



Credentialing & Privileging: An Introduction

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Hospital Human Resources

- Hospital HR departments require that each “employee” have an approved “PD” (position description): including the major duties, responsibilities, and supervisory relationship
 - A “PD” indicates
 - The work to be performed by the position
 - To whom the employee reports to

Human Resources Role re: Physicians

- However, in most hospital's physicians* are not hospital employees** and therefore do not have a "PD"***
- Instead, physicians are usually members of an independent "Medical Staff"
 - Physician recruitment, appointment, evaluation and discipline is done through the Medical Staff's C & P process
- *Physicians, Dentists, Clinical Psychologists, NPs, etc.
- **While some hospitals employ physicians, they are still part of the "Medical Staff"
- ***If a Med Staff member has administrative responsibilities, this role is identified in a "PD" and evaluated - but not their clinical activity (Privileges)

Credentialing & Privileging: Definitions

- **Credentialing:** the process of verifying that physicians and other practitioners have the necessary education, training, and experience to practice competently on a hospital's "medical staff"
- **Privileging:** the process whereby an organization determines what type of clinical care and what type of procedures a given clinician has appropriate background to perform
"C & P" determines who is safe to practice and what a clinician can do in a hospital. Key concept: protecting patients from incompetence or negligent care

Why are we Talking about C & P?

- Goal: Patient Safety and Quality
 - To prevent avoidable medical errors!
 - Hospitals must ensure that physicians exercise high-quality independent medical judgment
- The C & P Process is governed by “Medical Staff Bylaws”
- C & P may include self-reported data; but efficient C & P processes depend on “Primary Source Verification”

Initial Credentialing Process

- New applicant submits a signed Application *
- Medical Staff Office or (HR) obtains Primary Source verification of:
 - MD (or equivalence) degree, Residency training (if any)
 - Active Medical License, Board certification
 - The physician's previous (if any) hospital privileges, malpractice history
 - 2-3 Letters of recommendation: documenting that the applicant provides high quality medical care (professional competence [relevant to the requested privileges], sound judgment, works cooperatively with others and practices ethically)
 - Health status ("sound physical and mental health")
 - Updated documentation of required Continuing Medical Education
 - Signed Privilege forms agreeing to follow all Medical Staff By-laws

Privileging Process

- The applicant (or renewing clinician) fills out and signs a Privileging Form specific to their Medical Specialty
 - The applicant checks the types of medical issues and/or procedures/Surgery that they would like to practice
- The Department chair reviews and signs the suggested types of care/procedures states which (all, some, none) are appropriate
- The Medical Director (*) takes the privileging form to a C & P committee for review and approval as appropriate
- The C & P committee's recommendations go to the MEC for review (if positive, it is signed by the Medical Director)
- The Hospital CEO must review and sign (or not)
- No privileges are final until the Hospital's Board of Trustees formally approves, and the Board Chair of designee signs the Privileging form

Where Should Clinical Privileges be Found?

- The medical staff office (or HR) must have an individual file for each med staff member comprised of:
 - All credentialing information
 - Current privileges
 - All OPPE results for the past 2-3 years
- The clinical privileges for all med staff members must be made available by printed copy (such as a 3-ring binder), electronic copy or other means to staff in the Operating room, emergency room, or any area in which the medical staff member will provide service
- Each med staff member receives a copy of their Clinical Privileges

Credentialing & Privileging Process Timing

- HR Analogy: annual evaluation of every employee
- Physicians (even those who are hospital employees) do not have a formal HR annual evaluation for their clinical activity;
 - instead, they have two unique protocols:
 - Participation in the OPPE process*
 - Re-Appointing or Reprivileging: Every two (or three) years*

