EXPLORE HEALTH SUMMIT

Credentialing Basics – Securing Your Roster

August 8, 2018

Presented by:

Christine "Cris" Mobley, CPMSM, CPCS

President C Mobley & Associates, llc

Co-Founder, Owner – Edge-U-Cate, llc

Colorado Springs, Colorado

(719) 597-2871 crismobley@gmail.com

Edge-U-Cate 1 www.Edge-U-Cate.com

LEARNING OBJECTIVES

- Describe the steps involved in credentialing and privileging of healthcare practitioners
- Reference the accreditation standards and federal/state regulations related to credentialing and privileging
- Explain the on-going evaluation of practitioners to monitor the care they are giving
- Define "negligent credentialing" and some of the related legal cases and how to avoid this happening in your organization

Edge-U-Cate C Mobley www.Edge-U-Cate.com 2

WHAT IS CREDENTIALING?

- Process of obtaining, verifying and assessing the qualifications of a health care practitioner to provide patient care services in or for a health care organization.

Joint Commission HAS 2018

- Basis for making medical staff appointments
- Provides information for granting of clinical privileges to LIPs/others credentialed and privileged

Edge-U-Cate C Mobley www.Edge-U-Cate.com 3

The term “credentialing” is a big umbrella!

- Credentialing Involves:
  - Criteria, standards, policies, procedures
  - Application Process
  - Verification / Information Gathering
  - Privilege Delineation
  - Analysis / Review & Recommendation / Approval
  - Communication / Notification
  - Focused/Ongoing Performance Evaluation
  - Ongoing Expirables Verification
  - Recredentialing / Reappraisal
  - Corrective Actions / Fair Hearings
  - Maintenance / Documentation
  - Other

Edge-U-Cate 4 www.Edge-U-Cate.com

WHAT ARE CREDENTIALS?

- Documented evidence of licensure, relevant training or experience, current competence
- Process ensures:
  - They are who they say they are
  - They attained credentials as stated
  - Credentials are current
  - No challenges to any credentials
- Meeting basic qualifications
  - are they trained?
- Currently competent (privileges)
  - are they any good?

Edge-U-Cate C Mobley www.Edge-U-Cate.com 5

What is Privileging?

- Authorization granted by appropriate authority (governing board in hospital, medical director in clinic for example) to a practitioner to provide specific care, treatment or services within well defined limits based on:
  - License
  - Education, training
  - Experience, competency
  - Health status
  - Judgment

Edge-U-Cate 6 www.Edge-U-Cate.com

WHO HAS TO BE CREDENTIALED & PRIVILEGED IN A HOSPITAL?

- Bylaws, rules/regulations, policies/procedures define the individuals/categories
  - Licensed independent practitioners providing patient care services
  - PAs, APRNs (per CMS regulations)
    - Centers for Medicare and Medicaid Services
  - Other categories per de description in medical staff bylaws (AHPs, CAMPs)

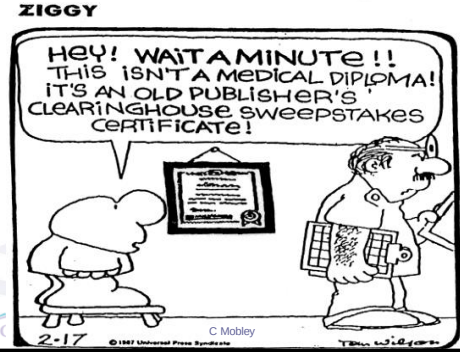
Edge-U-Cate C Mobley www.Edge-U-Cate.com 7

WHY IS CREDENTIALING IMPORTANT ?

