Credentialing, Recredentialing, and Privileging

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Difference Between Credentialing and Privileging

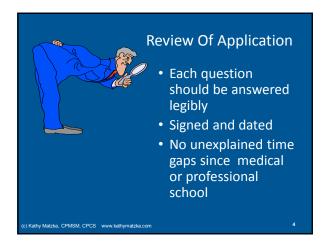
credentialing involves verification of a practitioner's "credentials" Privileging
involves
documentation
and evaluation of
the actual patient
care, treatment,
or services that
will be provided
at your facility

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Why do we do it?

- To protect patients
- Risk management negligen credentialing
- Accreditation/Regulatory requirements

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Applying Criteria for Membership and Privileges

• Criteria for granting/denying privileges must be consistently applied

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Primary Source Verification

Information received directly from the issuing source

- Written
- Phone (name of organization,date,person contacted, questions asked, response, the name of the person receiving the response)
- Fax
- Approved web site
- Can be Internal, Centralized, Delegated

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Designated Equivalent Sources

- Agencies determined to maintain specific item(s) of credential information identical to the information at the primary source
- Primary source may designate another organization as its agent in providing information to verify credentials. This other organization is then considered a designated equivalent source

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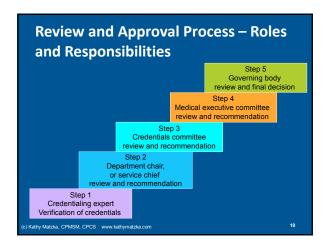
Verification of Individual

Elements

- Education and Training
- Experience/Work History
- Licensure
- Board Certification
- Sanctions/Disciplinary action
- Peer Recommendations



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Documenting Recommendations and Actions

- Document recommendations made and actions taken in each step of the process
- Documentation included in meeting minutes or on an approval form (see sample form)
- Include the reasons for the recommendation or decision

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Red Flags Loss of licensure /DEA Loss of appointment or privileges Frequent moves (excluding military) Excessive professional liability judgments or settlements

Red Flags Information on the application that differs from information received from respondents Negative responses from references Adverse actions by health plan due to quality of care or professional conduct Unexplained Gaps



John Anderson King, DO aka Christopher Wallace Martin 80-84 – DO at U of New England College of Osteopathic Medicine 7/84 - 6/85 – Internship Cuyahoga Falls General Hosp 7/85 - 10/85 – Anesthesia residency Med College Georgia 1/86 - 6/86 – Anesthesia residency Mommouth Med Center NJ 7/86 - 1/87 – Anesthesia residency Western Reserve OH 1989 – Resigns from Walker Regional MC, Jasper, AL after privileges suspended 11/90 – 2/92 – OB/GYN residency Albert Einstein, Philadelphia (not completed) 5/93 - 5/95 – Ortho residency Hillcrest HC, OK City, OK (not completed) 1995 – 1997 – Ortho residency Lincoln Mental Health Center, Bronx, NY 1997 – 1999 – Jackson Hospital, Marianna, FL 2000 – 2002 – Doctors Hospital, Groves, TX 11/02 – 8/03 – Putnam General Hosp, Hurricane, W. Va.

NY Medical Board - Dr. King

The Hearing Committee sustained the charge finding the physician guilty of having been disciplined by the Alabama State Board of Medical Examiners for unprofessional conduct: endangering the health of patients; gross or repeated malpractice or gross negligence, and being unable to practice medicine with reasonable skill and safety due to lack of basic medical knowlege or clinical competency.

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Actual Disciplinary Actions

In Hawaii, a physician was sentenced to 1 year and 1 day in prison and ordered to pay a \$10,000 fine for dispensing Oxycodone outside the course of professional medical practice and for no legitimate medical purpose. An investigation revealed that the physician was illegally prescribing Oxycodone. The physician will be deported to Canada upon completion of his prison sentence.

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Actual Disciplinary Actions

Podiatrist performed routine foot care on residents in community rooms of low-income buildings then billed the Medicare program as if he performed more complex procedures. In fact, residents were only getting their nails clipped.

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Actual Disciplinary Actions Inappropriately and unnecessarily performing breast exams Engaged in a sexual relationship with a patient for approximately thirty (30) days in 2005 License on probation for 10 years **Actual Disciplinary Actions** Licensee failed to notify the Board of a change in work address, and practiced for a period of time without a valid license. License publicly reprimanded **Actual Disciplinary Actions** Pled guilty to felony offense of health care fraud. License is Revoked with no application for reinstatement for a period of two (2) years and one (1) day.

Actual Disciplinary Actions Licensee was decredentialed by Blue Cross/Blue Shield of Kansas City for failure to adhere to the ethics of professional conduct, failure to disclose a disciplinary action from a state licensing board and failure to disclose revoked hospital privileges. License Publicly Reprimanded.

- Failure to appropriately account for federallyfunded vaccines provided free of charge to indigent
- childrer
- While participating in the federal program, Licensee administered the free vaccines to private patients and billed patients or their insurance companies for
- the vaccines
- Board Action: License is Publicly Reprimanded.
- Licensee must take and complete a Board-approved course in medical ethics

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Actual Disciplinary Actions

Failure to register each place of practice where she distributed controlled sub.

Licensure reprimanded

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Actual Disciplinary Actions

- Physician entered into a romantic and sexual relationship with a patient
- Prescribed controlled substances to the patient during the relationship
- Entered into a financial arrangement with the patient to aid his psychiatric practice, when the patient attempted to end relationship, he struck her in the head with channel lock pliers twenty to thirty times and left her bleeding in his office

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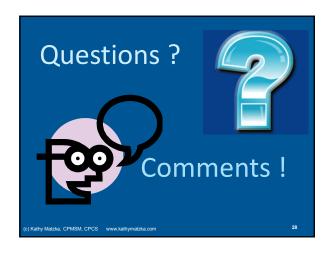


Evaluate "Red Flags" on an individual basis

Don't be shy about asking for additional information!!

Red Flags Work Session

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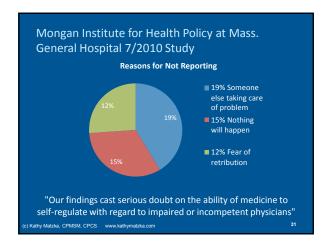
ACPE 2006 Survey Patient Trust and Safety

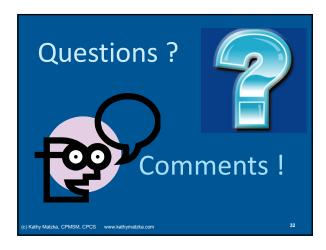
Is there a doctor in your community that you would avoid because you think he or she makes medical mistakes?

Patient Responses Physician Responses

20% Yes 77% Yes 78% No 23% No 2% Don't know

Mongan Institute for Health Policy at Mass. General Hospital 7/2010 Study
64 percent agreed that physicians should always report impaired or incompetent colleagues
17% had direct personal knowledge of impaired colleague, but only 67% reported





Kathy Matzka, CPMSM, CPCS

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BIOGRAPHICAL SKETCH, KATHY MATZKA, CPMSM, CPCS

Kathy Matzka, CPMSM, CPCS is a speaker, consultant, and writer with over 20 years of experience in credentialing, privileging, and medical staff services. She holds certification by the National Association Medical Staff Services (NAMSS) in both Medical Staff Management and Provider Credentialing. Ms. Matzka worked for 13 years as a hospital medical staff coordinator before venturing out on her own as a consultant, writer, and speaker.

Ms. Matzka has authored a number of books related to medical staff services including The Chapter Leader's Guide to Medical Staff: Practical Insight on Joint Commission Standards, The Compliance Guide to Joint Commission Medical Staff Standards, and The Medical Staff Meeting Companion: Tools and Techniques for Effective Presentations. For the past eight years, she has been the contributing editor for The Credentials Verification Desk Reference.



She has performed extensive work with NAMSS' Library Team developing and editing educational materials related to the field including CPCS and CPMSM Certification Exam Preparatory Courses, CPMSM and CPCS Professional Development Workshops, and NAMSS Core Curriculum. These programs are essential educational tools for both new and seasoned medical services professionals. She also serves as instructor for NAMSS.

Ms. Matzka shares her expertise by serving on the editorial advisory boards for three publications - Briefings on Credentialing, Credentialing, Peer Review Legal Insider, and Advisor for Medical and Professional Staff Services. She is a member of the advisory board of Global Health Sources, where she serves as an expert in provider credentialing, privileging, and other aspects of medical staff management

Ms. Matzka is a highly-regarded industry speaker, and in this role has developed and presented numerous programs for professional associations, hospitals, and hospital associations on a wide range of topics including provider credentialing and privileging, medical staff meeting management, peer review, negligent credentialing, provider competency, and accreditation standards.

In her spare time, Ms. Matzka takes pleasure in spending time with her family, listening to music, singing with her church worship team, traveling, hiking, fishing, and other outdoor activities.

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DOCUMENTING COMPETENCY

Sample Letter for Verification of Training

[Date]

Re: [Applicant's full name, Title] Training: [Residency/fellowship]

Specialty: [Specialty]
Dates: [From/to]

Dear [Program Director name]:

We have received an application from the above-named provider for medical staff appointment and/or privileges. A copy of the privileges requested is attached. The applicant noted that the above-specified training took place at your institution. In order to process the application we require verification of completion of training and documentation of experience, ability, and current competence on the six areas of "General Competencies" adopted from the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) joint initiative.

Our policies require completion of the enclosed form. Failure to receive this form will delay consideration of the applicant's request for privileges. Also, our policies require the physician to document competency in performing specific procedures by allowing our organization to obtain a copy of his/her procedure list from your program and the outcomes for those procedures (if outcomes are available). The applicant has authorized you to provide this information to our organization via signature on the attached Authorization and Release Form.

Enclosed is a copy of a release and immunity statement signed by the applicant consenting to this inquiry and your response. The immunity statement releases from liability any individual who provides the requested information.