Ongoing Professional Practice Evaluation

- Purpose: on-going evaluation of each physician's professional practice by a "peer" *: 3 areas: behavior, professional growth, clinical results
 - Any patient safety events? Any Quality-of-Care concerns
- Most hospitals do this on a q 6 monthly basis
- OPPE result is reviewed by clinical service chief + Medical Director and if no concerns are identified, placed in their Medical staff file
- At the 2-year re-privileging time, the four OPPE results are reviewed; if no issues identified, the Service Chief and Medical Director signs their re-privileging request and the C & P process ensues: a) Review by C & P committee b) MEC approval c) CEO approval d) Board of Trustees Approval – all steps noted by the appropriate signature
- If any concerns noted, the MEC can establish a FPPE

OPPE Components

- Behavior: safe culture involvement , any issues? No harassment, bullying, disrespect of hospital employee(s)
- Professional Growth (6 areas):
 - Appropriate patient care
 - Medical Knowledge
 - Practice-based leaning/improvement
 - Interpersonal and communication skills
 - Professionalism
 - System-based practice
 - Stewardship of resources
- Clinical Results: Data on # of procedures, etc. department-level data (specific to discipline) such as outcomes of procedures
- Key Q: How is this provider doing compared to other colleagues?

"_____" Adventist Hospital
Ongoing Professional Practice Evaluation (OPPE) Form

Provider:

Specialty:

Evaluation Period:

Type of Review: OPPE

FACTOR	EVALUATION CRITERIA	EVALUATION (* Requires comment)
<p>Patient Care</p> <p>Provides care that is compassionate, appropriate, and effective for the promotion of health, prevention of illness, treatment of disease, and supportive at the end of life.</p>	<ol style="list-style-type: none"> 1. Meets customer service expectations (patient Satisfaction/complaints). 2. Complies with medication reconciliation policy. 3. Addresses active medical problems in a timely fashion (chart review). 4. Practices within scope of granted privileges (chart review). 	<p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory* <input type="checkbox"/></p> <p>Comments: _____ _____ _____</p>
<p>Medical/Clinical Knowledge</p> <p>Demonstrates knowledge of established and evolving biomedical, clinical, and social sciences, and applies this knowledge to patient care and the education of others</p>	<ol style="list-style-type: none"> 1. Maintains current licensure and certifications. 2. Participates in CME /education programs related to granted/requested privileges. 3. Participates in staff teaching (if applicable). 4. Maintains a healthy environment status for the protection of patients and staff. 	<p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory* <input type="checkbox"/></p> <p>Comments: _____ _____ _____</p>

FACTOR	DATA SOURCE	EVALUATION (* Requires comment)
<p>Practice-Based Learning & Improvement</p> <p>Uses scientific evidence and methods to investigate, evaluate, and improve patient care practices.</p>	<ol style="list-style-type: none"> Participates in pre-procedure time-outs. <input type="checkbox"/> N/A due to scope of practice Participates in performance or process- improvement task forces, workgroups, or committees as requested. Stays current with medical advances in his/her area of expertise and incorporates this information to deliver care that meets EBM standards of care 	<p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory* <input type="checkbox"/></p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
<p>Interpersonal & Communication Skills</p> <p>Demonstrates interpersonal and communication skills that enables him/her to establish and maintain professional relationships with patients, families, and other members of health care teams.</p>	<ol style="list-style-type: none"> Medical record entries are appropriate in Documentation and are legible (chart review). Provides adequate patient information when requesting subspecialty consults (chart review). <ul style="list-style-type: none"> Indication for consult is clear Pertinent clinical data is provided Provides appropriate consultative evaluation, treatment, and/or follow-up recommendations (Chart review). 	<p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory* <input type="checkbox"/></p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>

		(* Requires comment)
<p>Professionalism</p> <p>Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, understanding and sensitivity to diversity, and a responsible attitude toward patients, the medical profession, and society.</p>	<ol style="list-style-type: none"> Participates in peer reviews as requested. <input type="checkbox"/> N/A during this rating period Attends section/service meetings and participates on committees as requested. <input type="checkbox"/> N/A during this rating period Compliance with Bylaws, Rules, and Regulations of the Medical Staff. 	<p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory* <input type="checkbox"/></p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
<p>Systems-Based Practice</p> <p>Understands the contexts and systems in which health care is provided and applies this knowledge to improve and optimize health care.</p>	<ol style="list-style-type: none"> Complies with " X " Hospital safety, security, and privacy policies (Mandatory training). Arranges proper clinical coverage during planned absences. 	<p>Satisfactory <input type="checkbox"/></p> <p>Unsatisfactory* <input type="checkbox"/></p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>

