



CREDENTIALING AND PRIVILEGING GUIDE

Prepared by: Beth K. Reichman, M.A.,M.S.

Contact Information:

Richard Boehler, MD, MBA, Sr VP/CMO 856-566-5249 r.boehler@kennedyhealth.org

Beth Reichman, MA, MS, AVP/ Medical Administration 856-346-7789 b.reichman@kennedyhealth.org

Susan Goslin, Manager/Credentials 856-346-7685 s.goslin@kenneyhealth.org

DFINITIONS

Core Privileges: Procedures/management of a condition or group of diseases that a practitioner should be able to perform upon completion of an approved residency or fellowship. Any disease or procedure beyond that core would be considered a "special" procedure for that specialty.

Credentialing: the process of obtaining, verifying and assessing the qualifications of a health care practitioner to provide patient care in a health system

Credentials: documented evidence of licensure, DEA, CDS, board certification, education, training and experience

Criteria: Expected level of achievement that must be obtained in order for a practitioner to apply for and or be granted a privilege/procedure.

Criteria may include required training, education, proof of current competency, and/or a minimum number of procedures needed

Cross Specialty Privileges: Procedure that may be performed by practitioners in more than one specialty such as moderate sedation, peripheral nerve blocks, pace maker insertion

Delineation of Privileges (DOP): the listing of specific clinical privileges/procedures that a practitioner is permitted to perform in the organization.

Each specialty has its own delineation of privileges form; cross specialty procedures may be listed on more than one DOP.

Focused Professional Practice Evaluation (FPPE): The process for proctoring the clinical competency of all new practitioners, staff members who have been granted an additional privilege or practitioners who have been identified as potentially having a quality problem with one of more privileges that have been granted.

Licensed independent practitioner (LIP): Any individual permitted by law and by the organization to provide care and services without direct supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

Examples of LIP's at Kennedy include: MD, DO, DPM, DMD, certified nurse midwives (CNM) and Nurse practitioners (NP).

NB: Even though CNM/NP's are considered "independent" in accordance with state law and the Kennedy AHP bylaws, they do not have admitting privileges and they must have a collaborating physician and submit a joint protocol developed and signed by both parties on an annual basis.

Special Privileges: Procedures/management of a condition or group of diseases that require the practitioner to provide proof of competency at the time the privilege is requested so that the section head/chief can assess the support documentation and make a decision as to whether to grant or not grant the privilege. These privileges are "beyond the core", if you will.

In some instances, there will be criteria that outlines the requirements that need to be met in order for the practitioner to be eligible to apply for the privilege.

NB. Privileges are specialty specific. A particular procedure may be "core" for one specialty but "special" for another. For example, cystoscopy is a "core privilege" for a urologist but "special" for a gynecologist. An ankle implant is "core" for an orthopedic surgeon but "special for a "podiatrist"

DURATION OF PRIVILEGES GRANTED

The JCAHO requires that the granting or renewal of clinical privileges be made for a period of no more than two years. That is why the reappointment process is on a two year cycle for medical staff members.

At Kennedy, we reappoint Allied Health Practitioners on an annual basis. This is because the state requires the collaborative agreement, performance evaluations and PPD to be done on an annual basis.

Practitioners who are new to the staff will, in most cases, be initially reappointed before the 24 months period expires. This is to ensure that their privileges have been renewed before the 24 month limit.

FACTORS TO CONSIDER WHEN GRANTING PRIVILEGES

Education (DO, MD, DPM, DPM, NP, CNM)

Training (Completion of a residency, fellowship, masters program)

Experience (documented evidence of a certain number of procedures performed within a certain period of time)

Current Competency (Documented evidence from a Chief, VPMA, Medical Director, Program Director (if the practitioner has completed training within the past two years) from an accredited facility attesting that a practitioner has demonstrated the ability to safely and within acceptable standards of care to perform the requested procedure(s))

APPLICATION PROCESS

Kennedy's requirements for applying for staff privileges follow the guidelines established by the JCAHO, NJ Department of Health-Licensing Standards, CMS and HFAP (AOA) in addition to any internal requirements that have been approved by the Professional Affairs Committee of the Board of Trustees that are designed to further ensure that only qualified practitioners are granted membership.