Thank you for your	accietance	We look forward to hearing from you.
Thank you for your	assistance	vve look forward to hearing from you

Sincerely,

Director

Enclosures

Training Program Director's Evaluation and Recommendation

Page 1

Re: [Applicant's full name]
Training: [Residency/fellowship]

Specialty: [Specialty]
Dates: [From/to]

	Area of Evaluation Please use comment section below to provide additional information noting question number for which information is provided.	YES	NO	Unable to Evaluate
1	Were you the director of the program at the time of this applicant's training?			
2	Was the applicant at your institution in the above program for the stated period of time?			
3	Was the program fully accredited throughout the applicant's participation in it?			
4	Did the applicant successfully complete the program?			
5	Did the applicant receive satisfactory ratings for all aspects of his/her training in the program?			
6	Was the applicant ever subject to or considered for disciplinary action?			
7	Did the applicant ever attempt procedures beyond his/her assigned training protocols?			
8	Was the applicant's status and/or authority to provide services ever revoked, suspended, reduced, restricted, not renewed, or was he/she placed on probationary status or reprimanded at any time or were proceedings ever initiated that could have led to any of the actions?			
9	Did the applicant ever voluntarily terminate his/her status in the program or restrict his/her activities in the program in lieu of formal action or to avoid an investigation?			
10	In reviewing the attached request for privileges, do you feel that the applicant's training and experience included these procedures?			
11	In reviewing the attached request for privileges, do you feel that the applicant is currently competent to carry out these procedures?			
12	Are you aware of any physical or mental condition that could affect this practitioner's ability to exercise clinical privileges in his/her specialty area, or would require an accommodation to exercise those privileges safely and competently?			

Question	Comment

Comments:

Training Program Director's Evaluation and Recommendation

Page 2

Re: [Applicant's full name]

Training: [Residency/fellowship]

Specialty: [Specialty]
Dates: [From/to]

Please rate the applicant in each of the following areas:

	Excellent	Good	Fair	Poor	Unable to evaluate
Patient care/Procedural Skills					
Medical knowledge					
Practice-based learning and					
improvement					
Interpersonal and					
communication skills					
Professionalism					
Systems-based practice					

This evaluation is based upon:		
Personal knowledge of the applicant.		
Review of file.		
Other		
Overall Recommendation (check ONE):		
☐ I recommend privileges as requested without	t reservation.	
☐ I recommend privileges as requested with the	e following reserv	ation(s) (use back of form, if necessary
☐ I do not recommend this applicant for the follo	owing reason(s)	
Signature	Date	
Name, Position/Title (Please Print)		Phone Number
Please return this form within 2 weeks. Failure to request for privileges.	eceive the form w	ill delay consideration of the applicant's

Sample Letter: Facility Privileges and Competency Validation

Date

Facility Name Facility Address

Regarding applicant: John Doe, M.D. Specialty: General Surgery

Dear Medical Services Professional:

We have received an application from the above-named provider for medical staff appointment and privileges. A copy of the privileges requested is attached. The applicant noted that s/he currently, or has in the past, held privileges at your facility. In order to process the application we require documentation experience, ability, and current competence on the six areas of "General Competencies" adopted from the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS) joint initiative. These competencies include assessment of patient care, interpersonal and communication skills, professionalism, medical knowledge, practice-based learning and improvement, and systems-based practice.

Our policies require completion of the enclosed form. Failure to receive this form will delay consideration of the applicant's request for privileges. Also, our policies require the physician to document competency in performing specific procedures by allowing our organization to obtain a copy of his/her privilege form from your hospital as well as a list of the actual procedures performed in the past 12 months and the outcomes for those procedures. The applicant has authorized you to provide this information to our organization via signature on the attached Authorization and Release Form.

Medical	Staff	Coord	linator	

Sincerely.

CONFIDENTIAL Evaluation of Privileges and Competency Validation

Name of Facility Providing Information:		
Name of Practitioner for which Information is Provided:		
Dates on Staff: From	To	
Has the practitioner been subject to any disciplinary action, restriction privileges or medical staff appointment either voluntary or involuntary	•	☐ Yes ☐ No
Are you aware of any restrictions, modifications, or loss of privileges either voluntary or involuntary, at any another facility?	or medical staff appointment,	☐ Yes ☐ No
Are you aware of any physical or mental condition that could affect the ability to exercise clinical privileges as requested, or would require a privileges safely and competently?		☐ Yes ☐ No
If the answer to any of the above questions is "YES", please e	explain:	

Evaluation: Please rate the practitioner in the following areas.

- Patient Care is compassionate, appropriate, and effective for the treatment of health problems and promotion of health. Procedural skills are
- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
- **Practice-Based Learning and Improvement** that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
- **Interpersonal and Communication Skills** that result in effective information exchange and teaming with patients, their families, and other health professionals
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
- Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

		Excellent	Good	Fair	Poor	Unable to evaluate
	Patient care/Procedural					
	skills					
	Medical knowledge					
	Practice-based learning					
	and improvement					
	Interpersonal and					
	communication skills					
	Professionalism					
	Systems-based practice					
Signature			D	 ate		
Name, Posi	tion/Title (Please Print)			Phone	Number	

Please return this form within 2 weeks along with a copy of the applicant's privilege list for your hospital and a list of the actual procedures performed in the past 12 months and the outcomes for those procedures.

Sample Peer Recommendation Letter Date
Facility Name Facility Address
Regarding applicant: John Doe, M.D. Specialty: General Surgery
Dear:
We have received an application from the above-named provider for medical staff appointment and privileges. A copy of the privileges requested is attached. The applicant has listed you as a peer who will be willing to provide a recommendation. In order to process the application we require your evaluation of the applicant's experience, ability, and current competence in the areas of medical/clinical knowledge, technical and clinical skills, clinical judgment, interpersonal skills, communication skills, and professionalism.
Our policies require completion of the enclosed form. Failure to receive this form will delay consideration of the applicant's request for privileges. You may supplement the form with additional information, if you so desire. The applicant has authorized you to provide this information to our organization via signature on the attached Authorization and Release Form
Sincerely,
Medical Staff Coordinator

Sample Peer Recommendation Form

CONFIDENTIAL Professional Peer Reference & Competency Validation Page 1 of 2

Name of Applicant:	
Name of Evaluator:	Relationship to Applicant:
How well do you know the applicant? not well	☐ casual personal acquaintance ☐ professional acquaintance ☐ very well
Do you refer your patients to the applicant? ye	s 🔲 no. If no, list reason(s) why not

PLEASE RATE THE PRACTITIONER IN THE FOLLOWING AREAS

	Excellent	Good	Fair	Poor	Unable to evaluate
Medical knowledge - Practitioner should have a good					
knowledge of established and evolving biomedical, clinical,					
and cognate sciences, and how to apply this knowledge to					
patient care. This is evidenced by completion of educational					
and training requirements as well as on-the-job experience,					
inservice training, and continuing education.					
Technical and clinical skills - Skill involves the capacity to					
perform specific privileges/procedures. It is based on both					
knowledge and the ability to apply the knowledge.					
Clinical judgment - Clinical judgment refers to the					
observations, perceptions, impressions, recollections,					
intuitions, beliefs, feelings, inferences of providers. These					
clinical judgments are used to reach decisions, individually					
and/or collectively with other providers, about a patient's					
diagnosis and treatment.					
Communication skills - The provider should create and					
sustain a therapeutic and ethically sound relationship with					
other care givers, patients, and their families. He/she should					
be able to communicate effectively and demonstrates caring,					
compassionate, and respectful behavior. This also includes					
effective listening skills, effective nonverbal communication,					
eliciting/providing information, and good writing skills					
Interpersonal skills - Areas of evaluation include how the					
provider works effectively with other professional associates,					
including those from other disciplines, to provide patient-					
focused care as a member of a healthcare team.					
Professionalism - Professionalism is demonstrated by					
respect, compassion, and integrity. It means being responsive					
and accountable to the needs of the patient, society, and the					
profession. It means being committed to providing high-					
quality patient care and continuous professional development					
as well as being ethical in issues related to clinical care,					
patient confidentiality, informed consent, and business					
practices.					

CONFIDENTIAL Professional Peer Reference & Competency Validation Page 2 of 2

Name of Applicant:	
Name of Evaluator:	
Relevant training and experience – In reviewing the attached	request for privileges, do you feel that the applicant's training and experience are
adequate to carry out these procedures?	
☐ No - If no, please provide an explanation☐ Yes☐ Unable to evaluate	
<u>Current competence</u> – In reviewing the attached request for procedures?	rivileges, do you feel that the applicant is currently competent to carry out these
No - If no, please provide an explanationYesUnable to evaluate	
<u>Health Status -</u> Are you aware of any physical or mental condispecialty area, or would require an accommodation to exercise t	ition that could affect this practitioner's ability to exercise clinical privileges in his/he those privileges safely and competently?
NoYes - If yes, please provide an explanationUnable to evaluate	
Overall Recommendation (check ONE):	
☐ I recommend privileges as requested without reservation.	
☐ I recommend privileges as requested with the following reso	ervation(s) (use back of form, if necessary
I do not recommend this applicant for the following reason(s	s)
Signature	Date
Name, Position/Title (Please Print)	Phone Number

Focused Professional Practice Evaluation Plan Practitioner Name: Medical Staff Department: Practitioner Specialty:_____ Reason(s) for Review □ Initially requested privilege(s) for current medical/professional staff (list privilege(s)) _____ □ Newly-credentialed practitioner new to staff □ Referred to peer review due to incident □ Low volume of clinical activity □ Trigger (list) _____ □ Other: **Duration (Complete for recommended timeframe and/or volume)** □ Time Specific: Start Date: _____ End Date: _____ □ Volume Specific: Designated # of Cases: □ Other (specify): Method for Monitoring (Check all that apply) □ Chart review Retrospective (name of reviewer) Concurrent (name of reviewer) Direct observation by (name of observer) Monitoring of diagnostic and treatment techniques and clinical practice patterns via QAPI program □ Proctoring by (name of proctor) □ External Review (list criteria met) Discussions with other individuals, involved in the care of the patient, including consulting physicians. assistants at surgery, nursing and administrative personnel □ Other (list) Additional Individual(s) Assigned for Review/Observation/Monitoring/Proctoring Additional Details/Specifics of Plan SIGNATURE: Date: Departmental Chair Printed Name of Department Chair

Sample Proctorship Form

Verification of Proctored Procedure/Treatment

If a surgery or an invasive procedure is performed, the Proctor should evaluate the indication for the procedure, the technique for the procedure, how it is performed, and the preoperative, operative, and postoperative care of the patient. The Proctor may utilize the patient's record, discussion with the physician, and actual observation as the basis for the review.