6 Month Review by Service Chief

<p>Service Chief: _____</p> <p>Date: _____</p>	<p>Service Chief: _____</p> <p>Date: _____</p>
<p>Service Chief: _____</p> <p>Date: _____</p>	<p>Service Chief: _____</p> <p>Date: _____</p>

Ongoing Professional Practice Evaluation (OPPE)

Provider:	Service: Surgical/Ophthalmology	Period:		
Workload Statistical Data:				
Admissions				
Consults				
Procedures				
Outpatient Visits				
Provider Data:				
Patient Care:	Trigger	Practitioner Data	Triggered	Comments
Completion of open medical records	>3% of records			
Surgical Site Infections	>3% of patients			
Discharge Summaries competed before discharge	>3% of Disc. Summaries		Yes No	
Full Documentation of surgical procedure before surgical and invasive	>3 in review period		Yes No	
History and Physical exam (H&P) considered inadequate	>3 in review period		Yes No	
Operative report not dictated within 24 hours	>3% in review period		Yes No	
Written Brief Op Report done before leaving PAR	>3 in review period		Yes No	
# of negative peer review reports	>1 in review period		Yes No	
Medical/Clinical Knowledge				
Meets CME requirements	Bi-annual review		Yes No	
Maintains a safe personal health status	Major illness/Rehab		Yes No	
Practice-Based Learning and Improvement				
Practices within scope of granted clinical privileges	Any outside of privileges		Yes No	
Mentors trainees or peers	>1 failure to comply		Yes No	
Interpersonal and Communication Skills				
Valid Patient or Staff Complaints	>3 in review period		Yes No	
Outpatient progress notes completed by end of next day	>5% in review period		Yes No	
Professionalism				
Maintains patient privacy and security of information	Any privacy/security		Yes No	
Evidence of validated disruptive or unprofessional behavior	Any Occurrence in R. P.		Yes No	
Discipline (section) meeting attendance	<70% in R.P.		Yes No	
M & M meeting attendance	<70% in R.P.		Yes No	
Certification(s) up to date (BLS, ACLS, PALS or ATLS)	<100% in R.P.		Yes No	
Have a valid admissions contract	100% for R.P.		Yes No	
Follows confidentiality policy and disclosure	Any Occurrence in R. P.		Yes No	
System-Based Practice				
Over- or Under-Use of resources	>3 in R. P		Yes No	
Re-do lens exchange	>1% in R.P.		Yes No	