In order for an application to be considered complete, the following are required:

- Completed application
- Primary source verification of current NJ medical, dental or podiatric license
- Primary source verification of current NJ DEA and CDS, if applicable (not required for courtesy, active community bases or pathologists)
- Criminal background check
- Results from the National Practitioner's Data Bank

- Previous 10 years of "loss run" from malpractice carrier

- Current PPD or proof of negative chest x-ray
- Two peer references
- Proof of board certification, as outlined in the medical staff bylaws
- Primary source verification of education (AOA/AMA masterfile are acceptable)
- Verification of training (AOA/AMA masterfile are acceptable)
- Proof of malpractice in minimum limits of 1M-3M, if applicable
- Health status indicating is accommodation is needed to perform any of the privilege requested
- Current CV
- Two photographs
- Signed consent/release
- CME history or attestation that CME's obtained during the past two years are consistent with the CME requirement established by the NJBME
- A completed delineation of privilege form, if the applicant is requesting privileges and any required support documentation

As a section head or chief, you will be expected to review the credentials file and interview the candidate either in person or on the telephone. Suggested interview questions are located in Appendix A but you are encouraged to ask any other questions you feel will provide you with information that is helpful in delineating privileges, making a recommendation as to staff membership and/or give you information that might "trigger" you obtaining additional information from outside sources.

You should also spend some time orienting the practitioner to your department and outlining the expectations e.g..meeting attendance, committee participation, proctoring, peer review, core measure compliance, documentation and medical record requirements.

After reviewing the information and interviewing the candidate, you should:

- complete the face sheet with information/comments obtained during the interview
- delineate privileges, initial in the appropriate boxes in accordance with the format of the DOP
- sign and date the form at the bottom
- complete the proctor form-the credentials manager, Susan Goslin(856-346-7685) or AVP Medical Administration, Beth Reichman (856-346-7789) can assist you with this

It is a JCAHO requirement that all new members of the medical staff be placed on a Focused Professional Peer Review (FPPE) to monitor their performance and ensure that their clinical skills and professional behavior are consistent with the standards established by the medical staff and the Board of Trustees. Please take a moment to explain this process AND designate the name of the proctor on the designated form that will be enclosed with the credentials file.

The credentials department will send a packet of information to both the new staff member and the proctor outlining the responsibilities of each with a copy of the proctoring form. At the end of the proctoring period, the chief/designee will review the forms and make a recommendation as to whether the FPPE has successfully been completed or needs to be extended.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

The JCAHO implemented a FPPE process to monitor the competency of new practitioners, practitioners who have been granted an additional privilege and as a way of monitoring the

performance of a practitioner who is suspected of not meeting reasonable standards when performing one or more privileges that have already been granted. Any practitioner who is in the FPPE process has been assigned a proctor.

The definition of "proctoring" has evolved and expanded over the years. For our purposes, the following definition of proctor applies:

Proctoring is a process of monitoring a physician's competency in delivering care and takes both cognitive and procedural abilities into account. If the proctor observes potential or imminent patient harm during the proctoring process, it may be ethically appropriate for the proctor to intervene on behalf of the patient.

The proctoring process should be tailored to meet the intent of the standard and may be different for each specialty or procedure being FPPE'd. A combination of methods may be used to better evaluate the physician's competency. FPPE can be divided into three major categories:

PROSPECTIVE: the reviewer previews the care to be administered to a patient

CONCURRENT: the proctor observes the physician doing the procedure(s)

RETROSPECTIVE: the reviewer evaluates the care given after it has been rendered

We require at least three to five cases be proctored but this may vary depending on several factors that can include the difficulty of the procedure, the practitioner's previous experience and the reason for the FPPE.