Proctored Physician:	Date:
Proctor:	
Areas of in need of Improvement:	
Procedure Completed Successfully: Yes	s No
Signature, Proctoring Physician	 Date
Signature, Proctored Physician	Date

Proctoring Summary Report

Proctored Physician:		Date:	
Proctor:			
Number of Procedures/Treatment Episodes	s Proctored:		
Comments:			
Areas in need of Improvement:			
Proctoring Completed Successfully:	Yes	No	
Signature, Proctoring Physician	 Date		
Departmen	nt Chair Recommend	lation	_
The applicant appears to meet all of department, has discharged all of the exceeded or abused the prerogative that the member has satisfactorily de initially granted in those departments	e responsibilities of st of the category to wh emonstrated the abilit	aff membership, and lich the appointment ways to exercise the clinic	has not was made, and cal privileges
☐ It is recommended that proctoring co	ontinue for	er of procedures and/	or time frame)
Comments			
Signature, Department Chairperson	 Date		
© Kothy Motzko, CDMSM, CDCS		11 1	Dage

Sample Indicators for LIP APRNs and PAs

Specialty	FPPE	OPPE
Nurse Midwife	 Proctor for first 2 cases vaginal delivery Review of charts for first 5 cases Discussion with nurse manager of OB and NB nursery 	 3rd and 4th degree lacerations following vaginal delivery Delivery unattended by provider Significant birth trauma Medical records legibility
CRNA	 Anesthesiologist present in OR room to proctor first 2 major surgical procedures Discussion with OR nurse manager/OR staff 	 ICU admission due to anesthesia management Medical records legibility
Emergency Department PA	 ED physician closely monitor/proctor for (X) shifts Visual monitoring of (X) procedures performed (i.e. suture of laceration, removal of foreign body, nasogastric intubation etc.) 	 Death in ED Unplanned returns within 48 hours for same complaint Patients admitted to Med/Surg and moved to ICU within 4 hours of admission
APRN	Need to customize pertaining to area of practice.	 Refer to/consult with other health care professionals, as appropriate Order appropriate diagnostic tests Medication usage Medical records documentation Any department-specific indicators relevant to all LIPs

Focused Professional Practice Evaluation (FPPE) Report

(To be included in Credentials File)

Prac	titioner Name:	
Depa	artment:	
Time	Period for Review: From:	To:
The i		ctice Evaluation has been reviewed and based on this
	The practitioner is performing well or with current privileges continue and FPPE cea	in desired expectations and it is recommended that ase.
	Issue(s) exist or trigger(s) met requiring of issue(s) is (are)	continuation of Focused Evaluation. The specific
		volume or has not met assigned FPPE requirements.
	Other	
	Signature, Department Chair	Date
	Name Department Chair	

Ongoing Professional Practice Evaluation (OPPE) Report

(To be included in Credentials File)

Prac	titioner Name:	
Depa	artment:	
Time	Period for Review: From:	To:
The i	<u> </u>	actice Evaluation has been reviewed and based on this
	The practitioner is performing well or wi warranted. It is recommended that curre	thin desired expectations and no further action is ent privileges continue.
	Issue(s) exist or trigger(s) met requiring (are)	a focused evaluation. The specific issue(s) is
		for months, notify practitioner and initiate
	Other	
	Signature, Department Chair	Date
	Name Department Chair	

Sample Peer Review Form

WARNING - The information contained in this report is CONFIDENTIAL. Improper disclosure of the information contained herein may result in disciplinary action, as well as civil or criminal penalties.

ASSIGNED TO DOCTOR(S):			
COMMITTEE/DEPARTMENT REFERRED TO:			
EVENT DATE:			
PATIENT RECORD #:			
ADMISSION DATE:DISCHARGE DATE:			
PHYSICIAN(S) INVOLVED IN REVIEW			
REASON FOR REFERRAL:			
SUMMARY:			
RESULTS OF PHYSICIAN REVIEW			
CARE APPROPRIATE - NO FURTHER ACTION NECESSARY - Please provide documentation to reflect the bases for decision regarding the appropriateness of review of care/service. (Use back of page, if necessary.)			
FURTHER ACTION NECESSARY AS STATED BELOW (Use back of page if necessary) Documentation Only Counseling Disciplinary Action Refer to			
PHYSICIAN REVIEWER SIGNATURE:DATE			

LOW VOLUME PRACTITIONERS

Admit and Follow Privilege Form

Print Name:		
First	Last	Degree
patients to a Hospitalist or other Medic	cal Staff membe ecord of referred	nt to the hospital and immediately referring er for inpatient care, following patients during the I patients and conversing with attending eferred patients.
Privileges do not include ordering test the medical record other than admitting		, drugs or therapies for inpatients or entries in
☐ I request Admit and Follow Priv	vileges.	
current experience and demonstrated	competence. Indicate policies of the	which I am qualified by education, training, understand that by making these requests that e Medical Staff and hospital. I also attest that mhave requested.
Refer and Follow Privilege For	rm	
Print Name:First	Last	Degree
for inpatient care, following patients de	uring the hospita	to a Hospitalist or other Medical Staff member al stay, reviewing the medical record of referred sultants and hospital staff concerning referred
Privileges do not include ordering test the medical record.	s, consultations	, drugs or therapies for inpatients or entries in
☐ I request Refer and Follow Priv	rileges.	
current experience and demonstrated	competence. Indicate policies of the	which I am qualified by education, training, understand that by making these requests that e Medical Staff and hospital. I also attest that m have requested.

	RED FLAGS W	ODK SESSION	
	RED I LAGS VV	ORK SESSION	
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SAMPLE APPLICATION FOR APPOINTMENT TO MEDICAL STAFF

LAST NAME		FIRST		DDLE NAN		DEGREE
Smith	Used/Maiden	Josia Namo	ın	THO	mas	MD
		scular Surgery				
opeciaity. O	eneral and va	Scular Surgery				
BOARD CER	TIFICATION					
List the certif	fying board, tl	ne specialty, th	e date of ce	ertification	/recertificatio	n & expiration.
Name of Board Am Board Sur	gery	Specialty General Surge	ry	Certification/Rece	• •	Expiration Date 6/30/2013
Name of Board		Specialty		Certification/Rece	rtification Date(s)	Expiration Date
	ing to take boa	rds cess. Date sche	eduled or tal		eligible to tak	
GENERAL INFO	ORMATION					
Citizenship (If fo	reign national –	USA Status)	Social Secu 321-897-38	ırity Number 76	Date of birth 12/13/49	Medicare UPIN A2194
PRIMARY OFFI	CE ADDRESS:		Approximat	e distance fr	om hospital: 30	miles
Street and Suite Number 1110 N. 9 th Street		City State St. James IL			Zip	
Telephone Num FAX Exchange Numb	(618) 223		Name of Of Jennifer Jol	fice Manage nnston	r	
SECONDARY C	FFICE ADDRE	SS:	Approximat	e distance fr	om hospital:	
Street and Suite	Number		City State		State	Zip
Telephone Num FAX	ber () ()		Name of Office Manager			
HOME ADDRES	SS:		Approximate distance from hospital: 40 miles			miles
Street Address 43 Green Acres	3		City Smitheville)	State IL	Zip 98746
Home Phone	(618) 224		Beeper Nur	mber ()	
LICENSES AND	REGISTRATIO	ON				
State License Number 036-4598874				Expiration Date 6/30/11		
State LA	License Number MD 4679		Date Granted 7/5/75		expiration Date	
State IL Cont Sub	License Number 031-036-4598874		Date Granted 3/30/99		expiration Date	
Federal DEA Number	AS 1234567		Date Granted 7/30/75		xpiration Date	

EDUCATION/TRAIN	ING					
MEDICAL SCHOOL	Name U of Illinois					
	Address, City, State, Zip Chicago, IL Dates of Attendance From: 5/71 To: 5/75 Degree Granted/Date					
	If Foreign Med ECFMG #	dical Gradua	ate: Date Issu	ied:		
RESIDENCY #1	Name Earl Long Me	edical Cent	er			
	Address, City Shreveport, I					
	Dates of Atter From: 7	ndance 7/75	To: 6/77	Specialty General Surgery		
	Name of Prog	ram Directo	or			
RESIDENCY #2	Name LA State Uni	versity				
	Address, City Shreveport, I					
	Dates of atter From:	ndance 7/77	To: 6/81	Specialty General Surgery		
	Name of Prog	gram Directo	r			

FELLOWSHIP	Name	
	Address, City, State, Zip	
	Dates of attendance Specialty From: To:	
	Name of Program Director	

ALTERNATE(S) - List the name of the Medical Staff appointee(s) who will serve as your alternates and/or proctors.

ALTERNATES:

Don't have one at this time. Am discussing with several surgeons on your staff.

WORK HISTORY/HOSPITAL AFFILIATIONS, PAST AND PRESENT

List work history, starting with the present. Include office practice, teaching appointments, employers, current and past hospital affiliations. If additional space is needed, provide details on separate sheet and attach.