- Patient safety
- Quality patient care
- Hospital liability
- Compliance with regulatory requirements (state/federal)
  - CMS (federal Conditions of Participation CoPs)
- Compliance with Accreditation Standards
  - TJC, HFAP , DNV, CIHQ
- Compliance with medical staff governing documents
  - Medical Staff Bylaws, Rules and Regulations, and Policies

Edge-U-Cate C Mobley www.Edge-U-Cate.com 8

COMPETENCY MUST BE VERIFIED



Edge-U-C C Mobley

Verifications

- Requires in writing from PSV (issuing source) when feasible or from a CVO (credentialing verification organization)
  - License
    - Initial granting (of privileges)
    - Re-privileging (reappointment, change in privileges)
    - Expiration
  - Relevant training
  - Current competence
- See accreditation manuals for designated equivalent acceptable sources (DES)-agencies that maintain information identical to primary source
  - AMA, AOA profiles
  - ABMS licensed entities – Board Certified Docs, CertiFacts
  - ECFMG
  - FSMB
- Reliable Secondary Source information – when it's not possible to obtain information, another source can be used such as another hospital that has documentation of the PSV.
  - Document effort
  - Some hospitals have closed, burned down

Edge-U-Cate C Mobley www.Edge-U-Cate.com 10

PRE-APPLICATION Optional

- Determine Method
- Basic criteria
  - "Closed" section or department
  - Basic education / training
  - Current, unrestricted license to practice
  - No sanctions (license, DEA, OIG)
  - Board certification
  - Proximity of practice, home to hospital
  - Other
- NO competency evaluation

Edge-U-Cate C Mobley www.Edge-U-Cate.com 11

INITIAL APPLICATION

- Cover Letter / Application / Privilege Forms / Bylaws
- Application log
- Appointment worksheet *
- Missing elements review
- Acknowledgment

Edge-U-Cate C Mobley www.Edge-U-Cate.com 12

EDUCATION *
Degree Program

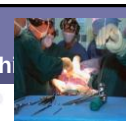
- Include name, address, phone number of institution
- *From* mm/yy *to* mm/yy
- Graduation date
- ECFMG - verify if listed – Educational Commission for Foreign Medical Graduates
- Foreign schools if not ECFMG (verify)

- AMA/AOA profiles have this information (if ECFMG, must verify with that organization)

*Must be primary source verified per accreditation standards

Edge-U-Cate C Mobley www.Edge-U-Cate.com 13

TRAINING*
Internship, Residency, Fellowsh



- *From* mm/yy *to* mm/yy
- Training/program director's name
- Was program *completed*?
  - If not, why not? Do they want to be called?
- Include phone number
- Gaps between training dates

AMA/AOA profiles, Verification Letter to Program

Edge-U-Cate C Mobley www.Edge-U-Cate.com 14

LICENSE
State

- Verify current* other states optional
  - Verify at initial privileging, re-privileging and upon expiration of license *
- Dates issued/expired
- Disciplinary actions, sanctions, challenges (past or present) * get from state Board, FSMB (Federation of State Medical Boards)

Edge-U-Cate C Mobley www.Edge-U-Cate.com 15

REGISTRATION, DEA (fed'l)
State Pharmacy (in some states)

- Dates issued/expired
- Check for local address on DEA (DEA for each off location where drugs prescribed/administered)
- Check for all schedules; if any missing, what and why?
  - 2,2N,3,3N,4,5
- Not all specialties utilize DEAs
- Can PSV with NTIS (National Technical Information Service)
  - Do not need to PSV
- Listed on AMA Profile – you can use that
- Do need to ask applicant if "registration" ever sanctioned

Note: federal requirement if dispensing/prescribing these drugs; locum tenens must be local address or have someone else prescribe

CERTIFICATION
Board, CPR

- Verify with:
  - Board directly on line
  - AMA profiles –licensed by ABMS to provide this information
  - CertiFacts or Board Certified Docs (subscription service)
- Dates certified* (PSV if organization requires)
- Were any boards taken and failed? How often? (optional)
- Intent to take boards - when? (optional)
- Board "eligible" - what does that mean? –each Board defines
- Lifetime Certification (those boarded long ago before re-certification and MOC were developed)
- MOC – Maintenance of Certification (AMA)
- OCC – Osteopathic Continuous Certification
- There are other Boards – define what ones you accept!!
- CPR, BLS, ACLS, PALS - expiration date

HEALTHCARE AFFILIATIONS
Employed, Practiced, Associated, Privileged

PSV <u>not</u> required but <u>Industry</u> Practice *From* mm/yy *to* mm/yy

- Verify time there, privileges granted, staff category,
  reason for leaving (if no longer there)
- NAMSS PASS program
  - See www.namss.org
  - National Association Medical Staff Services
- This is verification of time only, not a competency evaluation (see NEXT slide)

