



Kalihi-Palama Health Center
Hale Ho'ola Hou

Policy and Procedure Manual

SUBJECT: Credentialing and Privileging of Licensed Staff

SECTION OF MANUAL: Personnel

DEPARTMENT/TEAM: All

DATE: Effective: 9/06

Revised: 8/2011

Reviewed (annual):

Position Responsible for Review/Revisions: Medical Director and Dental Director

Committee Responsible for Final Approval: KPHC Board of Directors

Reference Standard: Federally Supported Health Centers Assistance Act of 1992, 42 U.S.C. §233(h)(2), PIN 98-23, PIN 2001-16, PIN 2002-22, CARF 1.F.2a1-3, 1.F.8;

Policy:

It shall be the policy of Kalihi-Palama Health Center (KPHC) to assess and confirm the credentials and qualifications of each licensed or certified health care provider, whether employed, contracted, volunteer, or locum tenens, at all KPHC sites prior to providing clinical services on behalf of KPHC and on a regular basis thereafter. KPHC will verify that its health care providers have met standards of practice and training and possess the requisite skills and expertise to manage and treat patients and to perform the medical or dental procedures that are authorized.

The Medical Director or Dental Director, on behalf of the KPHC Board of Directors, will grant privileges that authorize each Licensed Independent Provider to offer the specific services and/or procedures to KPHC patients based on the results of the credentialing process and review of the Credentialing Committee. The Board will routinely assess compliance with these policies and procedures.

Purpose:

1. To ensure that KPHC patients are receiving care from licensed providers who reflect the highest level of qualifications and competence in their respective professional disciplines;
2. To ensure that each and every provider of clinical services is qualified to perform the expected duties and clinical procedures as necessary.
3. To ensure increased patient safety, reduction of medical errors and the provision of high quality health care services.
4. To assure patients that KPHC providers have met standards of practice and training that enable them to manage and treat patients and/or perform procedures and practices with a level of proficiency which minimizes the risk of causing harm.

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Definitions:

Credentialing - the process of assessing and confirming the qualifications of a licensed or certified health care provider, which includes collecting and verifying information, assessing and interpreting the information, and making decisions about the qualifications of the provider.

Privileging - The process of authorizing a licensed or certified health care provider's specific scope and content of patient care services including the medical or dental procedures he or she can perform. This is performed in conjunction with an evaluation of an individual's clinical qualifications and/or performance.

Licensed Independent Providers – Individuals permitted by law and the organization to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges, including, but not limited to, physician, dentist, nurse practitioner, nurse midwife, physician assistant, psychologist, licensed clinical social worker, licensed marriage and family therapist.

Other Licensed or Certified Health Care Provider – An individual who is licensed, registered, or certified but is not permitted by law to provide patient care services without direction or supervision. Examples include, but are not limited to, registered nurse, licensed practical nurse, medical assistant, laboratory technician, social worker, dental hygienist, registered dietitian.

Primary Source Verification - Verification by the original source of a specific credential to determine the accuracy of a qualification reported by an individual health care provider. Examples of primary source verification include, but are not limited to, direct correspondence, telephone verification, internet verification, and reports from a credentials verification organization. The Education Commission for Foreign Medical Graduates (ECFMG), the American Board of Medical Specialties, the American Osteopathic Association Physician Database, or the American Medical Association (AMA) Master File can be used to verify education and training.

Secondary Source Verification - Methods of verifying a credential that are not considered an acceptable form of primary source verification, which may be used when primary source verification is not required. Examples of secondary source verification methods include, but are not limited to, the original credential, notarized copy of the credential, a copy of the credential (when the copy is made from an original by KPHC authorized staff).

Responsibility:

1. It is the responsibility of the Human Resource Department to verify proper credentials of each licensed or certified health care provider.
2. It is the responsibility of the supervisor of an Other Licensed or Certified Health Care Provider to review the verified credentials and to grant privileges based on their job description.
3. It is the responsibility of the Medical Director for medical providers and the Dental Director for dental providers to review the verified credentials and to grant privileges to each Licensed Independent Provider after consultation with the Credentialing Committee.