Name of Organization, Hospital, or Office Practice St. Jude Memorial Hospital		Address, City, State, Zip 4501 St. Jude Place, Shreveport, LA	
From: 7/81	To: 12/98	Position Surgeon	
Name of Organization, Hospital, or Office Practice St. Stephen Catholic Hospital		Address, City, State, Zip 12 Main Street, Scoville, II, 63421	
From: 4/99	To: Present	Position Surgeon	
Name of Organization, Hospital, or Office Practice		Address, City, State, Zip	
From: To:		Position	
Name of Organization, Hospital, or Office Practice		Address, City, State, Zip	
From: To:		Position	
Name of Organization, Hospital, or Office Practice		Address, City, State, Zip	
From: To:		Position	

PERSONAL REFERENCES

List three peer references - NOT RELATED TO YOU OR A PROSPECTIVE PARTNER - who have personal knowledge of your current clinical ability, ethical character, and ability to work cooperatively with others. These references should have acquired their knowledge through recent observation of your professional performance and, at least one must have had organizational responsibility for supervision of your performance. (e.g. department chair, service chief, training program director).

p. og. a a ooto. j.			
Name	Address		
Adam West, MD	11 Brown		
Relationship	City, State, Zip		
Colleague	St. Louis, MO 63108		
Name	Address		
Tina Graham, M.D.	University Hospital Emergency Department		
Relationship	City, State, Zip		
Colleague	St. Louis, MO, 63106		
Name	Address		
Relationship	City, State, Zip		

PROFESSIONAL LIABILITY INSURANCE INFORMATION				
NAME OF CURRENT CARRIER: ILMed, Inc.	ADDRESS: 1433 St. Louis Road, St. Louis MO			
POLICY LIMITS _500 K per occurrence _1 mil annual aggregate	POLICY NUMBER: MR 4437			
DATE UNDERWRITTEN: 6/1/03	DATE OF EXPIRATION: 6/1/11			
NAME(s), ADDRESS(s), AND POLICY NUMBERS FOR ADDITIONAL PROFESSIONAL LIABILITY INSURANCE CARRIERS YOU HAVE HAD OVER THE PAST FIVE YEARS:				

PROFESSIONAL BACKGROUND

Please answer the following questions regarding your professional background. If the answer to any question is "yes", please provide the nature and specific details on a separate sheet and attach.

		YES	NO
1.	Have you ever voluntarily or involuntarily surrendered, or had any pending or completed action involving the denial, revocation, suspension, reduction, limitation, probation, reprimand, or non-renewal of,		
a.	a license or certificate to practice medicine or any profession in any state or country		
b.	Drug Enforcement Agency or other controlled substance license or registration	\geq]
C.	membership or fellowship in any local, state, or national professional organization	\geq]
d.	specialty or subspecialty board certification or eligibility]
e.	faculty membership at any medical or other professional school	\geq	1
f.	staff membership or clinical privileges at any hospital, clinic, or healthcare institution	\geq	
3.	Has any hospital, health plan, or government sponsored program ever restricted, suspended, invoked probation, or rejected or terminated your contract?	\boxtimes	
4.	Have you ever been named as a defendant in a case alleging medical negligence, or has a suit for any alleged malpractice ever been brought against you?	\boxtimes	
5.	Do you have any physical or mental health condition, treated or untreated, which in any way impairs your ability in terms of skill, attitude, or judgment to practice to the fullest extent of your license and qualifications or in any way poses a risk of harm to your patients?		
6.	Have you ever been convicted of a felony, or currently have felony charges pending?]

APPLICANT'S CONSENT AND RELEASE

I hereby apply for appointment to the Medical Staff of State Hospital. In making application for appointment to the Medical Staff of State Hospital, I certify that I have received, read, and agree to be bound by the Medical Staff Bylaws, Rules and Regulations and related manuals, and the current hospital policies that apply to my activities as a Medical Staff appointee and that are consistent with the Medical Staff Bylaws, Rules and Regulations and related manuals. Moreover, I specifically pledge that I will maintain an ethical practice, provide for continuous care of all my patients, refrain from fee-splitting or other inducements relating to patient referral, and refrain from providing "ghost" surgical or medical services.

I certify that there has not been any unsuccessful or currently pending challenges to licensure or registration, no loss of medical or dental organization membership, nor loss of medical staff membership or privileges at another hospital, except as noted herein. I understand that my competence and general functioning and performance with regard to my patients and my duties and obligations as a Medical Staff appointee of State Hospital, will be reviewed from time to time by my peers working within the structure of the Medical Staff in accordance with the Bylaws thereof. I hereby give my permission for, and in fact request, such review pursuant to my appointment and reappointment to the Medical Staff of State Hospital, that I will not bring legal action to prevent such review or to recover damages from those participating in such review.

By applying for Medical Staff appointment, I accept the following conditions below during the processing and consideration of my application and for the duration of my medical staff appointment regardless of whether or not I am granted Medical Staff appointment and clinical privileges:

- (a) I extend absolute immunity to and release from any and all liability, State Hospital, its authorized representatives, and any third parties, as defined in subsection (c) below, for any acts, communications, reports, statements, documents, recommendations or disclosures involving me, performed, made, requested or received by any third party, including otherwise privileged or confidential information.
 - The foregoing shall be privileged to the fullest extent permitted by law; such privilege shall extend to the hospital and its authorized representatives, and to any third parties.
- (b) I specifically authorize the hospital and its authorized representatives to consult with any third party who may have information, including otherwise privileged information, bearing on my professional qualifications, credentials, clinical competence, character, mental or emotional stability, physical condition, ethics, behavior or any other matter bearing on my satisfaction of the criteria for Medical Staff appointment as well as to inspect any and all communications, reports, statements, documents, recommendations, or disclosures of said third parties relating to such questions. I also specifically authorize said third parties to release such information, including any and all peer review material from any and all hospitals wherein I have held appointments, to the hospital and its authorized representatives upon request.
- (c) The term "hospital and its authorized representatives" means State Hospital and any of the following individuals who have any responsibility for acting upon my application for Medical Staff appointment: the members of the hospital's Board and their appointed representatives, the Chief Executive Officer or his designees, other hospital employees, consultants to the hospital, the hospital's attorney(s) and his/her partners, associates or designees, and all appointees to the Medical Staff. The term "third parties" means all individuals, including appointees to the medical staffs of other hospitals or physicians or health practitioners, nurses or other government agencies, organizations, associations, insurance companies, managed care organizations, credentials verification organizations, partnerships and corporations, whether hospitals, health care facilities or not, from whom information has been requested by the hospital or its authorized representatives or who have requested such information from the hospital and its authorized representatives.

I also agree to provide any additional information as may be requested by the hospital or its authorized representatives. Failure to produce this information will prevent my application from being evaluated and acted upon. A copy of this consent and release is a binding as the original. In submitting this application for the purpose of securing appointment to the Medical Staff of State Hospital, I hereby voluntarily state that all of the information above is complete and truthful. I also voluntarily state that I have made no effort to evade telling the complete truth regarding my professional career. I understand that any incomplete or false statement will lead to automatic withdrawal of this application for appointment. Should I be appointed to the Medical Staff of State Hospital and it is subsequently found that any statement above is false I understand that my Medical Staff appointment and privileges will be automatically terminated.

SIGNATURE		_DATE	
PRINTED OR TYPED NAME	Josiah Smith, M.D.		

Review the application on the previous pages and list any "red flags".

EXPEDITED CREDENTIALING RESOURCES

Application Flow Chart

Name of Applicant	Department	Applica tion Type	Date Returned	Date Completed*	Days to Complete*	Date Chair Review	Days to Complete Chair Review	Date Credential Committee Recomme ndation	Days to Complete Credential Com. Recomme ndation	Date MEC Recomme ndation	Days to Complete MEC Review	Date Board Action	Days to Complete Board Review/Ac tion	Total Days From Comple -tion to Action
AVERAGES (highlighted columns only)														

^{*}A complete application is one in which the application itself is not only complete, but all primary source verification and information required by the medical staff bylaws is completed.

Sample Medical Staff Expedited Credentialing Policy and Procedure

PURPOSE:

This policy and procedure is made to provide a more efficient mechanism for review of requests for new or renewed applications for appointment and privileges without compromising the quality of the review. "Expedited Credentialing" provides an expedited review and approval process if specific, pre-defined, Board approved criteria are met.

Expedited Credentialing is neither a right nor a privilege, and no applicant is automatically entitled to this type of processing. Candidates who do not meet the criteria for Expedited Credentialing will be processed through the usual credentialing process as specified in the Medical Staff Bylaws.

PROCEDURE:

The Credentials Committee Chair and Medical Staff Coordinator, or their designee, will review each application and its associated documentation, and categorize the application according to the following criteria:

Category One - Expedited:

Category One applications must meet all of the following criteria:

- 1. The application is complete and accurate with all requested information returned.
- 2. The application contains no unexplained or alarming gaps in time.
- 3. No discrepancies in information or negative or questionable information received
- 4. Unremarkable medical staff/employment history no frequent moves
- 5. The applicant's request for clinical privileges is consistent with his/her specialty, based on experience, training, and current competency, and meets applicable criteria.
- 6. Medical staff appointment, staff status and/or clinical privileges have never been involuntarily resigned, denied, revoked, suspended, restricted, reduced, surrendered, or not renewed at any other health care facility.
- 7. The applicant has never withdrawn application for appointment, reappointment or clinical privileges or resigned from the medical staff before a decision was made by another health care facility's governing board.
- 8. The applicant possesses current, valid state license, professional liability insurance (in sufficient limits), and federal and/or state narcotics certificate(s), if applicable.
- 9. No license(s), DEA or other controlled substance authorizations, or membership in local, state or national professional societies, or board certification have ever been suspended, modified, terminated or voluntarily or involuntarily surrendered or are pending.
- 10. The applicant has never been named as a defendant in a criminal action and/or has never been convicted of a crime.
- 11. There are no significant adverse findings reported by the National Practitioner Data Bank, Healthcare Practitioner Data Bank, Federation of State Medical Boards, and/or the American Medical Association/American Osteopathic Association.
- 12. There are no past or pending malpractice actions, including claims, lawsuits, arbitrations, settlements, awards or judgments that show an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant.

