



PHYSICIAN CREDENTIALING, GRANTING PRIVILEGES & THE REAPPOINTMENT PROCESS

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CONFERENCE ON QUALITY NOVEMBER 14, 2017



GOALS & OBJECTIVES

- **GOAL:**

- **Recognize State & Federal regulations governing Medical Staff reappointment**

- **OBJECTIVE:**

- **Understand SURVEY process in evaluation of Medical Staff Reappointment.**



DEFINITION OF TERMS

- **Credentialing-** “A formal examination and review of the qualifications of a health care provider to determine if the individual meets the criteria to practice in a particular area, or specialty.”
- **Reappointment-** “The renewal of medical staff membership and privileges of practitioners, whose previous service on the medical staff has met the staff’s standard of pt. care.”
- **Privileges-** “Granted to a physician by the governing body to provide patient care in the hospital based on experience & competence”

OVERVIEW





OVERVIEW

- **TWO PARTS**

- **FIRST: NUTS & BOLTS – STRAIGHT FORWARD**

- **CURRENT MEDICAL LICENSE**

- **DEA LICENSE**

- **REFERENCES**

- **MALPRACTICE INSURANCE**

- **NEW GRADUATES OR FROM OUTSIDE USA PRIMARY SOURCE VERIFICATIONS**




OVERVIEW CONTINUED

- ▶ Part Two:

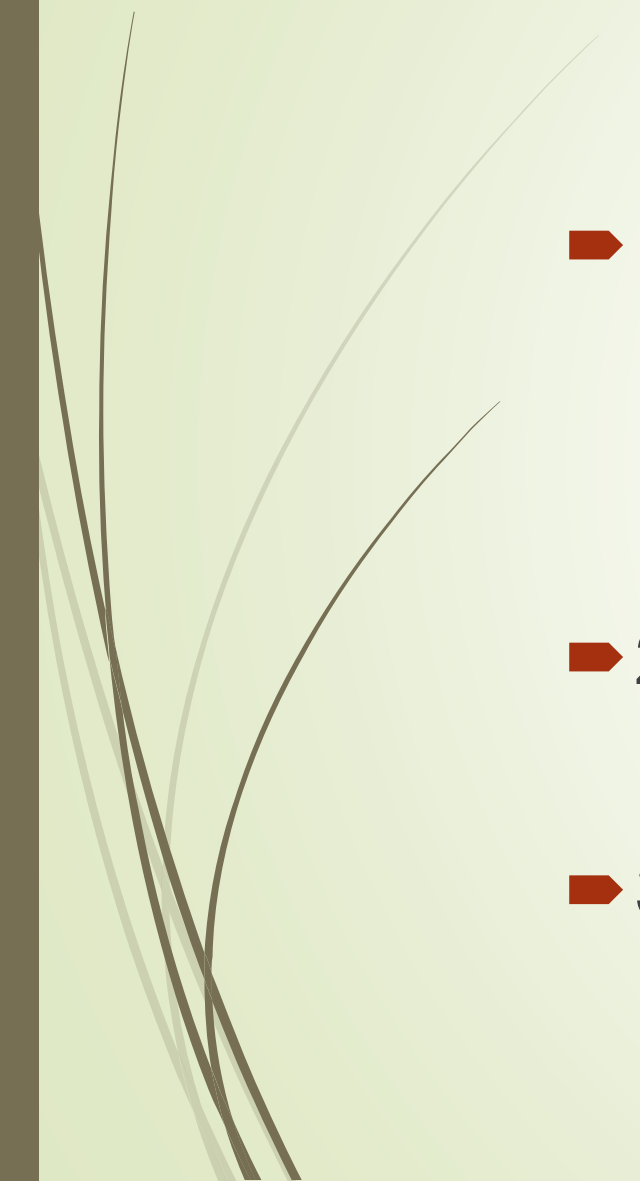
- ▶ State of Nebraska Licensure Requirements 175 NAC 9-006.01-9-006.02D 9 Regulatory areas


- ▶ FEDERAL-CMS Critical Access Hospital Regulations
485.616(b),(c) 8 different areas
485.627(a),485.639,(a)485.41(b),(1)(4),(b2),(b3)(b4)

- ▶ C-195,C-196,C-240,C-241,C-320,C-321,C-337,C-340



What do we do? Why? How?