After each case is reviewed, the appropriate form must be completed by the reviewed/proctor and returned to the Credentials Department. After the required number of cases have been proctored, the section head/chief will review and "sign off" before the "REMOVAL OF FPPE" recommendation is acted on by the Credentials Committee, MEB and PAC. A copy of the completed FPPE forms are filed in the individual's permanent credentials file.

CROSS SPECIALITY PRIVILEGES

Procedures that may be performed by more than one specialty, are called cross specialty privileges. It is the responsibility of the medical staff to ensure that a single level of care is provided regardless of which specialty is performing the procedure. In most cases, criteria may have to be developed to ensure this single level of care. Depending on the procedure, it may be "core" for one specialty but not for another.

When special training is required to perform a procedure, over and above an accredited residency or fellowship, criteria should be developed to ensure that the practitioner meets the minimum requirements needed to apply for that procedure.

Criteria for a particular procedure includes:

- education
- training
- experience

- current competency

- number of cases to be FPPE's
- criteria for recredentialing
- requisite skills or privileges may also be included.

At Kennedy, the criteria is developed jointly among the "involved" section heads and/or chiefs. Because some privileges are core for some specialties but not others, the eligibility requirements may differ depending on the specialty.

REAPPOINTMENT

Reappointment Cycle

Our accrediting bodies allow us to grant privileges for NO MORE THAN TWO YEARS at one time. Our two year reappointment cycle corresponds to that standard. Currently, the reappointment cycle is staggered; about half the departments are reappointment every other year.

The exception to this is the Allied Health Providers who are re-appointed annually. The decision to do this was based on the standards that require an AHP to be evaluated and submit an updated joint protocol on an annual basis.

Reappointment Packet

At the time of reappointment you will be provided with the:

- reappointment application
- approved delineation of privilege form for the present cycle
- completed delineation of privilege form for the next two year cycle
- procedure log, when available
- evaluation form completed by a peer or medical staff leader at the physician's primary hospital if the practitioner has low or no volume at Kennedy and is applying for privileges
- quality data generated from Kennedy's internal quality software program, if available
- report from NPDB and primary source verification of license and CDS and DEA, if applicable
- proof of negative PPD/negative chest x-ray/attestation of being asymptomatic
- updated collaborating agreement and evaluation from collaborating physician for AHP's

Your responsibilities at the time of Reappointment

When you receive the reappointment folder, you are expected to review the information, with special attention to the procedure log, quality data, current delineated privileges and privilege request for the next cycle.

If you would like additional information, please contact the credentials department at 856-3456-7680. Although not required, you have the option of speaking directly with the practitioner or with a physician at another facility to obtain additional information that will assist you in delineating privileges and making a recommendation to reappoint.

After you delineate the privileges and initial, in accordance with the format of the DOP

- sign and date the DOP document
- complete the competency evaluation (if there is a section head, it is the responsibility of the section head to complete, chiefs to review and comment, if applicable)
- sign and date the competency form

REQUEST FOR ADDITIONAL PRIVILEGES

Physicians may request additional privileges in between the two year reappointment cycle. The physician should call the credentials department and submit his/her request. The credentials staff will inform the physician of any support documentation needed to accompany the request. In accordance with JCAHO standards, the credentials staff will verify the physician's license, query the DPDB and the OIG website.

All documentation will be sent to the section head/chief for review, action and a proctor assignment. Assistance in identifying a proctor is available through the credentials department at 856-346-7680 or the office of the AVP/Medical Administration at 856-346-7789.

After section head/chief review, the recommendation will be forwarded to the credentials committee, MEB and PAC for final action.

Physicians will be notified of the disposition of their request. If the request is denied, the requesting physician will be notified of the reason for denial. All newly granted privileges will be "FPPE'd" for a predetermined number of cases.