

SUBJECT: PEER REVIEW	REFERENCE #1012
RESPONSIBILITY: MEDICAL STAFF	PAGE: 1 OF: 10

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.

SUBJECT: APPLICATION PROCESS	REFERENCE #1014
RESPONSIBILITY: MEDICAL STAFF	PAGE: 1 OF: 3

POLICY:

- _____ Hospital shall have a clearly defined 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

SUBJECT: PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE REGISTERED NURSES (APRNs) REQUIREMENTS	REFERENCE #1022
RESPONSIBILITY: MEDICAL STAFF	PAGE: 1 OF: 2

POLICY:

- It is the responsibility of this organization to determine that the care provided by individuals for whom a licensed independent practitioner (LIP) has clinical oversight responsibility is, at a minimum, commensurate with the level of competence that is required for individuals employed by the organization performing the same or similar services.
- It is understood that the individuals for whom an LIP has clinical oversight are classified as Allied Health Practitioners (CRNA, PA, etc.). In some instances an AHP may be an employee of this institution. In some instances an AHP may be a non-employee of this institution.

PROCEDURE:

- In all instances Physician Assistants (PAs) and Advanced Practice Registered Nurses (APRNs) providing care, treatment and services in this organization must:
 - Have successfully completed the credentialing and privileging process as outlined in the medical staff bylaws, which includes communication and input from individuals and committees, including the Medical Staff Executive Committee, so that an informed decision can be made regarding the applicant’s request for privileges. Credentialing and privileging and reprivileging includes verification of the PA’s and APRN’s:
 - License
 - Certification/registration
 - ◆ The National Commission on Certification of Physician Assistants (NCCPA) is the only credentialing organization for physician assistants in the United States
 - ◆ The NCCPA has on-line certification tool called Verify-PA-C to verify certification. The NCCPA does not issue paper certificates as documentation of certification maintenance.

SUBJECT: PRIMARY SOURCE VERIFICATION	REFERENCE #1034
RESPONSIBILITY: MEDICAL STAFF	PAGE: 1 OF: 3

DEFINITION:

- 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.

ACCEPTABLE PRIMARY SOURCES:

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

SUBJECT: TEMPORARY PRIVILEGES	REFERENCE #1071
RESPONSIBILITY: 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