PEER REFERENCES/COMPETENCY *

Same professional discipline

(MD/DO, DDS, PhD, DPM)

- Clinical competence
- Personal knowledge of applicant's ability to practice:
  - Medical/clinical knowledge *
  - Technical and clinical skills *
  - Clinical judgment *
  - Interpersonal skills *
  - Communication skills *
  - Professionalism *
  - Any effects of health status on requested privileges

Edge-U-Cate C Mobley www.Edge-U-Cate.com 19

PEER REFERENCES *

cont'd

- Sources
  - Can be training director - if not obtained through earlier section (training/education)
  - Department, clinical chair who is peer
  - PI/Credentials Cmte/s that include applicant's peers
  - MEC
  - Other if above don't meet definition
- Written/ Oral documentation acceptable
- Current associates??
- Relatives - NOT!
- How many? Industry average is 3
- *Two part form for hospital affiliation/peer ref*

Edge-U-Cate C Mobley www.Edge-U-Cate.com 20

WORK HISTORY

(clinics, solo/group practice, employment)

Best Practice…..

- Minimum five (5) years
- *From* mm/yy *to* mm/yy
- Account for gaps (policy?)
- Can exclude training, hospital affiliations if listed elsewhere
- Reason for discontinuance
- Good place for academic appointment history, military (other)

Edge-U-Cate C Mobley www.Edge-U-Cate.com 21

PROFESSIONAL LIABILITY, INSURANCE and CLAIMS HISTORY

- Current coverage
- Past coverage history not required but often obtained
- Denial of coverage or cancellation of insurance
- Claims history
- Final judgments (unusual pattern, excessive #)* or settlements
- Current or pending claims
- No accreditor requires malpractice insurance coverage; it is organization-specific

Source for insurance - copy of insurance face sheet – dates of coverage, expiration date – maintain current copy

CLAIMS INFORMATION

- Name of insurance carrier with policy number
- Name and age of claimant or plaintiff
- Detail of nature and substance of claim / date and place
- Outcome / status

Source: NPDB (settlements only), Claims Carrier

NATIONAL PRACTITIONER DATA BANK (NPDB)

- HCQIA - 1986
  - Provisions for NPDB
  - Provides immunity for peer review
- NPDB effective 1990
- Requirements for querying – Federal Requirement
  - Initial appointment
  - Initial, renewal, or additional request for clinical privileges!
  - Every two years OR……..
- Continuous query(NPDB option)
  - One query only, followed by automatic notification to org. if report changes
  - Remember to de-enroll if someone leaves, resigns, etc.

Medicare/ MediCal Sanctions

- Office of Inspector General –OIG profile
  - Any sanctions prevent reimbursement from government for these patients
  - Check monthly (use OIG web site)
- Query on line (no charge)
  www.exclusions.oig.hhs.gov
- Information also listed on NPDB report)

Edge-U-Cate C Mobley www.Edge-U-Cate.com 25

BACKGROUND CHECKS

- Industry practice – initial appointment
- Employee staff adhere to HR policies
- Some do for reappointment

Edge-U-Cate C Mobley www.Edge-U-Cate.com 26

"OTHER" HOSPITAL SPECIFIC

- CME – copies of continuing medical education
  - Not required but some places request
- TB test
- Practitioner identification *
  - Copy of photo ID not necessary; someone must view original (government issued photo ID)
- Medicare attestation
- Other?
- Burden is ON THE APPLICANT to provide "accurate and complete information"

Edge-U-Cate C Mobley www.Edge-U-Cate.com 27

DISCLOSURE INFORMATION

- Have you ever had privileges, membership, DEA, license, board certification
  - Denied, revoked, suspended, not renewed
- If "yes," explanation must be provided in writing
- Other – any felony convictions, misdemeanors

DISCLOSURE INFORMATION

- Ability to provide quality care, treatment and services for privileges requested
- No health problems exist that could affect his or her ability to perform the privileges requested *