- 1. FOLLOW BY-LAWS
 - MEETING ATTENDANCE, MEDICAL RECORD COMPLETION, MINIMUM #s of procedures for competency
 - 2. CUSTOMIZE PRIVILEGE LIST
 - MUST match actual practice
 - 3. TIE TO QUALITY- 2 yrs
 - ICD-9 ICD-10
- 



What do we do? Why? & How?

- ▶ 4. INCLUDE ALL PEER REVIEW, CORE MEASURES
 - ▶ External & internal + outcomes 2yrs
- ▶ 5. TELEMEDICINE- DELEGATED IN WRITING q 2yrs.
 - ▶ Medical Staff must still evaluate service & determine adequacy
- ▶ 6. CORPORATE AFFILIATED MDs DELEGATED IN WRITING q 2yrs
 - ▶ May wish to request summary from main hospital



TITLE 175 NAC 9-006.01 GOVERNING AUTHORITY

- 3. ENSURE QUALITY OF ALL SERVICES, INCLUDING CONTRACTED SVCs
- 8. DETERMINE WHO –APPOINTED TO MEDICAL STAFF
- 9. NO CIRCUMSTANCES SOLELY UPON CERTIFICATION, FELLOWSHIP OR MEMBERSHIP IN A SPECIALTY BODY OR SOCIETY, BD CERT



175 GOVERNING AUTHORITY CONT'

- **10. DELINEATING CLINICAL PRIVILEGES-
PROCEDURES ESTABLISHED BY MED STAFF & GOV
BODY**

**13. MED STAFF
ACCOUNTABLE TO GOV
BOD FOR QA & TX OF PTs
(see in reappointment
files)**



175 CONTINTUED

- 14. REVIEW CARE PROVIDED, HIGH QUALITY OF CARE & STD OF CARE
- 15. REVIEW CARE & TX (reports of peer review, QA, UR)
- 16. REVIEW MED STAFF QA /PI & RECOMMENDATIONS TO IMPROVE QUALITY (make it happen, do something)




9-006.02 CLINICAL PRIVILEGES

- ▶ **1. Med Staff must establish a process delineation of clinic privileges**
 - ▶ **Scope delineated stated with sufficient clarity to indicate nature & extent of privileges**
 - ▶ **Disciplines & procedures/tasks medical staff must be privileges to perform**
 - ▶ **Process for notification of clinical privilege decisions**
 - ▶ **Process for appeal**



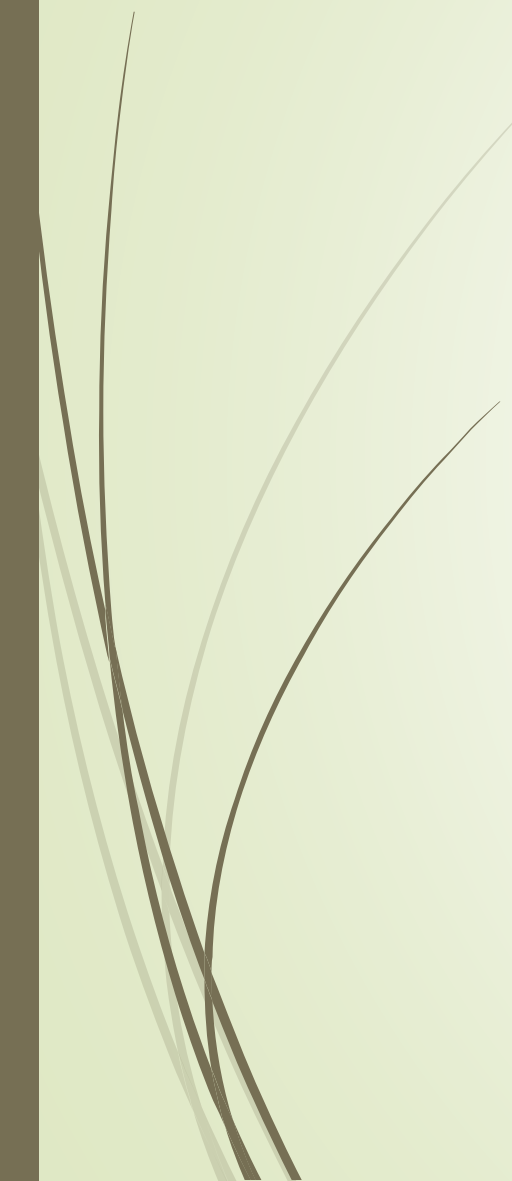
9-006.02D

MEDICAL STAFF BY LAWS

- 1. How organized**
 - 2. Time frame for mtgs & rules for conduct**
 - 3. Methods for evaluation clinical practice***
 - 4. Criteria & Procedures for membership & clinical privileges***
- 