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Forms:

- *Application for Credentialing and Privileges*
- *Delineation of Clinical Privileges*
- *Request to Credential Providers*
- *Completed Credentials Checklist*
- *Notice to Begin Employment*
- *Application for Renewal of Privileges*
- *KPHC Approval of Clinical Privileges*
- *KPHC Clinical Support Staff Skills Checklist*

Procedure:

Credentialing

1. The credentialing process, which may be completed by a credentials verification organization, must follow the requirements of the Joint Commission on Accreditation of Health Care Organizations (JCAHO) or other nationally recognized accrediting organization.
2. Credentialing of Licensed Independent Providers requires primary source verification of the following:
 - Current licensure;
 - Board certification;
 - Relevant education, training, or experience;
 - Current competence;
 - National Practitioner Databank query; and
 - Health fitness, or the ability to perform the requested privileges, determined by a statement from the individual that is confirmed by a licensed physician designated by KPHC
3. Credentialing of Other Licensed or Certified Health Care Providers requires primary source verification of only the following:
 - Current license, registration or certification
4. Credentialing of Licensed Independent Providers and Other Licensed or Certified Providers requires secondary source verification of the following:
 - Government issued picture identification;
 - Drug Enforcement Administration (DEA) registration (as applicable);
 - Narcotics Enforcement Division (NED) registration (as applicable);
 - Hospital admitting privileges (as applicable);
 - Immunization and PPD status; and
 - Life support training (as applicable).
5. Credentialing of Other Licensed or Certified Health Care Providers requires only secondary source verification of the following:
 - Education and training
6. Verification of current competence for Licensed Independent Providers may be accomplished by:
 - Primary source verification of a course of study from a recognized and certifying educational institution showing that the clinician met or passed a level of training required to perform a defined procedure or management protocol;
 - Direct, first-hand, one-on-one verification by another clinician who possesses the privilege of the particular procedure or management protocol;

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- Direct proctoring by a qualified clinician possessing a degree of expertise in the particular procedure or protocol beyond the level of expertise of most primary care providers.
7. Verification of current competence for Other Licensed or Certified Health Care Providers requires only a thorough review of clinical qualifications and performance by the provider's supervisor.
 8. Prior to initializing the credentialing process, all licensed or certified health care providers must complete the *Application for Credentialing and Privileging*, accept an offer of employment or contract, and clear a criminal history background check. A Licensed Independent Provider must also complete the *Delineation of Clinical Privileges* form. The provider's supervisor and an Authorized Director must complete the *Request to Credential Providers* form and forward it to Human Resources.
 9. Human Resources will perform primary or secondary source verification of credentials or will submit a request for credentials verification to a credentials verification organization.
 10. After completion of the verification process Human Resources will forward all applicable documents along with a *Completed Credentials Checklist* form to the provider's supervisor, the Medical Director or the Dental Director as applicable.
 11. For Other Licensed or Certified Health Care Providers, once the supervisor reviews and approves the credentialing a *Notice to Begin Employment* should be submitted to Human Resources and a start date with orientation can be scheduled.
 12. For Licensed Independent Providers, the Medical Director or Dental Director will present the credentialing documentation to the Credentialing Committee for review.
 13. The Credentialing Committee is an ad hoc committee appointed by the Medical Director or the Dental Director consisting of three (3) members of the relevant Medical or Dental Staff.
 14. The Medical Director, Dental Director and Credentialing Committee have authority to request additional information or deny employment or contracted services following the credentials verification review process.
 15. Employment or contracted services for a Licensed Independent Provider may commence with temporary privileges granted after the completion of the credentials verification process and review by the Medical Director or Dental Director for a maximum of sixty (60) days until full privileges are granted. A *Notice to Begin Employment* should be submitted to Human Resources and a start date with orientation can be scheduled.
 16. All documentation from the credentialing process will be kept in the provider's Credentialing File as a part of the KPHC Personnel Record.
 17. Human Resources will maintain a monthly review of each provider's Credentialing File to ensure that all expiring licenses, registrations or certificates are renewed by the provider.
 18. A provider will be placed on suspension without pay if a license, registration or certificate expires and no renewal is received by Human Resources by the expiration date.