* Applicant submits statement; confirm with reference, peer

ATTESTATION and RELEASE OF INFORMATION

- Attestation that information is correct and complete
- Pledge to provide for continuous care for patients
- Agreement to be bound by medical staff bylaws, rules, etc.
- Acknowledges any provisions in the medical staff bylaws for release and immunity from civil liability

ATTESTATION and RELEASE OF INFORMATION

- Consents to inspection of records and documents pertinent to licensure, specific training, experience, current competence, ability to perform privileges requested, and to appear for interview if requested
- Acknowledgment that any material misstatements in or omission from this application may constitute cause for denial of application for staff membership and/or privileges
- Authorization for organization to obtain information

Edge-U-Cate C Mobley www.Edge-U-Cate.com 31

ATTACHMENTS/OTHER

- Copies of:
  - DEA registration (if they have one) or NTIS, or use AMA Profile
  - Current Professional Liability Insurance face sheet (or verification from claims carrier)
  - Emergency Care Training Certificates (ACLS, PCLS, etc.)
- No need to collect copies of certificates, license, OR - toss when PSV'd
- Curriculum Vitae (CV)

Edge-U-Cate C Mobley www.Edge-U-Cate.com 32

Credentialing Coordinator Assessment

Your assessment is essential!!
You're the expert!!
Medical Staff depends on you!!
(and so do the patients!)

- Ensure file is complete – all verifications / validations / required documentation are in file
- Define "complete app" in Bylaws – all info plus add'l requests of applicant/sources are addressed to satisfaction of review/approval bodies

Edge-U-Cate 33 www.Edge-U-Cate.com

Exhausted Effort Policy

- How many times will you request missing information and method; e.g., email, phone, fax – document add'l requests
- If vital information is not received, at some point a letter should be sent to applicant stating that IF information not received by XX date, application will be considered incomplete and cannot be processed (vs. taking it forward for "denial")

Edge-U-Cate 34 www.Edge-U-Cate.com

Assessment – Red Flags Identification

Common Red Flags

- Application Form
  - Incomplete; gaps in work history; affirmative answers to "disclosure" questions
  - discrepancies in information submitted/verified
- Education / Training
  - Incomplete training; variety / unrelated training; gaps in training; training in different specialty than practice

Edge-U-Cate 35 www.Edge-U-Cate.com

Assessment – Red Flags (con't)

- Malpractice History
  - Excessive number (open / settled); pattern – procedure or time period; large $$ awards
- Licensure
  - Sanctions, multiple state licenses, state license but no corresponding work history on app form
- Narcotics Registration
  - Limited schedule of drugs; Sanctions

Edge-U-Cate 36 www.Edge-U-Cate.com

Assessment – Red Flags (con't)

- Hospital/Professional Practice Affiliations
  - No knowledge of applicant; question(s) not answered; no response; form letter response; request to contact MS; not listed on internet verification list/roster; credentialing or medical staff coordinator answered any competency questions – that's a "NO/NO"
- Peer Recommendation
  - No or limited knowledge of applicant; question(s) not answered; no response;
  - Evasive; low score; narrative letter that does not address competence; request for direct contact

Edge-U-Cate 37 www.Edge-U-Cate.com

Assessment – Red Flags (con't)

- Supporting documentation for privileges
  - (Based on defined criteria for privilege)
  - Not provided; not adequate; evasive
- Personal Interaction with Credentialing Specialist
  - Too eager; too helpful; demanding; pushy; evasive; cajoling…

Edge-U-Cate 38 www.Edge-U-Cate.com

ASSESSMENT – Red Flags (con't)

You've found red flags – Now what do you do about them?