*** = Ask the Question:**

- **1. How many (pts. Procedures, cases) performed, treated, diagnosed, managed etc?**
 - **2. What were the clinical outcomes?**
- 



Medical Staff Must Decide:

- Is that sufficient volume to assess competence?**
- Must consider entire service line, not just individual practitioner(s)**



9-006.05 QUALITY ASSURANCE PERFORMANCE IMPROVEMENT

EVALUATE
MED STAFF

CONTRACTS

OP SVC

CARE & TX
BY STAFF

ACTION
BASED ON
OUTCOME



REPORT TO GOVERNING AUTHORITY CONTINUED

➤ INFECTION CONTROL DATA

➤ MEDICAL SERVICES

**➤ EVALUATE QUALITY OF SERVICES TO
INPATIENTS & OUTPATIENTS**



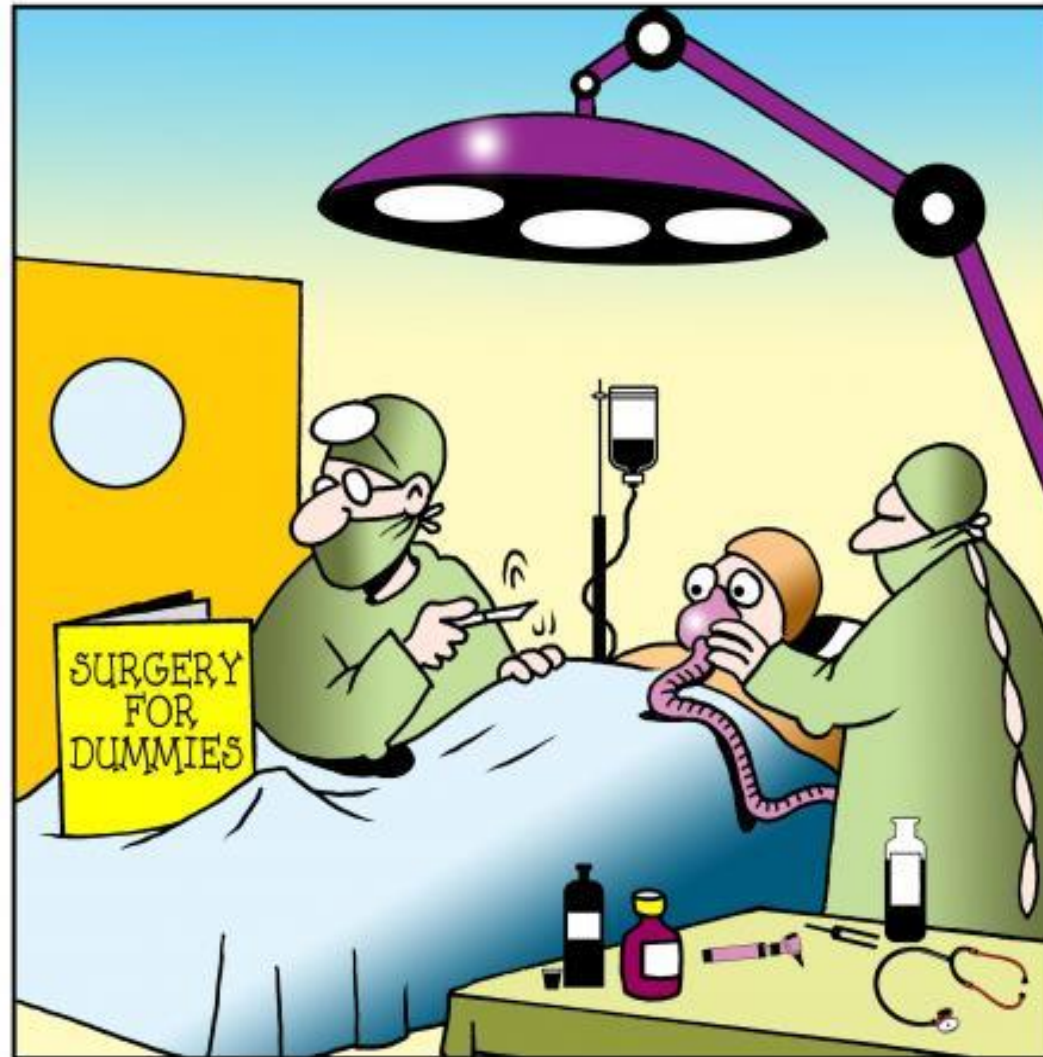
YOU ALREADY HAVE FACILITY WIDE DATA

- ➔ USE SAME QUALITY DATA**

- ➔ SPLIT OUT PER PRACTITIONER**

- ➔ SAVE FOR 2 YEARS**

9-006.09C SURGICAL SERVICES





9-006.09C1 WRITTEN POLICIES MUST:

- Describe scope & ensure safe delivery of services
- Roster delineating surgical privileges granted to each medical practitioner
- Report annual infection rate to each surgeon
- **EVIDENCE OF THIS IN PHYSICIAN'S FILES**



CRITICAL ACCESS HOSPITAL REQUIREMENTS 485.616(b)

- **C-0195 Agreement –Credentialing & QA**

- Network Hospital
- QIO(QUALITY IMPROVEMENT ORGANIZATION)
- Entity qualified in the Rural Health Plan

