

JCAHO'S NEW CREDENTIALING AND PRIVILEGING STANDARDS: WHAT DO OUR CLIENTS NEED TO KNOW?

**STATE BAR OF MICHIGAN
HEALTH CARE LAW SECTION**

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REVISED JCAHO MEDICAL STAFF STANDARDS

- **Generally effective 1/1/07**
 - **Global changes**
 - **Credentialing**
 - **Privileging**
 - **Focused professional practice evaluation**
 - **Ongoing professional practice evaluation**
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GLOBAL CHANGES

- **Criteria must be defined**
 - **Process must be defined**
 - **Evidence-based decision making**
 - **Consistent application**
 - **Continuous evaluation**
 - **More precise statement of Medical Staff and Board roles**
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CREDENTIALING

- **MS.4.00/4.10**
 - **“Credentialing” is the process of obtaining, verifying, and assessing the qualifications to provide patient care in or for the hospital**
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DETERMINING ORGANIZATIONAL RESOURCE AVAILABILITY

- **MS.4.00**
 - **1st step – before evaluating applicant's qualifications**
 - **Are resources necessary to support requested privileges available now or shortly?**
 - **Process exists and is consistently applied**
 - **Replaces references to “setting-specific” privileges**
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CREDENTIALING

- **Components**
 - **Collect information**
 - **Verify information**
 - **Assess information**
 - **Critical Credentialing Parameters**
 - **Current license**
 - **Education and training**
 - **Experience, ability and current competence
(6 ACGME/ABMS general competencies)**
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COLLECT INFORMATION

- **MS.4.10**
 - **Collect information re each of the 3 critical parameters**
 - **Collect and verify per a defined process that is:**
 - **Recommended by Medical Staff**
 - **Approved by Board**
 - **Outlined in Medical Staff Bylaws**
 - **Range of data collected is defined in governance documents**
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VERIFY INFORMATION

- **Verify applicant's identity**
 - **Verify each of 3 key parameters in writing from either:**
 - **Primary source**
 - **Credentials Verification Organization (CVO)**
(Definition moved from MS.4.10 to glossary)
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VERIFY LICENSE

- License must be verified whenever
 - Grant privileges
 - Renew privileges
 - Revise privileges
 - License expires
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VERIFY EDUCATION/TRAINING

- Evidence of clinical knowledge and skill sets
 - Primary sources
 - Professional schools
 - Residency/postdoc programs
 - CVO
 - Secondary sources
 - When acceptable to use
 - AMA, ABMS, ECFMG, AOA, FSMB
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VERIFY EXPERIENCE/ ABILITY/CURRENT COMPETENCE

- Six areas of General Competencies “may be used”
 - Verified by knowledgeable “peer”
 - “Peer” = appropriate person in same profession
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PRIVILEGING

- **MS 4.15/4.20/4.25/4.70**
 - **MS 4.15/4.25 are mostly new in 2007 (portions correspond to portions of OLD 4.20)**
 - **Requirements are far more prescriptive than previously**
 - **2006 CAMH: Clinical privilege is “[a]uthorization granted by the appropriate authority (for example, the governing body) to a practitioner to provide specific care, treatment, and services in an organization within well-defined limits, based on the following factors, as applicable: license, education, training, experience, competence, health status, and judgment.”**
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PRIVILEGING

- **Components (similar to credentialing)**
 - **Collect, verify, assess information**
 - **Decision notification**
 - **Monitoring**
 - **Critical Privileging Parameters**
 - **Licensure**
 - **Training**
 - **Education**
 - **Ability**
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PROCESS FOR EVALUATION OF PRIVILEGES

- **Hospital establishes process and criteria recommended by medical staff, approved by governing body**
 - **Clearly defined process**
 - **Consistent application for all practitioners seeking the same privilege**
 - **Timely implementation**
 - **Governing body has final authority**
 - **Privileges extend 2 years or less**
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CRITERIA FOR EVALUATION OF ABILITY

- **Current licensure/certification (primary source)**
 - **Specific/relevant training (primary source)**
 - **Evidence of physical ability to perform (applicant statement required, as before)**
 - **Performance data from an entity that currently privileges the practitioner; for reappointment, documentation of performance within the organization**
 - **Peer and/or faculty recommendation**
 - **Performance history (substantially similar to CAMH release effective 7/1/2006)**
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PEER/FACULTY RECOMMENDATION