- Investigate - dig deeper
  - When in doubt, consult department chair or other
  - Use Instincts & resources
- Document flag and results of inv
- Clearly identify for review
  - No sticky notes!!!!
  - Complete evaluation form*

Edge-U-Cate 39 www.Edge-U-Cate.com

Clinical Privileges

Criteria-based Privileges

Performance-based Privileges (FPPE – TJC, HFAP)

Evidence-based Privileges (OPPE – TJC, HFAP)

- Hospital-specific Privilege Request Form
  - Usually by sub specialty and/or department
- Signed by Applicant
- Supporting documentation attached
  - based on criteria for specific privileges requested

REVIEW & APPROVAL SECTION *

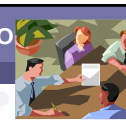
- Evaluation by the medical staff includes:
  - All verifications and data collected in support of application for membership and/or clinical privileges
  - All "attestation" elements described in "disclosure" and "claims history" sections above
  - Documentation as to applicant's health status
  - All inquiries of the application are answered to satisfaction of medical staff, others

REVIEW & APPROVAL SECTION

Once all data is collected and verified:

- Department chair review & evaluation
  - Section/division -optional
- Committee recommendation
  - Credentials Committee
    - (if there is one; *not* required)
  - Medical Executive Committee
    - Positive recommendation
    - Adverse recommendation
      - Fair hearing rights prior to Board action

REVIEW & APPROVAL SECTIO



- Governing Board approval
  - Standard process
  - Expedited process
    - GB delegates to sub cmte (after MEC)
- Time frame defined in bylaws
- Notification
  - Practitioner
  - Organization – email, Intranet
- Documentation
  - Credentials file
  - Credentialing software

Edge-U-Cate

44

Temporary Privileges

- 1. Important Care Need – short term
  - Verify current license, current competence *
  - NPDB – fed'l
  - Other per policy
  - Time period according to policy,bylaws
  - Medical staff president/CEO approval/designees
- 2. Awaiting final Board approval (and before MEC)
  - File complete, "clean and green"
  - Medical staff president/CEO approval/designees
  - Good for 120 days (DNV – 30 day increments)
- "Locum Tenens"-how to process

Edge-U-Cate

Professional Practice Evaluation (FPPE, other)

- All practitioners granted new clinical privileges must be evaluated (TJC)
  - Privilege specific
  - Methodology may vary based on privilege, individual
- Six methods to choose from
  - Chart review
  - Discussion with involved personnel
  - Monitoring clinical practice patterns
  - Simulation
  - External peer review
  - Proctoring
- Must have policies to define how monitoring will be done, when it will be evaluated and options based on evaluation outcome

Edge-U-Cate

REAPPOINTMENT

- Time frame - plan ahead – every TWO years
  - Schedule (birth date, app't, specialty, dept)
  - Monthly, quarterly, semi-annual, annually
- Application: Validation of information
  - Additional information
  - Questionnaire
  - Attestation
- User-friendly forms
  - Pre-populated
  - Specific instructions
- P&P for tracking / follow up (exhaustive effort)
  - Voluntary resignation

REAPPOINTMENT CLINICAL PRIVILEGES

- Opportunity for additions and/or deletions
- Criteria / Measurable data
- Peer reference(s)
  - Competency
    - internal references (dept and cmte members)
    - external references (low volume)
- CME info collected related to privileges
- Low/no volume – consider "refer and follow"

REAPPOINTMENT VERIFICATIONS

- Licensure* (all current states and any dropped since last appt.); sanctions *
- Other "expirables" (be sure info is current)
  - DEA, ACLS, insurance, boards*
- Additional education/training*
- Board certification – if required by organization
- Current Competency *
- All hospital affiliations (within last two years) optional
  - may use for "low volume" docs (per TJC)
- NPDB query (within two yrs) (or use of Continuous Query)

REAPPRAISAL PERFORMANCE PROFILE

- Performance Profile - info from performance improvement activities; e.g.,
  - Quality indicators
  - Focused review outcomes
  - Utilization (admits, consults)
  - Medication use
  - Use of blood and blood components
  - Operative/other procedures
  - Medical record delinquencies
  - Morbidity and mortality data
  - Comparative/aggregated data
  - Core Measures
- Comparative (specialty, dept, med staff) and aggregated (over 2 years)

Edge-U-Cate C Mobley www.Edge-U-Cate.com 49

50

REAPPRAISAL PERFORMANCE PROFILE

- Compilation of OPPE reports (on going professional practice evaluation)
  - Must happen on-going with cumulative report at reappointment
- Other
  - Procedural activity
  - Admissions, consults, LOS average
  - Committee attendance
  - Adherence to Bylaws, R&R
  - Other