C-0196 Telemedicine services may choose to rely on the distant-site decisions made by their governing body

-minimum current license in the state, internal review of any adverse events & patient complaints.

C-0197 Telemedicine distant site contracted service provides a list of privileges to the CAH, any adverse events or patient complaints



ORGANIZATIONAL STRUCTURE & GOVERNING BODY (GB)485.627

- C-240-Responsible for monitoring policies & ensuring policies are administered so as to provided quality health care in a safe environment.
- GB must: C-241 -ensure Medical Staff comply with by-laws
 - Medical Staff is accountable to the GB & provides quality care to patients
- Based on: Character
 - Competence
 - Training
 - Experience
 - Judgment

State, Region, C-340 - C-341

Nebraska	Iowa	Kansas	Missouri	Nebraska Acute
43%	10%	15%	40%	40%
NATIONALLY =23%	DATA FY 2015-2016			



EVIDENCE OF THIS IN FILE FOR REAPPOINTMENT

- **CHARACTER-** How is this defined in the By-Laws? Is there a Code of Conduct? Have there been instances of unacceptable or inappropriate, unprofessional behavior?
- **LETTERS FROM GOLF BUDDIES MAY NOT BE ENOUGH**
- **COMPETENCE-HOW MANY & WHAT WERE THE OUTCOMES?**
 - **QUALITY OF DIAGNOSIS AND TREATMENT**
 - **ALL INTERNAL & EXTERNAL PEER REVIEW**
 - **ALL CORE MEASURE REPORTING**
 - **ALL NEGATIVE OUTCOMES**