- Peer recommendation required when grant, renew, revise or revoke privileges
 - Content of peer recommendation
 - Medical/clinical knowledge
 - Technical/clinical skills
 - Clinical judgment
 - Interpersonal skills
 - Communication skills
 - Professionalism
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PERFORMANCE HISTORY

- **Challenges to licensure/certification**
 - **Sanctions/voluntary corrective action**
 - **NPDB review (appointment, reappointment, new privileges)**
 - **Malpractice history**
 - **M&M data, if available**
 - **Practitioner-specific data, compared against aggregate data, if available**
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DATA-BASED COMPETENCY EVALUATION

- Hospital must have process to determine whether there is sufficient information to make a privileging decision
 - Practitioners with experience at the organization
 - Evaluation occurs on an ongoing basis through data collection and analysis
 - Privileges may be granted only if data reflect competent professional performance
 - Practitioners with no or minimal experience at the organization
 - Focused professional review is mandatory
 - Privilege-specific monitoring at the organization
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NOTIFICATION

- **Practitioners are notified of the decision (timing set in Medical Staff Bylaws)**
 - **Notification of denial includes reasons for denial and applicant is notified of due process rights**
 - **Decisions are communicated internally and externally as required by law and policy**
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PRIVILEGING: MEASUREMENTS OF PERFORMANCE

- **Timeliness of application review/decision-making/ notification**
 - **Privileges updated as necessary**
 - **Decisions include:**
 - **Criteria directly related to quality of health care, treatment, services**
 - **Other criteria only if impact on quality is evaluated**
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FOCUSED PROFESSIONAL PRACTICE EVALUATION

- **MS.4.30 – replaces MS.4.90**
 - **Defined as “The time limited evaluation of practitioner competence in performing a specific privilege . . . Implemented for all initially requested privileges and whenever a question arises regarding a practitioner’s ability to provide safe, high quality patient care.”**
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FOCUSED PROFESSIONAL PRACTICE EVALUATION

- Evaluate practitioner's privilege-specific competence
 - Needed if there is lack of documented evidence of competent performance at this hospital
 - Lack of evidence of competent performance may be because:
 - New applicant or a new privilege
 - Existing privilege, but no recent volume
 - Existing privilege, questionable performance
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FOCUSED EVALUATION PROCESS

- **Medical Staff (cf “the hospital”) defines the focused evaluation process:**
 - **Criteria/triggers**
 - **Type of evaluation**
 - **Duration**
 - **Whether external source used**
 - **Measures to resolve problems**
 - **Monitoring plan – specific to the privilege**
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FOCUSED EVALUATION – SOURCES OF INFORMATION

- **Potential sources of focused evaluation information**
 - **Chart review**
 - **Monitor practice patterns**
 - **Simulation**
 - **Proctoring**
 - **External review**
 - **Discussion with other care participants**
 - **“Proctoring” and “simulation” are defined**
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FOCUSED EVALUATION - OTHER

- **Results of focused evaluation used in performance improvement**
- **Duration of evaluation may be extended**
- **Evaluation method(s) may be changed**

FOCUSED EVALUATION - CHANGES

- Principal differences between old and new JCAHO focused review standards
 - Effective 1/1/08, required for all new privileges
 - Defined as procedure-specific evaluation
 - Emphasis on first-hand knowledge
 - Clear written criteria required
 - Time-limited
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ONGOING PROFESSIONAL PRACTICE EVALUATION

- **MS.4.40/MS.4.45**
 - **Clearly defined processes for routine analysis and complaint-driven review**
 - **Departments determine data to be used for routine analysis, approved by medical staff**
 - **Information obtained is used to determine whether to continue, limit, or revoke privileges**
 - **Bylaws dictate process for further evaluation if there is uncertainty about professional performance**
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CRITERIA FOR ROUTINE ANALYSIS

- Review of operative and other procedures performed and outcomes
 - Pattern of blood and pharmaceutical usage
 - Requests for tests and procedures
 - LOS
 - M&M data
 - Use of consultants
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SOURCES OF INFORMATION FOR ROUTINE ANALYSIS

- **Periodic chart review**
 - **Direct observation**
 - **Monitoring of techniques**
 - **Discussion with others involved in care of practitioner's patients**
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RESPONSE TO COMPLAINTS/CONCERNS

- **Process must be implemented to collect, investigate, and respond to clinical practice concerns**
 - **Process is recommended by medical staff, approved by governing body**
 - **Reported concerns are uniformly investigated and addressed per law and policy**
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