Privileging

1. Privileging for Licensed Independent Providers is granted by the Medical Director for medical staff and the Dental Director for dental staff, as delegated by a Board Resolution of the KPHC Board of Directors, after acceptance of the credentials and approval by the Credentialing Committee. A majority vote of the Credentialing Committee is required for authorization to offer privileges and appointment to the Medical or Dental Staff. A *KPHC Approval of Clinical Privileges* form will be completed and the provider will be notified of approval in writing.
2. Privileging for Other Licensed or Certified Health Care Providers is completed during the orientation process via a supervisory evaluation based on the job description. A *KPHC Clinical Support Staff Skills Checklist* will be completed.

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3. Privileges may be withdrawn at any time where there are concerns regarding a provider's current competence. Corrective remedial action or other practice limitations may be placed on an individual basis as determined by the situation.
4. If a decision is made to discontinue or deny clinical privileges, the provider may appeal the decision via the grievance process.
5. All documentation from the privileging process, corrective remedial action or other practice limitations will be kept in the provider's Credentialing File as a part of the KPHC Personnel Record.

Renewal of Privileges

1. The renewal of a Licensed Independent Provider's privileges will occur every two (2) years and will include primary source verification of expiring or expired credentials, a synopsis of Peer Review results for the two-year period and/or any relevant performance improvement or grievance information.
2. To initiate the renewal of privileges a Licensed Independent Provider must complete the *Application for Renewal of Privileges* and *Delineation of Clinical Privileges* forms and submit them to Human Resources.
3. Human Resources will perform a primary source verification of expiring or expired credentials or submit a request for credentials verification to a credentials verification organization.
4. After completion of the verification process Human Resources will forward all applicable documents along with a *Completed Credentials Checklist* form to the Medical Director or the Dental Director as applicable.
5. Approval of renewed privileges for Licensed Independent Providers is made by the Medical Director or the Dental Director after approval of the Credentialing Committee. A *KPHC Approval of Clinical Privileges* form will be completed and the provider will be notified in writing.
6. The renewal of privileges for Other Licensed or Certified Health Care Providers will occur every two (2) years during their annual evaluation and will include primary source verification of expiring or expired license or certificate by Human Resources and supervisory evaluation of performance that assures that the individual is competent to perform the duties described in the job description. The *KPHC Clinical Support Staff Skills Checklist* will be reviewed and updated.

Provisional Appointment/Privileges

In the event of an important and immediate patient care need and when a Licensed Independent Provider needs to be hired or contracted for services before the full credentialing process can be conducted and approval received, a provisional appointment/privileges may be given by the Medical Director or Dental Director with the following requirements:

1. The *Application for Credentialing and Privileging* and *Delineation of Clinical Privileges* forms must be complete.
2. Acceptance must be made of the offer of employment or contract.
3. Primary verification of the following must be completed prior to the provider commencing clinical services:
 - Current licensure
 - Current competence
 - Results of National Practitioner Data Bank query
4. Secondary verification of the following must be completed:
 - Drug Enforcement Administration (DEA) registration (as applicable);

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- Narcotics Enforcement Division (NED) registration (as applicable);
 - One positive reference from a responsible peer regarding the applicant's competence, training and ability to perform the requested privileges;
 - Immunization and PPD status;
 - Life support training (as applicable);
 - Acceptance from the hospital for temporary privileges (as applicable)
5. Temporary privileges may not extend past sixty (60) days. When the full credentialing process is complete, privileging will follow the regular approval process.

Reporting

1. The Medical Director and Dental Director will give an annual report to the Quality Improvement Committee of the KPHC Board of Directors so that the Board can routinely assess compliance with these policies and procedures.