EVIDENCE IN FILE CONTINUED

- ▶ **TRAINING**

- ▶ **CONTINUING EDUCATION**

- ▶ **NEW PROCEDURES OR EXPANSION OF PRIVILEGES**

- ▶ **EXPERIENCE**

- HOW MANY & WHAT WERE THE OUTCOMES?**

- SUFFICIENT NUMBERS TO REMAIN COMPETENT**

- MUST CONSIDER THE WHOLE SERVICE LINE, NOT JUST THE PHYSICIAN**



EVIDENCE IN FILE-CONTINUED

- ▶ **JUDGEMENT**

- ▶ **SOMEWHAT SUBJECTIVE**

- ▶ **OVER TIME, STAFF WILL KNOW HOW INDIVIDUAL PRACTITIONERS FUNCTION UNDER PRESSURE**

- ▶ **DO THE CURRENT PRIVILEGES MAKE SENSE FOR THIS HOSPITAL? NOT JUST THIS INDIVIDUAL CLINICIAN?**



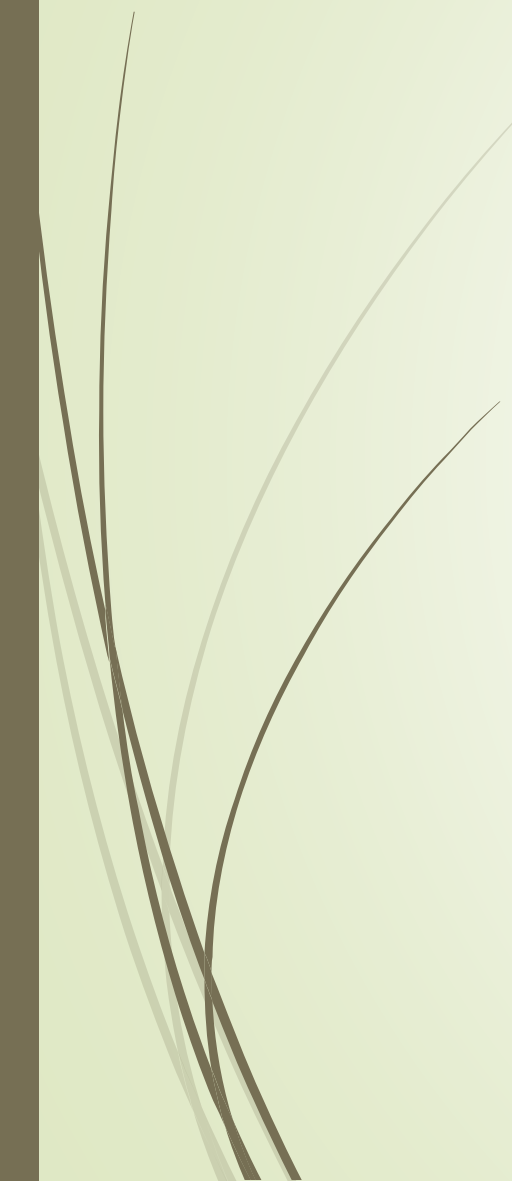
CONDITION: SURGICAL SERVICES

485.639

- **C-320 Not a required service- IF provided, MUST:**
 - **Performed in safe manner**
 - **Practitioners with clinical privileges granted by GB**
 - **In accordance with designation requirements paragraph (a) of subsection**
 - **Acceptable standards of practice**
 - **Best practices established by nationally recognized professional org**
 - **(AMA, College of Surgeons, APIC, AORN etc.)**



CONDITION: SURGICAL SERVICES C-320 CONTINUED

- **Outpatient surgery must be integrated with Inpatient Services(Same Stds)**
 - **Appropriate equipment**
 - **Types & number of (additional) qualified personnel**
 - **Scope of services defined in writing & approved by GB**
- 



SURGICAL SERVICES

C-321

- **Privileges reviewed q 2yrs**
- **Roster of specific privileges available in surgical suites & where surgical procedures are scheduled**
- **Current list with surgeons who have suspended privileges**



485.639 Surgical Services Interpretive Guidelines

- **By- Laws Must:**
 - **Make medical Staff accountable to GB for quality of patient care**
 - **Must include criteria for determining privileges granted & procedure for applying criteria to individuals requesting privileges**
 - **Surgical privileges are granted in accordance with competencies or each practitioner.**
 - **Medical staff appraisal procedures must evaluate each individual practitioner's training, education, experience, and demonstrated competence as established by the CAH;s QA program, credentialing process, practitioner's adherence to CAH policies & procedures & scope of practice.**



485.639 Surgical Services Interpretive Guidelines

- ▶ CAH must specify when practitioner require supervision, specific tasks/procedures & degree of supervision
- ▶ To include supervising practitioner in the same OR, or not, in line of sight
- ▶ Delineated in that practitioners surgical privileges and included on the surgical roster.
- ▶ When practitioners scope of practice for conducting surgical procedures requires supervision of a surgeon, 'supervision' means present, in the same room, working with the same patient