Edge-U-Cate C Mobley www.Edge-U-Cate.com

Reappointment Assessment, Approval Process

- Do same as initial appointment
  - Medical Staff Office Assessment
    - Compare privileges
    - Collect Profile information
    - Check out any red flags
  - Department Chair recommendation
  - Credentials Committee (if you have one)
  - Medical Executive Committee recommends to Board (if adverse, FHP kicks in)
  - Governing Body action
  - Notify applicant

Edge-U-Cate C Mobley www.Edge-U-Cate.com 51

MAINTENANCE
Ongoing Expirables

- Expirable documents
  - Licensure
    - At time of appointment, renewal, revisio
      expiration! (* TJC)
  - DEA
  - Malpractice Insurance
  - Board Certification
  - NPDB (re-query every two years unless using CC)
  - Other certifications
    - ACLS, PCLS, BCLS, etc.

Edge-U-Cate C Mobley www.Edge-U-Cate.com 52

CONFIDENTIALITY – So Very Important!

- Policy and procedure!
- Information sharing
  - Internal
  - External
  - Consent/Release Form
- "Need to know"
- Physician's own file
- Committee meetings
- Legal liability for disclosure
- Document release
- File security
- When in Doubt...

Edge-U-Cate C Mobley www.Edge-U-Cate.com 53

Negligent Credentialing – Mitigating Your Risk

- Most states recognize negligent credentialing as a "cause of action" in a medical liability lawsuit
- hospitals have "deeper pockets"
- To establish claim, plaintiff must prove:
  - Hospital failed to exercise reasonable care in granting staff membership and/or clinical privileges
  - Negligently privileged physician treated the plaintiff negligently
  - Hospital's negligent credentialing of the negligent physician was the proximate cause of the plaintiff's injury

Edge-U-Cate www.Edge-U-Cate.com

"Negligent Credentialing" – Headline News!

- Carter vs. Putnam General Hospital (WV 2003)
  - Sept. 2005 Wall Street Journal Article
  - Temp privileges 11/02 – 5/03 (suspended)
  - 100+ malpractice suits
  - Jury verdict ruled "negligent credentialing" of temporary privilege process had occurred (no monetary settlement; however now each individual suit able to include outcome)
  - Corporation settled all – undisclosed amount
  - Corporation sold hospital

55

Edge-U-Cate www.Edge-U-Cate.com

Carter v Putnam (con't)

- What do we know:
  - Incomplete application
  - Multiple residencies (incomplete) in various specialties with no PSV
  - No formal subspecialty residency/fellowship (house officer only)
  - Board certification not ABMS/AOA
  - Competency letter was copy sent to another hospital years before (not PSV)
  - AMA Profile was copy (and incorrect)
  - NPDB report showed 2 malpractice. settlements, which he noted on application; however, several others not on NPDB and he did not disclose (bankrupt insurance company taken over by state did not report – plaintiff attorney researched and found bankrupt companies)
  - Gaps in work history

56

Edge-U-Cate www.Edge-U-Cate.com

Carter v Putnam (con't)

- How did this happen?
  - Hospital desperate to recruit orthopedic surgeon
  - Surgeon wouldn't come unless he could do spine surgery
  - First-time CEO with limited credentialing knowledge
  - Department Chair experienced, but didn't do his job; relied on Medical Staff Coordinator
  - Medical Staff Coordinator had no training/experience; in job by herself for 3 weeks

57

Edge-U-Cate www.Edge-U-Cate.com

"Negligent Credentialing" – Headline News!

