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Owner: Steven Candela: Director,
Eastwood Clinics
Policy Area: Eastwood Clinics
References:
Applicability: St. John Providence Health
System

Professional Staff Practices

Introduction

Recognizing that the Professional Staff is responsible for the quality of care in Eastwood Clinics and that it must accept and assume this responsibility, subject to the ultimate authority and Bylaws of the Agency Governing Body, and that the best interests of the patients are protected by a concerted effort to promote such quality care, the Professional Staff providing treatment within Eastwood Clinics hereby establishes the following Rules and Regulations for Professional Staff Oversight.

Purpose

The purpose of Professional Practice Guidelines shall be:

- A. To ensure that all patients requesting services shall receive the highest quality of appropriate care and to strive continually for methods to improve all policies, procedures and standards related to quality of appropriate care.
- B. To contribute to the development and implementation of standards that allow for measurable assessment of services rendered to all patients.
- C. To provide recommendations that will assist Administration and the Governing Body in the development of rules, regulations and standards governing the Professional Staff, and to maintain such rules, regulations and standards as are promulgated and adopted by Eastwood Clinics.
- D. To provide the opportunity for Professional Staff to participate in educational programs, which will enhance professional skills and maintain Eastwood Clinic's educational standards.

Membership of The Professional Staff

A member of the Professional Staff shall:

- A. Be a graduate of a recognized college of medicine, nursing, social work, psychology, guidance and counseling and/or demonstrate competence and experience in mental health and/or substance abuse treatment, and be legally qualified to practice in the State of Michigan, and be eligible for membership in respective local, state and national professional societies.
- B. Successfully complete the temporary/formal credentialing verification process at new hire and timely submit updated licensure and certifications for inclusion in the site and administration personnel files.
- C. Meet specific privileging criteria for Professional membership, appropriate to the patient population

served, approved by the Professional Services Committee of the respective treatment facility, and subject to final review and approval of the Governing Body of Eastwood Clinics through the Executive Committee for Clinical Services (See Section V for committee structure and meetings).

- D. Abide by the Professional Staff Practices and Code of Ethics, the Human Resource and the Corporate Responsibility Policies and Procedures of Ascension Health, St. John Health and Eastwood Clinics.
- E. Abide by the current principles of ethics of local, state and national professional societies, as well as those outlined in this policy.
- F. Participate in continuing education requirement of the current appropriate Licensing Board of the State of Michigan, certification boards and regulators for whom s/he is providing services, and submit verification of education data for review.
- G. Maintain liability malpractice insurance coverage or qualify for coverage under the Corporate policy.
- H. Provide for continuous care of patients, while absent, by notification of absence to the appropriate personnel and services.
- I. Refrain from delegating responsibility for care of assigned patients to a professional practitioner who is not qualified to assume such responsibility or who is not adequately supervised.

Appointments and Reappointments to the Professional Staff

A. New Hire

When an individual becomes eligible for hire based on Human Resources and CMSS policies and procedures, the Supervisor completes a reimbursement agreement as well as an Orientation Checklist.

Temporary privileges may be requested for non-physician practitioners (masters level behavioral health counselors) only once core privileging verification is completed and results in non-complex (Type I) outcome. Temporary privileges may only be given for 90 days until a formal determination of privileges is made by the Governing Board as described in this policy. Core elements for approval of temporary privileges would include:

- Current and valid State license and/or certification
- Ability/inability to perform essential work functions of the position
- Lack of present drug use
- At least one Professional Reference
- Attestation to the correctness (truth) and completeness of the application
- Consent and release for Eastwood Clinics and SJH to verify information contained in the application
- Criminal Background checks
- Review of lawsuits/claims

Upon successful verification of core elements indicating a non-complex (Type I) outcome, a conditional offer letter will be completed in collaboration with Human Resources indicating that clinical privileges are granted for 90 days, and for human resources to prepare for hire allowing for direct patient care as outlined in the specific job description. Temporary privileges are conditional upon final approval of the Governing Board as outlines in the policy.

B. Credentialing and Privileging at Appointment and

Reappointment

At Appointment/Reappointment, the candidate/associate must successfully be approved by the Board prior to providing services.

