



Adventist Risk
Management® Inc.

Our ministry
is to **protect**
your ministry.

May 11, 2025

Risk Management 101—The Basics

Partnering With You



Our Ministry: We protect the ministries of the Seventh-day Adventist® Church with insurance and risk management solutions.

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Who is an Insured?

SECTION II – WHO IS AN INSURED

b. Any employee or volunteer of the named insured, but **only** when acting within the capacity and scope of his duties as such including professional activities on or off premises of the named insured when authorized by the named insured and fees charged, if any, are remitted to the named insured.

Credentialing

- Credentialing in healthcare refers to the process of verifying and validating a healthcare professional's qualifications, education, training, and experience to ensure they meet the necessary standards to practice medicine.



Privileging



Process by which a healthcare organization grants specific clinical privileges to a practitioner, authorizing them to perform certain procedures or provide specific services within that facility within their level of practice.

- For procedures or surgeries
- For equipment

Why is Credentialing important?



Ensuring patient safety requires healthcare professionals to be:

- Qualified,
- Maintain quality of care,
- Comply with regulatory requirements,
- Have current professional credentials and licensure.

Credentialing Process - External

- Licensing agency bodies conduct credentialing to ensure licensed medical professionals meet the qualifications needed to practice safely and legally. Ex. Medical board, Board of Nursing etc.
- Nongovernmental boards for medical specialties. Ex. Board of Anesthesiology, Board of Neurological Surgery, etc.

Credentialing and Privileging process

1. Collect and review applications.

- Contact character references
- Contact previous employers
- Review career history
- Record of potential candidates may be created.

Credentialing and Privileging process

2. Verification Process

- Primary Source Verification: educational degrees, medical school, residency programs, specialty training, and licensing boards.
- Background Checks and loss history: Investigating the applicant's malpractice history, including any disciplinary actions or legal issues.
- Licensure and certifications checks

UK vs US
MBBS vs MD
Medical
Training

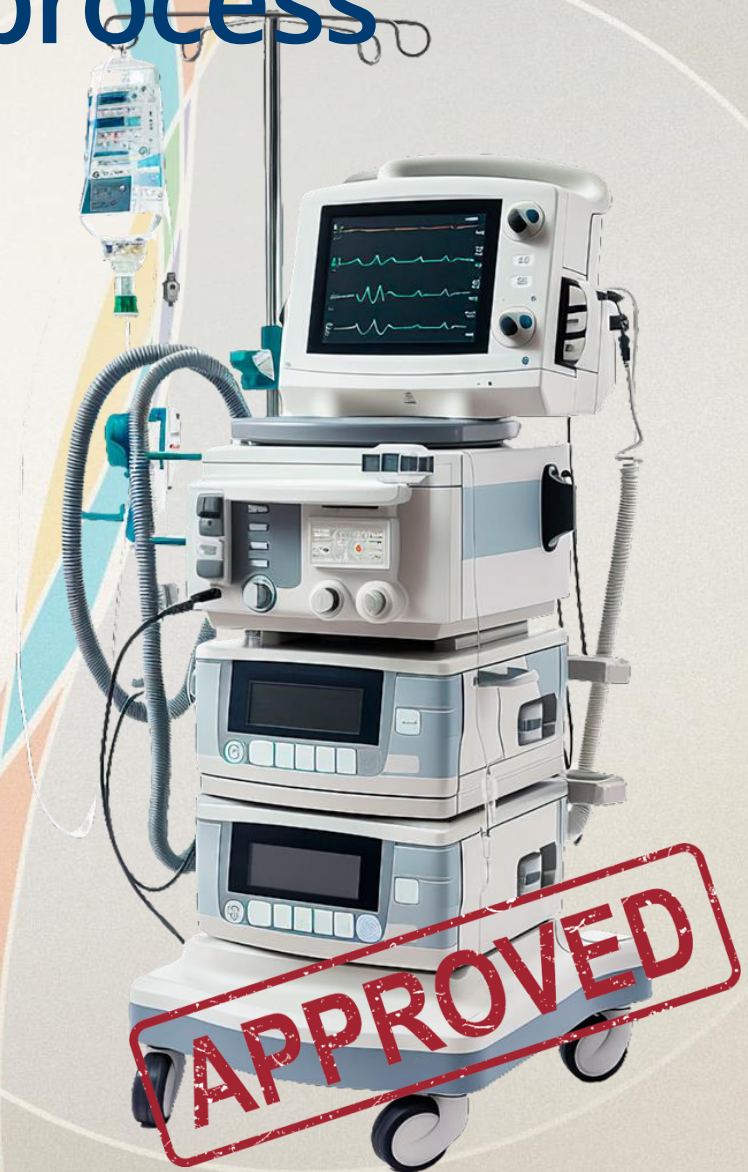
Credentialing and Privileging process

3. Granting, denying or limiting

- Credentialing & Privileging committee or Board
- Privileging for procedures and equipment.