MEDICAL STAFF EXPEDITED CREDENTIALING POLICY AND PROCEDURE - continued

- 13. There are no proposed or actual exclusions and/or any pending investigations of the applicant from any health care program funded in whole or in part by the federal government, including Medicare or Medicaid.
- 14. The applicant has indicated that he/she can safely and competently exercise the clinical privileges requested, with or without a reasonable accommodation.
- 15. The applicant's history shows an ability to relate to others in a harmonious, collegial manner.
- 16. At the time of renewal of privileges, documentation of activity in the hospital and/or verification from outside healthcare entities and/or peers sufficiently verifies current competence.
- 17. At the time of renewal of privileges, the results of peer review activities and the quality improvement functions of the medical staff reveal no areas of concern.

Processing Category One Applications:

- 1. The Medical Staff Office receives and processes the application.
- 2. The appropriate department chair and the Credentials Committee Chair, or designees, review the completed and verified application.
- 3. The Department and Credentials Committee Chair, or designees, forward a report with findings and a recommendation to the Medical Executive Committee, which reviews the application at its next scheduled meeting.
- 4. The Chief of Staff forwards the Executive Committee's recommendation to the Credentials Committee of the Governing Board, which reviews and evaluates the qualifications and competence of the practitioner applying for appointment, reappointment, or renewal or modification of clinical privileges and renders its decision. A positive decision by the committee results in the appointment or privileges requested. If the Board Credentials Committee's decision is adverse to an applicant, the matter is referred back to the Medical Staff Executive Committee for further evaluation. The Board Credentials Committee reports its recommendation to the full Board.
- 5. The full Board considers and, if appropriate, ratifies all positive Board Credentials Committee decisions at its next regularly scheduled meeting.
- 6. If, at any point, any reviewer feels the application does not meet Category One criteria, the file will be considered Category Two and the usual review process (Category Two) will be followed.
- 7. Expedited credentialing decisions will be reported to the Credentials Committee for informational purposes.

Category Two - Full Review:

Applications that do not meet ALL requirements as outlined under "Category One" above will be processed and transmitted through the full review process as outlined in the Medical Staff Bylaws.

PRIVILEGES RESOURCES

AAFP Core Privileges Example

CLINICAL PRIVILEGE REQUEST
FOR FAMILY MEDICINE WITH MATERNITY CARE
SOURCE: AMERICAN ACADEMY OF FAMILY PHYSICIANS

CLINICAL PRIVILEGE REQUEST FOR FAMILY MEDICINE WITH MATERNITY CARE

Name:	
Effective from//_ to//_	
INTRODUCTION OF CORE PRIVILEGES	

Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity.

Core privileges within the department of family medicine should reflect the core curriculum and training offered in accredited family medicine residency programs. The categories and core privileges listed are based on the "Program Requirements for Graduate Medical Education in Family Medicine," a publication by The Accreditation Council Graduate Medical Education (ACGME) for (http://www.acgme.org/acWebsite/downloads/RRC_progReq/120pr706.pdf), and the "Recommended Curriculum Guidelines for Family Medicine Residents" endorsed by the American Academy of Family Physicians (http://www.aafp.org/x16524.xml). Resources for family physicians and hospitals for special noncore privileges can be found at the AAFP website at aafp.org, including the AAFP position paper on colonoscopy found at http://www.aafp.org/online/en/home/policy/policies/c/colonoscopypositionpaper.html.

ELIGIBILITY

To be eligible to apply for core privileges in family medicine, the applicant must meet the following criteria:

 Current certification or active participation in the examination process leading to certification in family medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians

And/or

 Successful completion of an Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association (AOA) accredited post-graduate training program in family medicine.

FAMILY MEDICINE CORE PRIVILEGES

□ **Requested** Admission, evaluation, diagnosis, treatment and management of infants and children, adolescents and adults for most illnesses, disorders and injuries. Core privileges include but are not limited to:

- The care of neonates and infants, including both well-baby and ill newborns.
- Illnesses, disorders and injuries of childhood, such as pneumonia, asthma, gastrointestinal infections, dehydration and urinary tract infections.
- Illnesses, disorders and injuries of adolescence.

Sample Core Privileges form American Academy of Family Practice

- Illnesses, disorders and injuries of the adult, including but not limited to conditions of the heart, kidney, lung, musculoskeletal system, skin, eye, and nervous system, and including multi-system diseases such as diabetes mellitus, HIV/AIDS and cancer, and including the care of patients requiring admission to intensive care.
- Women's health, including illnesses, disorders and injuries of the female reproductive and genitourinary systems.
- Pre- and post-operative evaluation and care.
- Acute and chronic diseases of the elderly, including dementias, as well as functional assessment, physiologic and psychologic aspects of senescence and end-of-life care.
- Psychiatric disorders in children and adults, emotional aspects of non-psychiatric disorders, psychopharmacology, alcoholism and other substance abuse.
- The care for patients of all ages with acute illnesses, disorders and injuries in an emergency care setting.
- Community issues, such as child abuse and neglect, domestic violence, elder abuse and neglect, disease prevention and disaster preparedness.
- Procedures such as suturing lacerations, removal of non-penetrating corneal foreign bodies, simple skin biopsies or excisions, incision and drainage of abscesses, burn care, the management of uncomplicated minor closed fractures and uncomplicated dislocations, and such other procedures that are extensions of the same techniques and skills.

	Though considered core privileges for Family Medicine, the following privileges will be this applicant at their request.
MATERNITY	CORE PRIVILEGES
Requested	Admit, evaluate and manage pregnancy, labor and delivery, post-partum care, and other procedures related to maternity care, including medical diseases that are complicating factors in pregnancy (with consultation as appropriate). Applicant must provide documentation of at least 2 months obstetrical rotation during family practice residency with 40 patients delivered.
SPECIAL NO	N-CORE PRIVILEGES
experience an medical staff documentation	e to apply for special non-core privileges, the applicant must have documented training and/or d current competence in performing the requested procedure(s) consistent with criteria set forth in policies governing the exercise of specific privileges. This may be accomplished by providing n of acceptable supervised training and experience during residency and/or fellowship training, or appletion of an approved, recognized course when such exists.
C-Section	
□Requested	<u>Application Criteria</u> : Successful completion of an ACGME or AOA accredited residency training program in family medicine or obstetrics and gynecology. <u>Required Previous Experience:</u> A minimum of 30 Cesarean births as primary operator.

Sample Core Privileges form American Academy of Family Practice

Acknowledgement of Practitioner

I acknowledge that I have requested only those privileges for which by current competence, training and/or experience, I am qualified to perform and for which I wish to exercise at the Hospital. I understand that I am bound by the applicable bylaws or policies of the Hospital.

Signed:	Date:										
Typed or printed name:											
Department Chair's Recommendation											
I have reviewed the requested clinical privand make the following recommendation(s	vileges and supporting documentation for the above-named applicant):										
☐ Recommend all requested privileges ☐ Recommend privileges with the follow ☐ Do not recommend the following requ											
Privilege	Condition/Modification/Explanation										
1.											
2.											
3.											
4.											
Notes:											
Department Chair Signature:	Date:										

Sample Core Privileges form American Academy of Family Practice FAMILY MEDICINE CORE: APPENDIX A

CORE PROCEDURES

The following are a few <u>examples</u> of procedures from the Family Medicine CORE, illustrating the depth of Family Medicine training. As with other specialties, not every applicant for privileges will choose to do all procedures within the core, and may elect to exclude those procedures from their privilege request. It remains the responsibility of the Family Medicine department chair to forward credentialing/privileging applications to the credentials committee that have been appropriately vetted at the department level.

General

- Arthrocentesis
- Incision and drainage (I & D) abscess
- Incision and drainage (I & D) hemorrhoids
- Breast cyst aspiration
- Burn care
- Excision of skin and subcutaneous lesions
- Excision of cutaneous and subcutaneous tumors and nodules
- Local anesthetic techniques
- Lumbar puncture
- Management of uncomplicated closed fractures and dislocations
- Needle biopsies
- Placement of anterior and posterior nasal hemostatic packing
- Perform skin biopsy or excision
- Peripheral nerve blocks
- Interpretation of electrocardiograms
- Management of non-penetrating corneal foreign body, nasal foreign body
- Repair of lacerations, including those requiring layer closure
- Suprapubic bladder aspiration
- Exercise Treadmill testing
- Vascular access and intubation of newborns
- Management of abnormal Pap, including colposcopy, cryotherapy and LEEP
- Insertion and removal of intrauterine devices
- Tracheal Intubation
- Circumcision
- Central venous line placement
- Paracentesis/Thoracentesis

Sample Core Privileges form American Academy of Family Practice

Maternity Care

- Amniotomy
- Normal spontaneous vaginal delivery of a term vertex presentation, including ante- and postpartum care
- Dilation and curettage (D&C), including suction and postpartum
- Excision of vulvar lesions at delivery
- External and internal fetal monitoring
- Augmentation of labor
- Induction of labor
- Management of uncomplicated labor
- Manual removal of placenta, post delivery
- Operative or assisted vaginal delivery
- Oxytocin challenge test
- Post partum hemorrhage (PPH)
- Post partum endometritis
- Pudendal anesthesia
- Repair of episiotomy, including lacerations/extensions
- Repair of vaginal and cervical lacerations
- Dilation and Curettage for Incomplete Abortion

Note: Appendix A is NOT incorporated by reference into the Core document but instead is to be used by an applicant when seeking privileges when they determine it would be to their benefit. There is no expectation that every physician graduating from a Family Medicine program will have been trained/be competent in all listed procedures. It is the responsibility of the Family Medicine department chair to forward only those requests for privileges that have been appropriately reviewed and vetted at the department level. Alternatively, Appendix A does not represent the entire scope of family medicine. Utilizing Appendix A as a mechanism to restrict privileges for family physicians by interpreting the appendix as a comprehensive delineation of services offered by family physicians would be incorrect.