For appointment/reappointments, the candidate/associate also completes and submits credentialing and privileging applications, including original or valid copies of appropriate supporting documentation and authorizations for disclosure, to the St. John Providence (SJP) Corporate Medical Staff Services (CMSS). The candidate/associate is advised in writing about their right to correct erroneous information, be notified of the status of their application. Information provided by the candidate/associate and information obtained during the process is kept strictly confidential and is used only for the purposes for which it is intended and authorized. The CMSS Verification Coordinator shall review the credentialing application and attachments for completeness. All the following information must be present for the application to be considered complete. The SJP CMSS reviews the credentialing application and supporting documents for:

- Current and valid State license and/or certification
- State pharmacy license (medical staff when applicable)
- DEA registration (medical staff when applicable)
- Malpractice coverage or eligibility for coverage under SJH policy
- Malpractice coverage under additional policy(ies)
- Current hospital privileges
- Proof of education/training/ECFMG, if applicable (Appointment)
- Proof of continuing education information (Reappointment)
- Board certification / eligibility (medical staff)
- Complete work history (Update at Reappointment)
- Ability/inability to perform essential functions of the position
- Lack of present drug use
- References (Appointment)
- Attestation to the correctness (truth) and completeness of the application
- Consent and release for Eastwood Clinics and SJP to verify information contained in the application

The credentialing process will commence only upon receipt of a complete application.

The CMSS Verification Coordinator will query the National Practitioner Data Bank (NPDB), the State Licensing Board(s), Colleges/Universities and hospitals where privileges are held to verify information provided in the candidate's credentialing application. Copies of the following verification will be kept in the candidate/associate credentialing file:

- State licensure to practice will be verified with State Licensing Board
- State pharmacy licensure will be verified with State Licensing Board
- Clinical privileges will be verified from the hospitals which the applicant lists
- DEA registration will be verified by receipt of a copy of the certificate and also through the NPDB
- The highest level of education and training will be verified from the College/University
- Board Certification will be verified by receipt of a copy of the certificate or letter from the Board and verified through the AMA Profile Service. Physicians who have completed their residency prior to 2012 will be grandfathered and not required to be board certified.
- Malpractice insurance will be verified by receipt of a copy of the insurance certificate (if other than the Corporate policy)
- Malpractice history will be verified through the NPDB
- Medicare and Medicaid sanctions will be verified through the NPDB

- Other adverse actions will be verified through the HIPDB
- Criminal checks will be verified through ICHAT

Upon completion of the CMSS credentialing verification process, a packet of findings and the privileging application are sent to the site's Supervisor/Manager/Director/Medical Director.

The packet identifies if the case is Type I or Type II. Type I means that CMSS found no major deficits in the technical review. Type II are considered complex cases and means CMSS found concerning deficits in the technical review. For re-credentialing, information regarding clinical deficits and actions are not a part of the CMSS review packet and need to also be considered during the local review and approval. Type I results are reviewed and approved by the Supervisor /Manager/Director/Medical Director. For Type I cases that have significant clinical issues, a summary of the findings and recommendations will be forwarded to the Supervisor, Manager, Director and Medical Director for review and approval. Type II results are reviewed by the site Professional Service Committee with a summary of findings and recommendations forwarded to the Manager, Director and Medical Director for review and approval. The final recommendations of Type I with clinical issues and Type II cases will be shared with the Behavioral Health representative of Eastwood who may be present when the Quality Committee of the Board reviews the cases. (See Appendices of this policy for SBAR Review Guidelines and Form)

Privileging/Re-privileging:

At Appointment, the candidate completes the privileging application requesting areas, modes and populations s/he would like to serve. At Re-appointment, the application the associate receives includes a print out of current privileges and may request modifications. In the interval between bi-annual reappointments, the Professional Staff person may request changes to privileges in writing to the Supervisor/Manager/Director/Medical Director.

Eastwood Clinics will utilize standardized criteria established by the Eastwood Clinics Professional Staff for granting privileges. See addendum: "Criteria for Clinical Privileges".