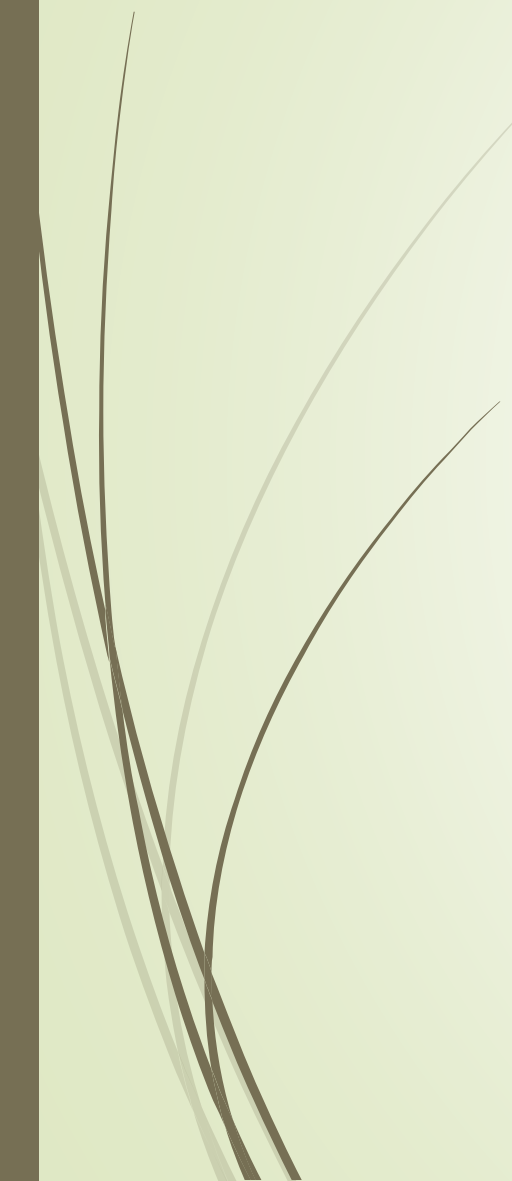
QUALITY ASSURANCE 485.641(B)

C-336

- ▶ Quality & appropriateness of dx & tx, & tx outcomes are evaluated
 - ▶ Includes all Core Measure reporting HF, MI
 - ▶ Readmissions w/I 30 days
 - ▶ ED response times 30 min.
- ▶ Tract per practitioner as well as facility wide



C-337 QUALITY ASSURANCE

- **All patient care services & other services affecting patient care are evaluated, including contracted services**
 - **Data is provided to medical staff & GB**
- 

C-338 Nosocomial Infections and Medication Therapy are Evaluated



ANTIBIOTIC STEWARDSHIP PROGRAM

- RIGHT:
 - DRUG
 - ROUTE
 - DOSE
 - DURATION
 - SEPSIS PROTOCOL
 - URINARY CATHETER JUSTIFICATION
 - TREAT INFECTION NOT COLONIZATION OF URINARY TRACT



Cute Female Doctor Character by [vector open stock.com](https://www.vectoropenstock.com)

set
Characters
Vectors



C-339 QUALITY ASSURANCE

- **Quality & appropriateness of dx & tx by NP & PA evaluated by MD**
 - **What is done if there are problems related to diagnosis & treatment?**



C-340 Quality Assurance

- ▶ **Quality of Dx & appropriateness of Dx & tx furnished by doctors at the CAH are evaluated by**
 - ▶ **A member of the network**
 - ▶ **A Quality Improvement Organization**
 - ▶ **An appropriate qualified entity identified in the State rural health care plan**
 - ▶ **Telemedicine services, distance site entity may provide written evidence of evaluation**
- ▶ **Extent & frequency of evaluations is not specified (internal & external peer review)**

SUMMARY - REVIEW

➤ GOALS:

➤ DISCUSSED NEBRASKA STATE LICENSURE LAWS- 9

➤ FEDERAL REQUIREMENTS FOR MEDICAL STAFF REAPPOINTMENT-8

➤ OBJECTIVES:

Survey Process, Evidence of:

➤ FOLLOW BY-LAWS-mtg attendance, medical records

➤ INCLUDE ALL QUALITY MEASURES-core measure reporting

➤ PEER REVIEW- internal & external

➤ EVALUATE BEST PRACTICES-antibiotic stewardship, urinary catheter use

➤ MUST MATCH ACTUAL PRACTICE-both for individual practitioner & CAH

➤ 2YRS. Data in file

QUESTIONS?



THANK YOU!

