

Operational Manual

Credentialing and Privileging Committee

Credentialing and Privileging Manual

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Introduction

Per the Medical Staff By-Laws, Article XII, and Section 7, the Credentialing and Privileging Committee shall consist of the appointed chair, the Chief of Staff and Chief of Professional Services as ex-officio members, at least one psychiatrist from each division and two physicians from Ambulatory Care Services. The Executive Committee may appoint additional physician or non-physician members if it deems this necessary.

The duties of the committee shall be:

- To gather, authenticate and evaluate all necessary information to assure that an applicant possesses the necessary qualifications for appointment and reappointment to the Medical Staff and is appropriately trained, maintaining competence and capable of carrying out any privileges granted to him/her.
- To revise any forms and procedures in the process to comply with any changes in Medical Staff By-Laws, information sources, and State Statutes.
- To provide the Executive Committee of the Medical Staff committee recommendations regarding Credentialing and Privileging of any applicant, or medical staff member, applying for or reapplying for clinical privileges and having available for the Executive Committee's inspection documentation to support the recommendations.
- The Committee will meet quarterly and more frequently if necessary. Minutes will be recorded.

The Credentialing and Privileging Committee currently meets on the third (3rd) Thursday of each month, except if it coincides with the Total Medical Staff Meeting, in which case, it will meet the following Thursday (4th).

Credentialing and Privileging Process for Initial Appointment

The privileging process takes place at the time of hiring and appointment and also at the time of reappointment which occurs every two (2) years.

When there is a new hire, the Medical Staff Office is notified and an application for privileging is put together and sent out by the Medical Staff Office Coordinator and sent to the applicant.

The initial application should include:

- Full application
- Health Form
- Acceptable CPR
- Release of Information Consent Form
- Core Privilege Application
- Appropriate Delineation of Privilege form(s)
- Current Rules and Regulations
- Current By-Laws

Once the application is received back:

1. Create a credentialing binder.
2. Print out the Record of Action and Checklist.
3. Send out Hospital and Institution Reference Letters and Questionnaires.
4. Gather Peer Recommendation letters.
5. Request AMA Profile
6. Request HIPDB and NPDB reports.
7. Check OIG Exclusions list.
8. Verify Medical License
9. Verify Connecticut Controlled Substance Registration
10. Verify DEA.
11. Verify Physician Assistants via website.
12. Query other states if necessary for medical licenses.
13. Send Internship, Residency, Fellowship questionnaires if appropriate.
14. Request verification of ECFMG if applicable.
15. Contact HR department for Date of Hire and Employee Number
16. Confirm if CPR is current or being taken through orientation. Verify date of the class.
17. Once all information is gathered, the Medical Staff Coordinator completes a review and signs off on the items on the "Document and Credential Checklist".
18. The appropriate Medical Director is contacted to review and sign off on the Privilege Request Form and the Health Form.
19. A member of the C&P Committee is contacted to review the file. ACS doctors review ACS applicants exclusively. They are able to review other docs as well if needed. Review signs off on the reviewer portion of the "Document and Credential Checklist".
20. The reviewer presents it to the C&P Committee at its next meeting.

The application is now ready to be presented to the C&P Committee

21. Upon recommendation for endorsement, the Committee Chair will review, date and sign the "Document and Credential Checklist" and will sign the first page of the "Record of Action" form. He/she will then be added to the next meeting of the Executive Committee of the Medical Staff. If

the file is not recommended, a letter is sent by the Chair to the applicant explaining the rationale for the decision.

22. On the day of the Executive Committee of the Medical Staff meeting, the President will pick up the files scheduled for presentation. Upon ECMS endorsement, the President of the Medical Staff will sign on the Record of Action form.
23. The Medical Staff Coordinator contacts the Recording Secretary for Governing Body with the names and delineation of privileges for the next Governing Body Meeting.
24. The President of the Medical Staff picks up the binder to be brought to the Governing Body Meeting where it is presented.
25. Upon Governing Body approval of the applicant's privileges, the CEO signs off the Record of Action Form and the letters granting privileges letter.
26. The Medical Staff Coordinator fills in the bottom part of the Record of Action which indicates the notification date and term of privileges.
27. Notify the Pharmacy of the new member's DEA, Connecticut Controlled Substance Registrations, Medical/Physician Assistant License number and a copy of their signature.
28. Notify Sue Wrubel of new hire for tracking purposes.
29. Notify COPS office of new hire for Physician Time Study.

Credentialing and Privileging Process For Interim Privileges

“When necessary, for important patient care needs, interim (temporary) clinical privileges may be granted by the Chief Executive Officer at the request of the President of the Medical Staff (or designee) based on the recommendation of the Chair of the Credentialing and Privileging Committee (or designee) for up to 120 days. (Article VII section 4 of the By-Laws). Interim (Temporary) Privileges may be granted by the Chief Executive Officer only in the following circumstances:

1. Upon receipt of a written request for specific care of one or more patients.
2. When absence of the temporarily privileged practitioner would result in lack of specific attention to patient needs.
 - a) Medical Director, Chief of Professional Services (COPS) or Chief of Staff reviews those credentials which have thus far been received. Verification of current licensure and current competence must be documented. Every effort will be made to obtain verification of Board Certification, ECFMG, Medical Degree, and other credentialing requirements in a timely fashion.
 - b) If Medical Director, COPS, Chief of Staff feels that the applicant has sufficient credentials to ask for Interim Privileges, he/she will write a memo to the President of the Medical Staff (or designee) and Chair of the Credentialing and Privileging Committee (or designee) asking that a recommendation be made that the Chief Executive Officer grant interim (temporary) privileges.
 - c) The President of the Medical Staff will then ask the Chief Executive Officer to grant interim (temporary) privileges for up to one hundred twenty (120) days and until such time as the credentials folder is complete and the Credentialing and Privileging Committee has met, reviewed, and recommended regular appointment to the Medical Staff and granting of privileges. Letter from ECMS Chair to CEO will be assigned by