The Supervisor will review the application with the applicant and ensure that all criteria for clinical privileges are met. The supervisor may utilize professional staff membership and leadership to assist in determining if privileges are approved, denied or restricted. Written review and approval is made by Supervisor, Manager, Director, and Medical Director prior to submission to CMSS.

CMSS prepares the information for review at the SJH Subsidiary Board. The meetings occur quarterly and as needed.

The St John Providence Subsidiary Board acts as the Credentialing Committee. The Board makes the final recommendation and decision on credentialing and privileging. At the time of the final decision all items that required verification must be no more than 180 days old. The decisions are returned in writing to CMSS, and a final copy is given to the clinician.

Terms of Appointment and Reappointment

1. All regular appointments and reappointments to the Professional Staff shall be for a term of two (2) years.
2. Responsibilities of the Professional Staff are detailed in the job description for each professional staff position.
3. Medication orders, written or verbal, can only be made by a physician/physician extender licensed by the State of Michigan to prescribe.

4. Only a Registered Nurse, a Licensed Practical Nurse or Advance Practice Nurse licensed by the State of Michigan can accept and transcribe verbal orders, regardless of the method of transmission of the orders.
5. At the time of reappointment additional information, the Reviewer(s) shall consider and review include but are not limited to:
 - Client/Patient complaints
 - Results of clinical record/peer review
 - Professional and clinical performance, including patterns of practice based at least in part on compliance with the objectives and the activities defined in Eastwood Clinics' Quality Plan
 - Current privileges and basis for any recommended modifications
 - Attendance at Professional Staff meetings
 - Service on Professional Staff organizations and committees
 - Compliance with applicable program policies and with Professional Staff Practices, Rules, Regulations and Standards, including the Code of Ethics for Professional Staff members

Terminations, Suspensions or Restrictions

1. Eastwood Clinics monitors professional staff performance on an ongoing basis utilizing the same process described in section D. There are ranges of action that Eastwood Clinics can take if at any time there appears to be a decline in a Professional Staff person's provision of quality care. Performance review, complaints and review of privileges in good standing are incorporated into all re-credentialing.
2. During the appointment cycle, which is two years, Eastwood Clinics will investigate reports or information received from complaints, surveys or quality and utilization management reviews. Serious quality deficiencies will be reported to the professional staff in writing. Written documentation of issues pertaining to performance will become part of the provider-credentialing file and will be used as information for future reappointment considerations.
3. Once serious quality deficiencies have been documented to the professional staff person, the Professional Service Committee can alter professional staff status only after review of that documentation. The professional staff may supply additional information.
4. The Professional Service Committees shall be empowered to recommend to the SJP Subsidiary Board, or its designee, that the privileges of any member of the professional staff be terminated, suspended or restricted cause.
5. The SJP Subsidiary Board has residual authority to terminate, suspend or restrict the privileges of any member of the Professional Staff, and other Board of Directors may delegate this authority to the Vice President, Director or some other person or body.
6. If the SJP Subsidiary Board or its duly authorized representative terminates, suspends or restricts the privileges of a member of the Professional Staff, or in the event that the Professional Service Committee recommends such action the Professional Services Committee will be notified in writing of the decision, along with an explanation of any changes and the appeals process.
7. In the event the candidate/associate does not appeal a declination or termination of privileges; the St John Providence human resource department will notify the proper State authorities and the National Practitioners Data Bank of the denial of privileges following the expiration of the 30 day appeal window.

Appeals

1. If the SJH Subsidiary Board does not recommend appointment or reappointment of any applicant to

Professional Staff membership, or in the event a member of the Professional Staff has had privileges terminated, suspended or restricted, or such action is recommended by the Executive Team (Director/Medical Director), the candidate/associate may request a review. The request must be made in writing and accompanied by applicable documentation. The written request must be received by the Director/Medical Director, or designee, within thirty (30) days of the denial or change in status notification. The right to appeal will be forfeited if the candidate/associate does not respond within thirty (30) days of receiving the denial or change in status notification.