FPPE: Focused Professional Practice Evaluation - 1

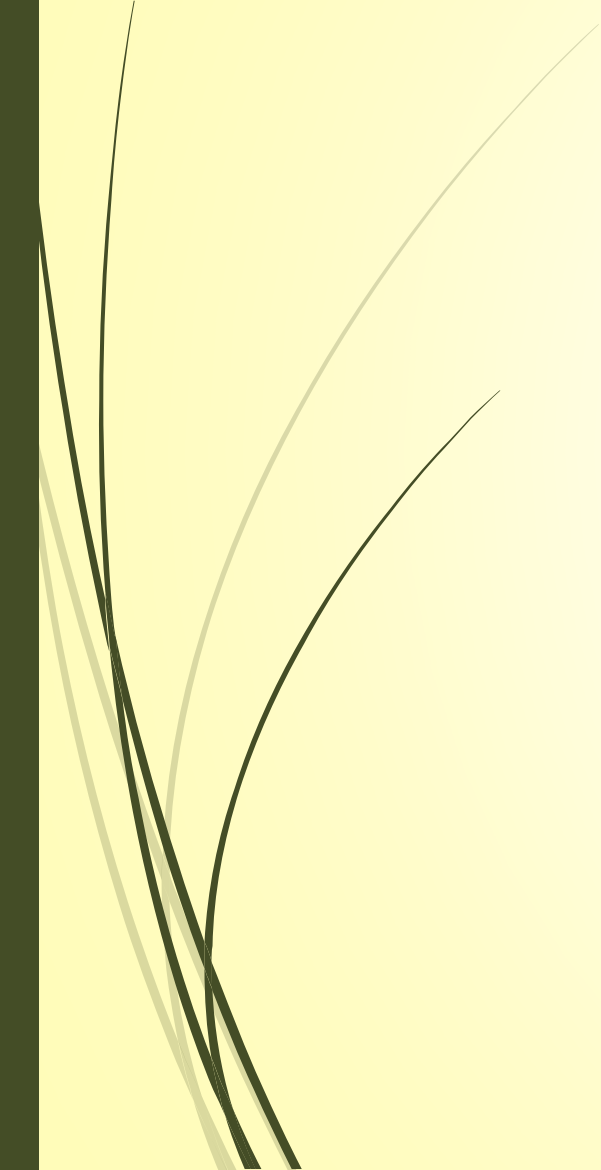
- Three types: 1. **On initial appointment (Proctoring)**, 2. **Clinician asks for new privileges (new procedures)** and 3. Whenever substandard care, professional misconduct or professional incompetence are identified
- A Peer reviews care and makes a report (+ or -) - given to the C & P committee
 - C & P reviews the “peer” report and sends its findings to the MEC
- The MEC will evaluate the C & P committee’s findings – options:
 - [Positive] New provider or new procedures: if ok, MEC votes that the provider may practice without supervision
 - MEC’s vote is sent to the CEO
 - CEO Takes it to the Hospital Board
 - **No new applicant or new privileges are active until signed by the Board Chair (or designee)!!**

FPPE: Focused Professional Practice Evaluation 2

- FPPE: [Negative Allegation] **Whenever substandard care, professional misconduct or professional incompetence are alleged.** The concerns are reviewed by the C & P committee; its findings go to the MEC
- The MEC will evaluate the C & P findings – options: a) no findings - provider continues using his/her privileges b) If concerns are documented the MEC votes a for-cause FPPE
 - MEC must send a formal letter to the clinician stating why the FPPE is initiated (specific findings)
 - Next: a 60-90-day period in which the provider is closely supervised
 - At the end of the opportunity to change, the MEC re-evaluates (via a C & P committee report) the Providers's response to the FPPE – options:
 - a) No issues = regular status b) after counseling continue FPPE review for 60-90 days c) suspension d) partial or total loss of privileges

Med Staff Process for Reappointment:

- New Clinical Privileging form completed
- MSO/HR Verifies (Documents) and review:
 - Active Current license?
 - Any disciplinary actions?
 - Positive OPPEs and any other documentation needed
 - Good physical and mental health?
- Med staff Office (HR) prepares documents for C & P comm.
- C & P Committee reviews, if positive,
- MEC reviews, if positive,
- CEO Concurrence
- Board of Trustees approval - shown by Board Chair's (or designee's) signature



Faith in Mission Hospital Surgeon's Competency Case # 1

- A long-standing community physician does your surgery
- He recently has a surgical mis-adventure by operating on the right lung instead of the left lung
 - RCA: the Chest X-ray film had been placed backwards
- The patient and family are now suing the Mission Hospital
- You find that your local surgeon does not have malpractice insurance leaving the Mission Hospital responsible
 - But you later find that Adventist Risk Management will not cover the physician's part of the mis-adventure in that he is not a hospital employee
- What can you do?

A Hospital's Journey through Misadventure Case # 2

- Dr. "S" – Tries a *New way to perform a Hip repair*
 - While he reads the manufacturers handout, he doesn't take time for appropriate training or proctoring
 - Adverse results: sciatic nerve cut with on-going sensory deficits
- What Happened?
 - An avoidable injury
 - Hospital did not ensure competency (see FPPE* process)