND PRIVILEGING

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Avoid Negligent Credentialing Issues

- *Darling v. Charleston Community Memorial Hospital (1965)*
- *Frigo v. Silver Cross Hospital and Medical Center*
- *United States ex rel. Rogers v. Azmat*
- *Dr. Allen Sossan, DO*

Credentialing Process

- The Credentialing Process is a TEAM effort
  - Governing Body
  - Hospital Administrators
  - Medical Staff Members
  - Medical Staff Personnel
- “Credentialing Team”

Credentialing Process

- Provide periodic education to the main stakeholders
  - Important aspect in avoiding negligent credentialing.
  - Governing Body and Medical Staff are ultimately responsible for the quality of care provided by and credentialing of medical staff members
  - Requirements of the credentialing process
    - Character
    - Competence
    - Training
    - Experience
    - Judgement
  - Look for RED FLAGS – DON'T IGNORE

Credentialing Process

- Develop thorough, detailed credentialing policies
  - Policies should be reviewed annually
  - Helps to identity problems from the beginning
  - Aid in the identification of changes in a practitioner's competency or practice patterns
  - Credentialing policies along with the Medical Staff Bylaws should be reviewed annually to ensure that they align.

Credentialing Process

- Credentialing Policy examples include:
  - Requirements to be credentialed by Hospital
  - No/Low Volume Providers
  - Supervision of Allied Health Practitioners
  - Telemedicine
    - Sample policies are available.

Credentialing Process

- Identify the scope of services to be offered by the Hospital
  - Consider the experience and competency of the individual practitioners
  - Consider the capabilities and capacities of the hospital
  - Consider the experience and competency of the hospital staff
  - Consider the equipment needed for the procedure and its availability
    - Scope of Services should be reviewed at least annually and when practitioner requests adding a procedure not currently done at the hospital
    - Educate Board Members, Medical Staff members and hospital staff on the scope of “approved” procedures

Credentialing Process

- Tailor your privilege forms to the scope of services that can be performed by the hospital
  - Include privileges that allow the provider to admit, evaluate, diagnosis and treat, perform H & Ps
  - Remove all services that cannot be performed at the hospital
  - Do not accept privilege forms from another hospital
  - Include the date the Privilege Form was approved by the Governing Body.
    - Include in periodic policy review.

Request	Not Requested		Granted	Not Granted
		Admit, evaluate, diagnose, treat, medically manage and provide consultation to patients of all ages, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive, and genitourinary systems. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.		
		Procedures: Remove those procedures not within capabilities and capacities of Hospital		
		Local Anesthetic techniques including peripheral nerve blocks and trigger point injections		
		Simple skin biopsy or excision of foreign body removal		
		Perform and interpret emergent, focused or investigational ultrasound		
		Treatment of burns, superficial and partial thickness		
		Wound closure and debridement		
		Incision and drainage or aspiration of superficial soft tissue mass		
		Management of epistaxis including placement of posterior nasal hemostatic packing		
		Rhinolaryngoscopy		
		Stabilization of non-displaced closed fractures and uncomplicated dislocations including skeletal immobilization techniques		

Credentialing Process

	Intrathoracic Surgery	
	Gastric Surgery	
	Exploratory Laparotomy	Assist Only
	Gall Bladder and Common Duct Surgery	Assist Only
	Cholecystectomy	Assist Only
	Appendectomy	Assist Only
	Laparoscopic Appendectomy	
	Spleen Surgery	
	Pancreatic Surgery	
	Bowel Surgery	Assist Only
	Anorectal Surgery	Assist Only
	Bowel Resection	Assist Only
	Colostomy	Assist Only
	Colorectal Surgery / Colectomy	Assist Only
	Laparoscopic Colorectal Surgery	Assist Only

Credentialing Process

- Recently a Neurosurgery privilege form was reviewed
  - It contained four pages listing various types of neurological surgeries
  - Examples:
    - Ventilator Management – all modes
    - Twist, drill, burr holes or trephine for ventricular puncture, pressure recording device, evacuation and/or drainage of hematoma, brain abscess or cyst
    - Elevation of depressed skull fracture
    - Cranioplasty for skull defect
  - None of the surgeries could be performed at this particular hospital
  - What was missing are privileges to;
    - Admit Patients, Perform H & Ps, Evaluate, diagnosis and provide treatment to neurological conditions or complaints, Temporary ventilator management, Vascular access and Lumbar punctures

Credentialing Process

- Review privilege forms for what is missing but within the scope of services offered by the hospital
  - Example: Hospital's scope of orthopedic services includes hip and knee replacements
  - The Orthopedic surgery privilege form does not include hip and knee replacement

Credentialing Process

- ***All*** practitioners must be granted privileges through the hospitals' appointment and reappointment process in order to provide care to the hospital's patients.
  - Reappointment – process to evaluate and renew medical staff membership and privileges of each practitioner whose previous service on the medical staff has met the hospital's standard of patient care
  - Privileging – process to demonstrate to the hospital that the applicant has the skills, experience and competencies necessary for the clinical services they plan on providing
    - Privileges expire at the end of the appointment or reappointment period

Credentialing Process

- All privileges must be tied to quality in some manner
  - Provider Profiles; Scorecards
- All privileges granted must be based on demonstrated competency as determined by the governing body, medical staff and hospital administration
  - Telemedicine credentialing and privileging by proxy would be the one exception. Hospital may chose to accept the decisions of the distant site hospital or entity. If the hospital does use proxy method, it is required to report all adverse events and patient complaints to the distant site hospital or entity.

Credentialing Process

- ***Required current experience:*** Provision of care, reflective of the scope of privileges requested, for at least 24 inpatients as the attending physician during the past 12 months, or successful completion of an ACGME– or AOA–accredited residency or clinical fellowship within the past 12 months.

- ***Renewal of privileges:*** To be eligible to renew privileges in family medicine, the applicant must meet the following criteria:
- [Maintenance of Certification is required]

- Current demonstrated competence and an adequate volume of experience ([n] inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

Credentialing Process

- Once the provider's application has been approved by the Governing Board, share the approved privileges with staff
  - Surgery Staff
  - Outpatient Clinic Staff

CHI Health


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QUESTIONS
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