2. The Director/Medical Director, or designee, will review the materials and respond within ten (10) working days of receipt of the request for review. The candidate/associate may be given opportunity to appear before the Director/Medical Director, or designee, at the review meeting. At such an appearance, the candidate/associate may be represented by an attorney or other person of the candidate's/associate's choice. If the candidate/associate requests representation by an attorney, the attorney shall offer guidance to the candidate/associate but shall have no ability to directly examine or cross-examine any witness, including the candidate/associate.
3. The Director/Medical Director, or designee, shall, after review of an appeal regarding Professional Staff membership, file a written report together with its recommendation to the St. John Providence Care Continuum Quality Committee of the Board of Trustees, which shall consider the same at its next meeting, and the action of the SJH Subsidiary Board will be communicated by the Vice President, or designee, in writing to the candidate/associate.
4. In the event the candidate/associate is not approved for privileging or re-privileging the St John Providence Health System Human Resources department would report the denial of privileging to the proper State authorities and the National Practitioners Data Bank.

Special Committees

1. Shall be appointed by the Vice President/Director, or designee, as may be required to carry out the duties of the Professional Staff
2. Shall confine their work to the purpose for which they were appointed, which shall usually be specifically assigned functions of short duration, and shall not have decision-making authority, unless specifically granted by the motion which created the committee, and shall dissolve following completion of the assignment

Professional Services Committee

A. Scope

The Professional Services Committee shall be a standing committee at each Eastwood Clinics service location and shall consist of at least three (3) participants: One program staff psychiatrist, one clinical coordinator, and one additional clinician. The Committee shall consist of representatives from the following disciplines: Psychiatry, psychology and social work. Psychology and social work representatives must be at least masters prepared. The primary functions of the Professional Services Committee are clinical safety, risk management and quality improvement / assurance activities, and the documentation and reporting of findings and recommendations of these activities to CMSS, Behavioral Health Medical Director, or designee

To fulfill the clinical and legal responsibilities for the coordination of all quality and safety activities, the Professional Services Committee shall:

1. Conduct utilization/peer review studies at least quarterly to:
 - a. Evaluate the efficient and effective use of Eastwood Clinics available resources

- b. Submit utilization review reports and recommendations to the Executive Committee of Clinical Services for final review and approval
2. Conduct patient care monitoring activities, quality and appropriateness of care activities, life safety/ infection control related activities and interview applicants involving some or all participants of the Professional Services Committee.

B. Meetings

1. Regular meetings of the Professional Services Committee shall occur not less than quarterly and shall be coordinated by the facility's Staff Psychiatrist and Supervisor/Manager.
2. Special meetings of the Professional Services Committee may be called by the, the facility's Staff Psychiatrist, Director or Supervisor/Manager and shall be scheduled at a time acceptable to the Committee members
3. Quorum: A two-thirds membership of the committee constitutes a quorum for conducting business

Amendments

- A. These Practices may be amended after notice of the proposed amendment is presented at any regular meeting of the Executive Committee of Clinical Services. Such proposal shall be tabled until the next regular meeting and may be referred to a special committee that shall then report at the next regular meeting of the Executive Committee of Clinical Services
- B. Adoption of such a proposal shall require a quorum of the full membership of the Executive Committee of Clinical Services. Such vote shall be cast in person or by proxy
- C. Amendments so made shall become effective upon approval by the Board of Trustees
- D. The SJH Subsidiary Board retains its inherent authority to amend these Practices, as it deems appropriate
- E. The Practices of the Professional Staff are recommended by the Executive Committee of Clinical Services and effective as the date approved by the Subsidiary Board.

VERIFICATION AND APPROVAL

Compiled by	Steven Candela 10-24-17
Policy Champion	Steven Candela
Update Reviewed/Approved by	Eastwood Quality Committee DATE: 10/24/17
Update Reviewed/Approved by	Eastwood Leadership Group DATE: 11/14/17
Update Reviewed/Approved by	SJP Subsidiary Board DATE: 12/05/17

Attachments:

[A: Review & Recommendation Guidelines](#)
[B: SBAR Communication Form](#)
[C: Privilege Application](#)
[Criteria for Clinical Privileging](#)
[Temporary Privilege Request Form](#)

Approval Signatures

Step Description	Approver	Date
	Stephanie Brady: VP-Care Transitions	01/2018
	Steven Candela: Director, Eastwood Clinics	01/2018
	Steven Candela: Director, Eastwood Clinics	01/2018

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