

SUBJECT: PEER REVIEW	REFERENCE #1012
DEPARTMENT: MEDICAL STAFF	PAGE: 1 OF: 9

**INTENT:**

The purpose of peer review is to promote continuous improvement of the quality of care provided by the medical staff at \_\_\_\_\_ Hospital. The role of the medical staff in peer review is to provide evaluation of performance to ensure the effective and efficient assignments of the work of the physician.

**APPLICABILITY:**

Applies to the medical staff of \_\_\_\_\_ Hospital, and others who have delineated clinical privileges.

**RESPONSIBILITY:**

- Each medical staff department is responsible for peer review activities. Oversight is delegated to the Medical Executive Committee. The Quality Improvement and Risk Management offices are made aware of situations requiring intensive review through the Risk Occurrence Report. When variations in performance are noted and particularly when there is an unanticipated patient outcome, it is the responsibility of the Director of Quality Improvement/Education’s designee to inform the department chairperson of the need to conduct a review.
- It is the responsibility of the Department Chief to identify indicators for department specific quality performance measures. The Quality Improvement/Education Department will assume responsibility for tracking this data and making it available to the Department Chief when indicated and at the time of reappointment.

**DEFINITIONS:**

- Confidentiality:
  - The peer review/quality improvement activities are protected from discoverability according to the state statutes. All activities are to be kept confidential. Only authorized persons have access to monitoring data and/or retrieval of this information. Authorized persons include medical staff leaders, hospital administration, medical staff services personnel and quality management personnel, as appropriate.
- Medical Staff Peer Review:
  - The medical staff uses an effective mechanism designed to involve medical staff members in activities to measure, assess and improve performance on an organizational basis. This mechanism is designed to:

SUBJECT: APPLICATION PROCESS	REFERENCE #1014
DEPARTMENT: MEDICAL STAFF	PAGE: 1 OF: 2

**POLICY:**

- To establish the process for collecting relevant information that shall serve as the basis for decisions regarding appointment and reappointment of licensed independent practitioners to \_\_\_\_\_ Hospital Medical Staff and for the delineation of clinical privileges.
- \_\_\_\_\_ Hospital shall ensure that all licensed healthcare providers shall meet the minimum credentials and performance standards for Medical Staff membership.

**PROCEDURE:**

- The Medical Staff application packet sent to the applicant shall contain the following:
  - Application
  - Hospital/Clinic privilege request forms for each facility, as appropriate
  - Consent to Release Information to Contracted Health Plans Form
  - Consent for release of information
  - Pharmacy signature sheet for each facility, as appropriate
  - Medicare signature statement
  - Signed release forms
  - Attestation forms:
    - Applicant attesting to any reasons for inability to perform essential functions of the position with or without accommodation
    - Attestation to the lack of current illegal drug use
    - Attestation to the lack of history of loss of license
    - Attestation to the lack of any felony convictions
    - Attestation to the lack of history for loss or limitation of clinical privileges or of disciplinary activity
    - Attestation to the completeness and accuracy of the application
    - Conflict of Interest Policy
    - Conflict of Interest/Confidentiality Form

SUBJECT: PRIMARY SOURCE VERIFICATION	REFERENCE #1032
DEPARTMENT: MEDICAL STAFF	PAGE: 1 OF: 3

- Primary Source Verification is verification of an individual healthcare practitioner's reported qualifications by the original source or by an approved agent. Primary source verification may include direct correspondence, telephone verification or Internet verification from the original qualification source or reports from credentials verification organizations (CVOs).
- For example, the Education Commission for Foreign Medical Graduates (ECFMG), the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA) Physician Database or the American Medical Association (AMA) Masterfile can be used for primary source verification of healthcare practitioners' education and training.
- The following is a list of acceptable means for validation of primary sources for applicants who are physicians, podiatrists and dentists. All sources verified should be documented and include date, relevant information related to element being verified (i.e., licensure expiration date, specific clinical privilege), name and signature of person performing the verification.