- Jones v. Kadlec Medical Center (WA 2003)
  - 10/01 Dr. Berry applies for privileges; Kadlec conducts routine PSV and no flags are identified
  - 12/01 Dr. Berry is approved by Kadlec MC as Anesthesiologist
  - 12/02 patient Kimberly Jones stops breathing during tubal ligation and Dr. Berry fails to resuscitate; she is in permanent vegetative state
  - Family sues Dr. Berry and also sues Kadlec for negligent credentialing under "Respondeat Superior" (a legal doctrine that passes the legal responsibility for acts or omissions of an employee to the employer)
  - Plaintiff's attorney uncovers fact Dr. Berry fired from Lakeview Anesthesia Associates for use of Demerol / endangering patients
  - Jury awards plaintiff $8.5 mil -- $1mil Dr. Berry / $7.5 mil Kadlec

58

Edge-U-Cate

www.Edge-U-Cate.com

Kadlec (con't)

- What we Know:
  - Although Lakeview Regional Medical Center (LRMC) conducted a "management" investigation into Dr. Berry's alleged drug use, it did not report info to MEC or Board but rather notified his employer;
  - In response to Kadlec's hospital affiliation request letter, LRMC sent abbreviated form letter (at management's specific request) indicating only dates on staff – normal procedure was to fill out requesting hospital's questionnaire;
  - Affiliation letter indicated he was on active staff until 10/01 (even though he left in 3/01)
  - Although Lakeview Anesthesia Associates (LAA) put Dr. Berry on notice and in 3/01 ultimately fired him for use of Demerol and endangering patients, partners wrote glowing letters of recommendation in response to Kadlec's peer reference request.

59

Edge-U-Cate

www.Edge-U-Cate.com

Minimizing Risk…

- Develop the Right Release of Information Documents
- Conduct thorough credentialing / primary source verifications on all practitioners (regardless of status: active, temps, locums)
- Follow up on all flags (yellow or red!)

60

Edge-U-Cate

www.Edge-U-Cate.com

MINIMIZING RISK…

- Insurance Gaps:
  - Prior settlements/pending cases by insurance company – out of business, or applicant didn't list
- File contains Malpractice History:
  - Check it out

61

Edge-U-Cate

www.Edge-U-Cate.com

MINIMIZING RISK

- Documentation:
  - Meeting minutes, correspondence – proof of due diligence
  - Forms not checked off, dated, signed
    - Did the dept chair actually review file? Where is evidence?
  - Signature and date lines – if you require, be sure it's complete

62

Edge-U-Cate

www.Edge-U-Cate.com

MINIMIZING RISK…

- Documentation (con't):
  - When medical staff is reviewing and making recommendation to Board, think:
    - *"Not enough information to approve"*

DO NOT LET MS/Board THINK:

- *"Not enough information to deny"*

63

Edge-U-Cate

www.Edge-U-Cate.com

64

Minimizing Risk…

- Follow the Bylaws, Other Regs
- If your policies or bylaws say you're going to do something, do it.
- Don't be rushed in the appointment process
  - That's when mistakes are made
  - Give me a warm body! (recruitment)
- Remember, burden of proof is on the applicant!!

Edge-U-Cate www.Edge-U-Cate.com

65

Minimizing Risk…

- Recommend annual, internal audit of the credentialing process
  - Helpful if you're new to your job (mgmt)
  - Helpful if you change employees
  - Do you do what you say you do?
  - Do you need to make changes?
- Don't underestimate plaintiff's witness to say something re: missing, poor or unorganized documentation
- Corporate negligence not won/lost based on actual competence but upon the documentation created (or lack thereof)

Edge-U-Cate www.Edge-U-Cate.com

HOW DO I DO ALL THAT???

- Organization
- Communication
- Office P&P Manual a MUST!
- Continuing education
- Resources
- Networking
- Cooperation
- Adaptability
- Humor

Edge-U-Cate 66 www.Edge-U-Cate.com

QUESTIONS/DISCUSSION

THANK YOU!

Edge-U-Cate 67 www.Edge-U-Cate.com

ATTACHMENTS

- Initial Appointment Checklist
- Hospital Affiliation Letter
- Sample TJC requirements for which situation (initial, reappointment)
- Sample NAMSS Pass Affiliation Letter
- Christine Mobley Professional Bio

Edge-U-Cate 68 www.Edge-U-Cate.com

69

Disclaimer

- Information as presented is educational and not to be considered legal advice
- Use of information shared and presented is the responsibility of the participants
- Participants / readers should obtain legal advice from attorneys familiar with their organization and state statutes, federal regulations, and other applicable requirements prior to making any changes

Edge-U-Cate www.Edge-U-Cate.com