FHOSPITAL NAME
[HOSPITAL NAME] [Hospital Address]
Family Medicine Clinical Privileges Source: Core Privileges Published by HCPro Name:
Effective from:/ to/
□ Initial appointment □ Reappointment
All new applicants must meet the following requirements as approved by the governing body effective/
If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].
Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.
[Department Chair/Chief]: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.
Other Requirements
Note that privileges granted may only be exercised at the site(s) and setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy. This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
Qualifications for Family Medicine
☐ To be eligible to apply for core privileges in family medicine, the initial applicant must meet the following criteria:
Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)— or American Osteopathic Association (AOA)—accredited residency in family medicine.
AND/OR
Current certification or active participation in the examination process [with achievement of certification within [n] years] leading to certification in family medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians.
Required previous experience: Applicants for initial appointment must be able to demonstrate provision of care, reflective of the scope of privileges requested, for at least 24 inpatients as the attending physician during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

	[HOSPITAL NAME]									
	[Hospital Address]									
	Family Medicine Clinical Privileges Source: Core Privileges Published by HCPro									
Name:										
Reappointmen	m:/to/to// nt requirements: To be eligible to renew core privileges in family medicine, the applicant must meet the enance of privilege criteria:									
reflective of the evaluation and	Current demonstrated competence and an adequate volume of experience ([n] inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.									
Core Privile	eges									
FAMILY MEDICIN	E CORE PRIVILEGES									
□Requested	Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients with illnesses, diseases, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, and genitourinary systems. [May provide care to patients in the intensive care setting in conformance with unit policies.] Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.									
REFER AND FOLI	LOW PRIVILEGES									
Criteria: Educa	ation and training as for family medicine core privileges.									
□Requested	Perform outpatient preadmission and history and physical, order noninvasive outpatient diagnostic tests and services, visit patient in hospital, review medical records, consult with attending physician, and observe diagnostic or surgical procedures with the approval of the attending physician or surgeon.									
PEDIATRIC CORE	PRIVILEGES									
Criteria: As for	family medicine core plus:									
	rious experience: Demonstrated current competence and evidence of the provision of care, reflective of ivileges requested, to at least 10 pediatric inpatients in the past 12 months.									
	of privilege: Demonstrated current competence and evidence of the provision of care to at least [n] ents in the past 24 months based on results of ongoing professional practice evaluation and outcomes.									
□Requested	Admit, evaluate, diagnose, and treat pediatric patients up to the age of 18 with common illnesses, injuries, or disorders. This includes the care of the normal newborn as well as the uncomplicated premature infant equal to or greater than 36 weeks gestation. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.									

[HOSPITAL NAME] [Hospital Address] Family Medicine Clinical Privileges Source: Core Privileges Published by HCPro Name: Effective from: ___ / / to / / **GYNECOLOGY CORE PRIVILEGES** Criteria: Must qualify for and be granted privileges in family medicine plus: Required previous experience: Demonstrated current competence and evidence of provision of care, reflective of the scope of privileges requested, to at least 10 gynecologic inpatients in the past 12 months. Maintenance of privilege: Demonstrated current competence and evidence of provision of care to at least [n] gynecologic inpatients in the past 24 months based on results of ongoing professional practice evaluation and outcomes. □ Requested Admit, evaluate, diagnose, treat, and provide consultation to postpubescent female patients with injuries and disorders of the female reproductive system and the genitourinary system. [May provide care to patients in the intensive care setting in conformance with unit policies.] Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. **OBSTETRICAL CORE PRIVILEGES** Criteria: Must qualify for and be granted privileges in family medicine. Plus, applicant must provide documentation of three to four months' obstetrical rotation during family medicine residency with [n] patients delivered. Current NALS certification. Required previous experience: Demonstrated current competence and evidence of the performance of at least 10 deliveries in the past 12 months. Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least [n] deliveries in the past 24 months based on ongoing professional practice evaluation and outcomes. Requested Admit, evaluate, and manage female patients with normal term pregnancy with an expectation of uncomplicated vaginal delivery, management of labor and delivery, and procedures related to normal delivery, including medical diseases that are complicating factors in pregnancy (with consultation). [May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills. Qualifications for Geriatric Medicine (Applicable when a family medicine physician

treats geriatric patients only, has completed a fellowship and/or holds subspecialty certification.)

To be eligible to apply for core privileges in geriatric medicine, the initial applicant must meet the following criteria:

Successful completion of an Accreditation Council for Graduate Medical Education (ACGME)- or American Osteopathic Association (AOA)-accredited residency in either family medicine or internal medicine followed by an ACGME- or AOAaccredited fellowship in geriatric medicine.

AND/OR

Current subspecialty certification or active participation in the examination process [with achievement of certification within [n] years] leading to subspecialty certification in geriatric medicine by the American Board of Internal Medicine, or the American Board of Family Medicine, or a Certificate of Added Qualifications in Geriatric Medicine by the American Osteopathic Board of Family Physicians.

					[HC	SPIT	「AL NAME]
					[Ho	spita	l Address]
ĺ	Fami	ly M	edicine	e Clinical	Privile	ges	Source: Core Privileges Published by HCPro
Name:							
Effective from:		/	1	to	/	/	

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of inpatient care, reflective of the scope of privileges requested, for at least 24 patients as the attending practitioner during the past 12 months or demonstrate successful completion of an ACGME- or AOA-accredited residency, clinical fellowship, or research in a clinical setting within the past 12 months.

Reappointment requirements: To be eligible to renew core privileges in geriatric medicine, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience ([n] inpatients) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Core Privileges

GERIATRIC MEDICINE CORE PRIVILEGES

□ Requested Admit, evaluate, diagnose, treat, and provide consultation to older adult patients with illnesses and disorders that are especially prominent in the elderly or have different characteristics in the elderly. including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic, and infectious disorders. [May provide care to patients in the intensive care setting in conformance with unit policies.] Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

[HOSPITAL NAME]
[Hospital Address]
Family Medicine Clinical Privileges Source: Core Privileges Published by HCPro
Name:
Effective from:/ to/
Special Noncore Privileges (See Specific Criteria)
If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and maintenance of clinical competence.
CESAREAN SECTION
Criteria: Must qualify for and receive family medicine obstetrics privileges.
Required previous experience: Demonstrated current competence and the successful completion of an accredited one-to two-year family medicine obstetric fellowship in the past 12 months or [n] cesarean births as primary operator during the past 12 months.
Maintenance of privilege: Demonstrated current competence and evidence of [n] cesarean births as the primary operator in the past 24 months.
□Requested
ATTENDANCE AT DELIVERY TO ASSUME CARE OF NORMAL NEWBORNS
Criteria: Successful completion of an accredited residency which included training in this procedure, or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Current NALS certification.
Required previous experience: Demonstrated current competence and evidence of attendance at [n] deliveries in the past 12 months.
Maintenance of privilege: Demonstrated current competence and evidence of attendance at [n] deliveries in the past 24 months based on results of quality assessment/improvement activities and outcomes.
□Requested
CIRCUMCISION
Criteria: Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor. Evidence of having performed [n] proctored procedures during training.
Required previous experience: Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 12 months.
Maintenance of privilege: Demonstrated current competence and evidence of the performance of at least [n] procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.
□Requested

	[HOSPITAL NAME]
	[Hospital Address]
Name:	Family Medicine Clinical Privileges Source: Core Privileges Published by HCPro
Effective from	m:/ to/
FLEXIBLE SIGMO	IDOSCOPY
	essful completion of an ACGME- or AOA-accredited residency in family medicine that included training in loscopy or evidence of prior training and experience.
Required prev 12 months.	ious experience: Demonstrated current competence and evidence of at least 30 procedures in the past
	of privilege: Demonstrated current competence and evidence of the performance of at least [n] procedures nonths based on results of ongoing professional practice evaluation and outcomes.
□Requested	
LUMBAR PUNCTU	JRE
	essful completion of an ACGME- or AOA-accredited residency in family medicine that included training in e, or evidence of active clinical practice in the procedure.
	ious experience: Demonstrated current competence and evidence of the performance of at least [n] es in the past 12 months.
	of privilege: Demonstrated current competence and evidence of the performance of at least [n] lumbar e past 24 months based on results of ongoing professional practice evaluation and outcomes.
□Requested	
VENTILATOR MA	NAGEMENT
accredited post	entilator cases not categorized as complex (up to 36 hours), successful completion of an ACGME- or AOA- graduate training program that provided the necessary cognitive and technical skills for ventilator ot categorized as complex.
	entilation cases, the applicant must demonstrate successful completion of an accredited fellowship that accessary cognitive and technical skills for complex ventilator management.
	ious experience: Demonstrated current competence and evidence of the management of at least [n] ntilator cases in the past 12 months.
	of privilege: Demonstrated current competence and evidence of the management of at least [n] ntilator cases in the past 24 months based on results of ongoing professional practice evaluation and
Source: Califor	rnia Thoracic Society Position Paper—Clinical Privileges for Mechanical Ventilator Management 05/25/06
□Requested	Ventilator Management (not complex including CPAP—up to 36 hours)
□Requested	Complex, including BiPAP. *More than 36–48 hours, or for patients defined as those having any of the following ongoing characteristics or any other of similar complexity: PEEP requirement \geq 10 cm of water; FI0 $_2$ requirement \geq 0.6; static plateau pressure \geq 30 cm of water; presence of significant preexisting pulmonary disease; multisystem organ failure; chronic ventilator dependence; patient not meeting previous criteria, but clinical condition deteriorating.
ADMINISTRATION	OF SEDATION AND ANALGESIA
□Requested	See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists

[HOSPITAL NAME]

				[HC	ospital Address]				
I	Family I	Medicine	Clinical	Privile	ges Source: Co	re Privileges	Published b	y HCPro	
Name:					<u> </u>	_			
Effective from:	/	/	to	/					

Core Procedure List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those procedures that you do not wish to request, initial, and date.