Qualification Element	Acceptable Primary Source
License:	Letter from the state medical board Documentation of telephone validation Documentation of an online query
Drug Enforcement Agency (DEA) or State Controlled Dangerous Substances Certificate (CDS):	Written verification of AMA Physician Masterfile Copy of DEA and CDC certificate with expiration date
Educational Commission of Foreign Medical Graduates (ECFMG):	Letter from the Educational Commission for Foreign Medical Graduates Copy of the ECFMG certificate
Medical School Graduation:	Letter from applicant's medical school Telephone verification, including dates of attendance AMA Physician Masterfile report
Internship/Residency/Fellowship:	Letter from training program director for new practitioners, or Documentation of telephone call to training program

SUBJECT: TEMPORARY PRIVILEGES	REFERENCE #1065
DEPARTMENT: MEDICAL STAFF	PAGE: 1 OF: 2

**POLICY:**

- \_\_\_\_\_ Hospital may occasionally grant temporary privileges to healthcare practitioners before the credentialing and privileging process has been completed. Temporary privileges shall be granted in the following situations:
  - To fulfill an important patient care, treatment and service need
  - When a new applicant is awaiting review and approval from the Medical Staff Executive Committee and the Governing Body, and his/her application is complete and presents no concerns
- Temporary privileges shall be granted by the CEO or other designee based upon the recommendation of the Medical Staff President or authorized designee.
  - Temporary privileges are granted due to an important patient care, treatment or service need. The patient care, treatment or services need must be documented.
- \_\_\_\_\_ Hospital may grant temporary privileges to qualified practitioners in the following circumstances:
  - Pending Application:
    - Upon receipt of a complete application for membership to the medical staff, an applicant may be granted temporary privileges for a period of not more than 120 days. Temporary privileges for new applicant awaiting review and approval from the Credentialing Committee may be granted upon verification of:
      - ◆ Current licensure
      - ◆ Relevant training and experiences
      - ◆ Current competence
      - ◆ Ability to perform the privileges requested
      - ◆ Other criteria defined by medical staff bylaws
      - ◆ A query and evaluation of National Practitioner Data Bank
      - ◆ A complete application
      - ◆ No existing or previously successful challenge to licensure or registration

SUBJECT: PROCTORING OF THE MEDICAL STAFF	REFERENCE #1074
DEPARTMENT: MEDICAL STAFF	PAGE: 1 OF: 4

**POLICY:**

- It is the policy of this organization to require licensed independent practitioners (LIPs) requesting medical staff membership and clinical privileges to undergo the proctoring process upon initial appointment to the medical staff and when requesting new or expanded privileges.
- Proctoring is understood to be an objective evaluation of a licensed independent practitioner's clinical competence by a proctor represented and assigned by the medical staff.
- The role of proctor is to evaluate technical and cognitive skills of another LIP. Proctoring observations will be conducted in a systematic fashion, combining direct observation with a review of the medical records of patients the LIP has treated, as appropriate. A written record of the observations will be prepared, with the medical staff Credentialing Committee considering the outcome of proctoring activities when granting permanent membership status of the LIP to the medical staff.

**PROCEDURE:**

- Practitioners to be Proctored Shall Include the Following:
  - New members of the medical staff granted initial appointment and clinical privileges at the provisional level
  - Practitioners granted temporary privileges pending appointment to the medical staff
  - Members of the medical staff applying for additional or expanded privileges for invasive procedures
  - Practitioners who want to develop and demonstrate additional skills/knowledge in a specific area of practice
  - Practitioners whose competence is in question
- Method of Proctoring:
  - Prospective:
    - The proctor reviews the patient's chart or interviews the patient personally prior to treatment by the LIP undergoing proctoring. Prospective proctoring is generally conducted when indications for a specific procedure are difficult to determine or if the planned procedure has a high degree of risk. The proctor will determine if the LIP's plan for care and treatment is appropriate and clinically indicated.