4. Recredentialing process.

- For additional privileges.
- Practicing while intoxicated. (even prescription medication)
- For major errors or omissions
 - Limit privileging
 - Re-training
 - mentoring

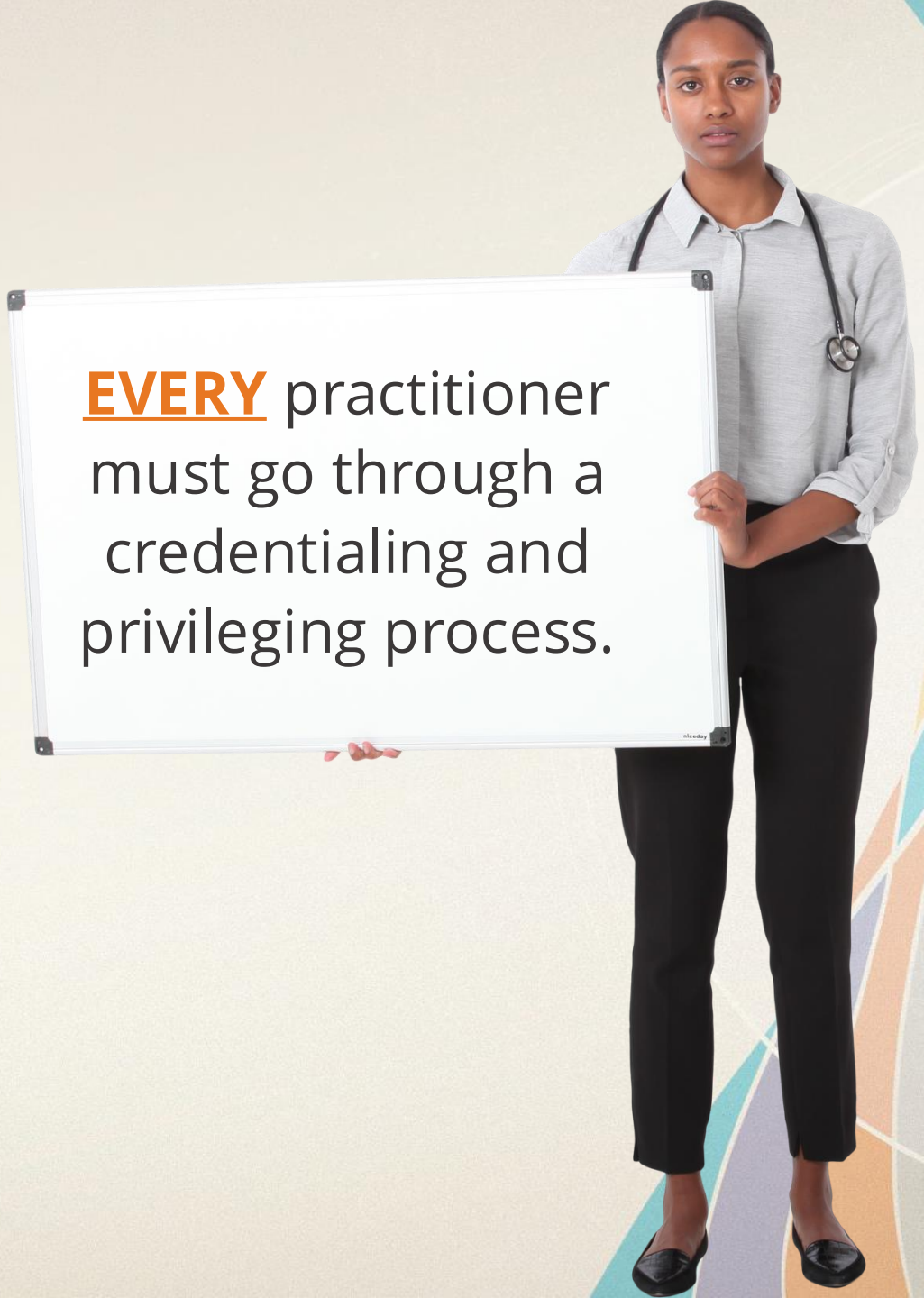


Credentialing and Privileging process

5. "Honorary" Privileging

- Honorary privileging should be stated in their bylaws or credentialing policies.
- For emergency "invitees" practitioner for acute care or surgery
- For consulting practitioners
- Visiting practitioners for health camps or surgery camps.

**Privileging
in good
faith**

A woman with dark hair, wearing a light grey button-down shirt, black trousers, and a stethoscope, stands behind a whiteboard. She is holding the whiteboard with both hands. The background features a large, abstract graphic of overlapping circles in shades of blue, orange, and yellow on the right side, and a plain light beige wall on the left.

EVERY practitioner
must go through a
credentialing and
privileging process.



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IMPORTANT!

- Established guidelines for practitioners who supply their own equipment and/or medication.
- Disrupted behavioral conduct should have possible implications with their credentialing and privileging. Discipline process should be enacted.
- Privileges limitation should be considered for aging practitioner for complex surgery or procedures. Senior surgeons as consultants.



IMPORTANT!

- The organization must be notified of any medical conditions affecting a practitioner's ability to perform complex surgeries or procedures.
- For health camps or surgical camps, where you treat people that are non-regular patients; you must develop a plan for patient follow-ups.

Best Practices - Onboarding



- Bylaws, Mission, Vision overview
- Risk Management Program
- Overview of patient care, information security, and health and safety policies.
- Participation in Committees
- Medical Records Training
- Equipment Training

Contract practitioners – Not on your payroll

- They must go through a credentialing and privileging process.
 - Apparent liability
- Contract should clearly state:
 - The arrangement of fees.
 - Scope of services provided
 - Hours of operations for access to the facility and equipment.
 - Malpractice coverage limit (if applicable)
 - Terms and termination

Non-practitioner volunteer

- Completed volunteer application form
- Check references (if applicable)
- Background check (if applicable)
- Immunizations and health requirements
- General orientation
- Training session(s)



Case Study 1

Western Adventist Hospital received assistance from numerous volunteers following a recent earthquake. Operating room staff observed a volunteer anesthesiologist failing to follow established protocols. Checking with the volunteer's home hospital showed they were not licensed or affiliated there.

Case Study 2

A clinical officer from Northern Adventist Hospital performed a hysterectomy outside of work hours. The officer lacked proper training and license. The patient suffered complications. The family plans to sue. The procedure wasn't logged at the hospital.



Questions?



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