General

- 1. Arthrocentesis and joint injection
- Burns, superficial and partial thickness
- 3. Chronic ventilator management
- 4. I & D abscess
- 5. Local anesthetic techniques
- 6. Manage uncomplicated minor closed fractures and uncomplicated dislocations
- 7. Perform history and physical exam
- 8. Perform simple skin biopsy or excision
- 9. Peripheral nerve blocks
- 10. Placement of anterior and posterior nasal hemostatic packing
- 11. Remove nonpenetrating foreign body from the eye, nose, or ear
- 12. Suture uncomplicated lacerations

Pediatrics

- 1. I & D abscess
- Manage uncomplicated minor closed fractures and uncomplicated dislocations
- 3. Perform history and physical exam
- 4. Perform simple skin biopsy or excision
- 5. Remove nonpenetrating corneal foreign body
- 6. Suture uncomplicated lacerations

Gynecology

- Biopsy of cervix, endometrium
- 2. Colposcopy
- 3. Cryosurgery/cautery for benign disease
- 4. Diagnostic cervical dilation and uterine curettage
- 5. Excision/biopsy of vulvar lesions
- 6. Incision and drainage of Bartholin duct cyst or marsupialization
- 7. Insertion of intrauterine devices
- 8. Perform history and physical exam
- 9. Removal of foreign body from vagina
- 10. Suturing of uncomplicated lacerations
- 11. Uterine curettage following incomplete abortion

[HOSPITAL NAME]

[Hospital Address]

Family	/ Medicine	Clinical	Privileges	Source: Core	Privileges	Published b	y HCPro

Name:					
Effective from:	/	/	to	/	/

Obstetrics

- 1. Amniotomy
- 2. Augmentation of labor
- 3. D&C including suction and postpartum
- 4. Excision of vulvar lesions at delivery
- 5. External and internal fetal monitoring
- 6. Induction of labor with consultation and pitocin management
- 7. Initial management of post partum hemorrhage (PPH)
- 8. Investigative OB ultrasound for presentation only
- 9. Management of prenatal and postpartum care
- 10. Management of uncomplicated labor including normal spontaneous vaginal delivery or a term vertex presentation
- 11. Manual removal of placenta, post delivery
- 12. Normal spontaneous vaginal delivery
- 13. Oxytocin challenge test
- 14. Perform history and physical exam
- 15. Post partum endometritis
- 16. Pudendal anesthesia
- 17. Repair of episiotomy—first, second, and third degree
- 18. Repair of vaginal lacerations
- 19. Vacuum assisted delivery

Geriatric Medicine

- 1. Apply the general principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac, and neurologic impairments
- 2. Assess patient to includes medical, affective, cognitive, functional status, social support, economic, and environmental aspects related to health
- 3. Manage areas of special concern such as falls and incontinence
- 4. Manage aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization, and chemoprophylaxis against disease
- 5. Manage the appropriate interdisciplinary coordination of the actions of multiple health professionals, including physicians, nurses, social workers, dieticians, and rehabilitation experts, in the assessment and implementation of treatment
- 6. Perform history and physical exam
- 7. Recognize and evaluate cognitive impairment
- 8. Treat and prevent iatrogenic disorders

	[HOSPITAL NAME] [Hospital Address]
Family Medicine Clinical Name:	Privileges Source: Core Privileges Published by HCPro
Effective from:/ to	
ACKNOWLEDGEMENT OF PRACTITIONER	
	h by education, training, current experience, and demonstrated I wish to exercise at Hospital, and I understand that:
a. In exercising any clinical privileges granted applicable generally and any applicable to	d, I am constrained by Hospital and Medical Staff policies and rules the particular situation.
	anted to me is waived in an emergency situation and in such situation my ction of the Medical Staff Bylaws or related documents.
Signature:	Date:
[DEPARTMENT CHAIR/CHIEF]'S RECOMMENDATION	
I have reviewed the requested clinical privilege the following recommendation(s):	es and supporting documentation for the above-named applicant and make
Recommend all requested privileges. Recommend privileges with the following condi Do not recommend the following requested priv	
Privilege	Condition/Modification/Explanation
1	
3.	
4.	
Notes	

Credentials Committee action

Date:

Medical Executive Committee action

Date:

FOR MEDICAL STAFF OFFICE USE ONLY

Board of Trustee action Date: _____

[Department Chair/Chief] Signature:

[HOSPITAL NAME]
Modified Core Example for Family Medicine Name:
Modified Core Example Qualifications
To be eligible to apply for privileges in family medicine, the applicant must meet the following criteria:
Training: MD or DO with successful completion of an Accreditation Council for Graduate Medical Education (ACGME) of American Osteopathic Association (AOA) accredited residency in family medicine. (Does not apply to current medical staff appointees.)
Board Certification
One of the following requirements must be met:
 Current certification in family medicine by the American Board of Family Medicine or the American Osteopathic Board of Family Physicians; or
2. Actively seeking Board certification with achievement of certification within 1 year of appointment.
Board certification requirements do not apply to any practitioner already a member of the Medical Staff as of
Required previous experience Applicants for initial appointment or initial privileges must be able to demonstrate adequate experience reflective of the scope of privileges requested in order for the medical staff to make a reasoned decision regarding the competency of the practitioner.
Reappointment requirements
To be eligible to renew privileges in family medicine, the applicant must demonstrate current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation, monitoring through the Medical Staff Quality Improvement Program, and patient care outcomes.
Privileges Requested
Applicant Instructions: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Requests for privileges not included on this form should be made in writing and include documentation of training and experience. Please check only the boxes reflective of your practice specific to this hospital.
Referring Staff Category Privileges - Refer patients to the Hospital for outpatient testing and/or procedures and refer patients to Active Staff members or Hospitalists for inpatient treatment. (Referring Staff may visit their referred patients in the Hospital, review patients' medical records and receive information concerning patients' medical condition and treatment, but may not participate in any inpatient treatment or make any entries in the medical record.)

[HOSPITAL NAME]
Modified Core Example for Family Medicine
ants for Refer and Follow category are not eligible to request additional privileges. Stop here and review gn the Acknowledgment section of this form.
Active Staff Privileges - > 2 patient admissions per month or > 24 per year
Courtesy Staff Privileges - < 2 patient admissions per month or < 24 per year
Consulting Staff Privileges - Evaluate, diagnose, treat, and provide consultation to adolescent and adult patients on request of an Active or Courtesy Staff member.
Medicine Privileges/Procedures
Admit, evaluate, diagnose, treat, and provide consultation to adolescent and adult patients; assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services; provide care to patients in the intensive care setting; performance of history and physical exam; care of the normal newborn and uncomplicated premature infant equal to or greater than 36 weeks gestation. Arthrocentesis and joint injection Bone marrow aspiration/biopsy Burns, superficial and partial thickness I & D abscess Local anesthetic techniques Lumbar puncture Manage uncomplicated minor closed fractures and uncomplicated dislocations Osteopathic manipulative treatment using isotonic, isometric forces Perform simple skin biopsy or excision Peripheral nerve blocks Placement of anterior and posterior nasal hemostatic packing Remove nonpenetrating foreign body from the eye, nose, or ear Suture uncomplicated lacerations Vasectomy Administration of Conscious Sedation and Analgesia Additional Qualifications for Conscious Sedation and Analgesia: Initial applicants must complete Qualifying Examination for Sedation/Analgesia

For recredentialing, must have performed a minimum of ten (10) cases per year within the two (2) year reappointment period (total of 20 cases) OR must retake and successfully pass the Qualifying Examination for Sedation/Anesthesia.

	[HOSPITAL NAME]
	Modified Core Example for Family Medicine
Name:	·
	ric Privileges/Procedures
	Newborn Circumcision
=	
=	I & D abscess
H	Lumbar puncture
H	Manage uncomplicated minor closed fractures and uncomplicated dislocations
H	Perform simple skin biopsy or excision
H	Remove nonpenetrating corneal foreign body
	Suture uncomplicated lacerations
_	Administration of Conscious Sedation and Analgesia
	Additional Qualifications for Conscious Sedation and Analgesia:
	Initial applicants must complete Qualifying Examination for Sedation/Analgesia
	• For recredentialing, must have performed a minimum of ten (10) cases per year within the two (2)
	year reappointment period (total of 20 cases) OR must retake and successfully past the Qualifying
_	Examination for Sedation/Anesthesia.
	cology Privileges/Procedures
	Biopsy of cervix, endometrium
\sqcup	Colposcopy
\sqcup	Cryosurgery/cautery for benign disease
\sqcup	Diagnostic cervical dilation and uterine curettage
	Excision/biopsy of vulvar lesions
	Incision and drainage of Bartholin duct cyst or marsupialization
	Insertion and removal of intrauterine devices
닏	Removal of foreign body from vagina
닏	Suturing of uncomplicated lacerations
ш	Uterine curettage following incomplete abortion
	trical Privileges/Procedures
	Amniotomy
	Attendance at delivery to assume care of normal newborns
	Augmentation of labor
	Cesarean section
닏	D&C including suction and postpartum
닏	Excision of vulvar lesions at delivery
\sqcup	External and internal fetal monitoring
	Induction of labor, medical
	Induction of labor, rupture of membranes
	Initial management of post partum hemorrhage (PPH)
	Investigative OB ultrasound for presentation only
	Management of prenatal and postpartum care
	Management of uncomplicated labor including normal spontaneous vaginal delivery or a term vertex
	presentation Manual removal of placents, past deliver.
	Manual removal of placenta, post delivery
	Normal spontaneous vaginal delivery
	Oxytocin challenge test
	Post partum endometritis
	Pudendal anesthesia Penair of opiniotemy first accord and third degree
	Repair of episiotomy—first, second, and third degree
	Repair of vaginal lacerations
Ш	Vacuum assisted delivery

H)	OSPITAL NAME]		
Modified Core Name:	Example for Family Medicine		
Acknowle	dgement of Practitioner		
	by education, training, current experience, and demonstrated my professional liability insurance will cover, and that I wish to		
a. In exercising any clinical privileges granted, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.			
b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the Medical Staff Bylaws or related documents.			
c. If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience.			
Signature:	Date:		
Donartmont	Chair's Recommendation		
•	and supporting documentation for the above-named applicant		
☐ I recommend all requested privileges. ☐ I recommend privileges with the following	g conditions/modifications (include explanation):		
Privilege	Condition(s)/Modification(s)/Explanation		
I do not recommend the following requested privileges (include explanation):			
Privilege	Condition(s)/Modification(s)/Explanation		
Department Chair Signature Date			

Procedure for Determining "Core" Privileges in Each Specialty

- 1. The medical staff office shall provide to each department chief the following information:
 - a. The current privilege form listing the procedures or clinical activities currently considered within the specialty area.
 - b. Information concerning privileges that the hospital granted which would traditionally have been considered outside of the applicants' specialty areas and the training and/or experience the applicants demonstrated to support their requests. This information will be useful in determining what, if any, "grandfather" clauses might be needed as new criteria are adopted.
 - c. Information concerning the training and experience required to qualify for Board certification in the relevant specialties.
- 2. The department chief shall review the information provided and shall prepare a preliminary set of core privileges for each specialty included within his or her department, and the threshold criteria applicants would be required to meet to be granted those privileges. The department chief may delegate to a subspecialist within the department the task of preparing preliminary core privileges and threshold criteria for those subspecialties. If there are to be several levels of privileges, criteria should be developed for each level. Criteria for special procedures can be developed using the same format and procedures.
- 3. Threshold criteria shall outline at least the following:
 - a. Minimum formal training ACGME and/or AOA-accredited residency, fellowship, rotations during residency, continuing medical education seminars, etc.
 - b. Acceptable alternatives This should be expressed in quantifiable, objective standards, e.g., "completion of an eight-month rotation in the relevant specialty area" or "documented performance of at least ten of the procedures."
 - c. References/evaluations For example, "satisfactory evaluation from residency program director or chief of relevant department from previous hospital." Evaluation forms will generally provide more useful information than letters of reference.
 - d. Experience This is especially important for granting procedures to applicants who completed a residency some time ago. For example, the criteria may require such applicants to provide evidence that they have performed the particular procedure at least 15 times in the last 12 months.
- 4. The department chiefs shall submit the core privilege lists and threshold criteria they have developed to the Credentials Committee. The Credentials Committee shall review the submissions of the department chiefs to determine if there are privileges which overlap specialties and/or departments. The Credentials Committee, after consulting with the affected department chiefs if necessary, shall resolve any conflicts and shall forward its recommendations regarding core privilege lists and threshold criteria to the Executive Committee.
- 5. The Executive Committee shall review the core privilege lists and threshold criteria submitted by the Credentials Committee, clarify any questions or conflicts that may remain, and then forward the core privilege lists and threshold criteria to the Board.
- 6. The Board shall review the core privilege lists and threshold criteria. If the Board has any questions or concerns, it may refer the matter back to the Executive Committee for clarification. The core privileges and threshold criteria required for each specialty shall be effective upon adoption by the Board.

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Worksheet for Development of Core Privileges

Specialty/Subspecialty			
Instructions: Begin by filling out the first column with all the procedures that a provider in this specialty would receive training for in an ACGME approved training program. Use the two additional columns as check off boxes for the procedures listed in column one.			
Procedures included in current residency training program	Procedures/privileges included in residency training program that are included on the current privilege list for this specialty	Privileges currently performed that cross specialties or are controversial in nature	

WORKSHEET FOR DEVELOPMENT OF CORE PRIVILEGES - Page 2

Procedures/privileges currently granted at this facility that are NOT included in residency training program for this specialty

Procedure	Criteria for Performing
1.100044.10	ontona ioi i ontonining
List any procedures not included in training rec surgery, use of laser). These procedures shou	eived before a certain date (ie: laparoscopic lld not be included in the core.
Name of procedure	Year included in
Name of procedure	training program
Other notes/comments:	

Work Sheet for Consideration of New Privilege

Name of procedure/privilege			
Education required to request privilege (check all that apply)			
MD - Medical Doctor DO - Osteopathic Physician) DDS - Oral and Maxillofacial Surgeon DMD - Dentist DPM - Podiatrist APN - Advance Practice Nurse (specify specialty) PA - Physician Assistant (specify specialty) DC - Chiropractic Other (specify)			
Training Required:			
Experience required			
Additional Requirements:			
☐ CME ☐ Board Certification ☐ Manufacturer's Training Course/Certificate ☐ Peer Recommendations			
Is monitoring or proctoring required?			
□ No □ Yes.			
If yes, specify the following:			
☐ Number of procedures ☐ Length of time ☐ In order to complete proctorship/monitoring requirements, the applicant must perform			
(number) procedures within(time frame).			
What type of review or follow up will be conducted?			

DOCUMENTING RECOMMENDATIONS

Sample language for medical staff minutes:

"Committee members reviewed the applications, the supporting documentation, the Department Chairmen's recommendations, and information received during the credentialing and privileging processes [or insert OPPE/FPPE etc., as appropriate]. Based on this review, it is the committee's opinion that the following applicants meet the requirements for Medical Staff appointment and have documented appropriate education, training, experience, current competency, clinical judgment, professionalism, and health status to perform the privileges requested. It was moved, seconded, and carried to recommend to the *[fill in Credentials Committee or MEC as appropriate]* approval of the following appointments and clinical privileges [or insert cessation of FPPE, etc]:"

Sample language for Board minutes:

"Board members reviewed the applications, the supporting documentation, the Department Chairmen's recommendations, Medical Executive Committee's recommendations, and information received during the credentialing and privileging processes [insert OPPE/FPPE etc., as appropriate]. Based on this review, it is the Board's opinion that the following applicants meet the requirements for Medical Staff appointment and clinical privileges [insert cessation of FPPE etc., as appropriate] as recommended and it was moved, seconded, and carried to approve of the following appointments and clinical privileges [insert cessation of FPPE, etc]:"

Recommendation and Approval Form for Medical Staff Appointment and Clinical Privileges

Practitioner Name:		
Staff Status:	Department:	Specialty:
Based on the evaluation of the applicant the following recomn		ecommendation petence, health status, skill, character, and judgment of the
 □ Privileges be granted/renev □ Medical staff membership be additional privileges request □ Privileges be modified as formal privileges are privileges be modified as formal privileges and privileges be modified as formal privileges and privileges a	pe granted/renewed sted be granted	
	enewed not be granted/renewed (commer sted be denied (comment below)	
Comments:		
Domontonot Oli	airman	Data
Department Ch	airman ————————————————————————————————————	Date
		ee Recommendation petence, health status, skill, character, and judgment of the Department Chairman the following recommendations are
Executive Committee		an and forward these recommendations to the Medical t Chairman, and instead make the following recommendations
Credentials Committee	ee Representative	Date
	ons and recommendations of the	mmittee Recommendation petence, health status, skill, character, and judgment of the Department Chairman and Credentials Committee, the
recommendations to the g	overning body for consideration. mmendations of the Department	an and Credentials Committee and forward these Chairman, and Credentials Committee and instead make the
Medical Staff Executive C	Committee Representative	 Date
	Governing Body App	provals/Action Taken
	education, training, current com	petence, health status, skill, character, and judgment data staff, the following action is taken:
	ne recommendation(s) of the Mecommendations of the Medical Sta	dical Staff. iff. Action taken is documented in Board minutes of
(date)		
Board of Trustee	s Representative	 Date

NOTIFICATION OF INTERNAL AND EXTERNAL PARTIES REGARDING PRACTITIONER PRIVILEGES

Policy:

Key external and internal persons and organizations must be notified whenever a change occurs in a practitioner's privileges or when a new practitioner is granted privileges or appointment. Some internal sources require information regarding clinical privileges granted, while others require only a general notification.

Procedure:

Internal Sources:

General Notification of New Practitioner:

When a new practitioner is granted medical staff appointment or clinical privileges, a general notification should be distributed via email or memo to all hospital departments. The following information should be included:

Full name, credential, address, phone, fax, pager/paging service number, partners, alternates, effective date, picture, sponsoring physician (if AHP).

General Notification Practitioner Leaving Staff:

When a practitioner leaves the staff, a general notification should be distributed via email or memo to all hospital departments. The following information should be included:

Full name, credential, forwarding address (if applicable), and effective date.

Notification of Privileges

When new privileges are granted either to a new applicant or an existing medical staff member or allied health professional; or when there is a modification (addition, deletion, termination, proctorship, etc.) to current privileges; the following internal personnel should be notified via email or memo and a copy of the privileges (or modification to privileges) should be included with the notification. (Note: Will need to modify this language to reference privileges that are posted via intranet or other electronic means).

[Name]	Admitting Department
	Operating Boom

[Name] Operating Room

[Name] Nursing Administration (for distribution to all nursing units)

[Name] Administration

[Name] Emergency Department

[Name] Outpatient/Ambulatory Clinic(s)

[Name] Quality Management

[Name] (Include others, as appropriate)

External Sources

National Practitioner Data Bank and State Licensing Boards

The Health Care Quality Improvement Act of 1986 includes a requirement for reporting of certain adverse actions to the National Practitioner Data Bank.

Hospitals must report:

- (1) a professional review action which adversely affects a physician's or dentist's clinical privileges for more than 30 days and is based upon the physician's or dentist's professional competence or professional conduct; and
- (2) the voluntary surrender of clinical privileges by a physician or dentist who is under investigation relating to questions of professional competence or conduct, or in return for no investigation or professional review action being conducted.

A professional review action includes denying, reducing, restricting, revoking and suspending privileges, and also includes a decision not to renew clinical privileges if that action is based on the physician's or dentist's professional competence or conduct.

Hospitals must submit adverse action reports to the appropriate state licensing board within 15 days of final Board action in the case of an adverse action or within 15 days of the date the physician surrenders his or her clinical privileges. These reports must be submitted electronically to the National Practitioner Data Bank as an Adverse Action Report. Within 15 days, a printed copy of the electronic report must be forwarded to the state medical licensing board.

Revisions to previously reported adverse actions must also be reported. For example, if a physician's clinical privileges are reinstated after a 45 day suspension, both the suspension and the reinstatement must be reported.

Note: All reports to state licensing boards and the NPDB should be coordinated with the Legal Department.