

CHAMBERSBURG ENDOSCOPY CENTER, LLC

MEDICAL STAFF AND CREDENTIALING

Policy:

There shall be an organized medical staff which is accountable to the Governing Body and which has responsibility for the quality of medical care provided to patients and for the ethical conduct and professional practice of its members and other practitioners who have been granted clinical privileges at the Center.

Procedure:

The Governing Body of the Center makes initial appointment, reappointment, and assignment or curtailment of clinical privileges based on professional peer evaluation.

Requirements for membership credentialing and privileges:

1. To receive favorable recommendation for appointment, or reappointment, members of the medical staff shall always act in a manner consistent with the highest ethical standards and levels of professional competence.
2. The Center requires verification of the following:
 - a. Appropriate Pennsylvania State License.
 - b. Medical liability in the amount of \$500,000.
 - c. Drug enforcement administration certification if applicable.
 - d. Current BLS/ACLS certification
 - e. Hospital privileges for equivalent procedures or documentation of proficiency
3. A practitioner information service may be contracted to conduct primary source verification for credentials for the Center.
4. Applicants who have practiced in this community less than three years may be required to produce two letters of recommendation.
5. Endoscopy competency is required to obtain endoscopy privileges at WCEC.
6. Privileges granted shall reflect the results of peer review or utilization review programs, or both, specific to endoscopy.
7. Privileges granted shall be commensurate with an individual's qualifications, experience and present capabilities.
8. Granting of clinical privileges shall follow established policies and procedures. The procedures shall provide the following:

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- a. A written record of the application, which includes scope of privileges sought and granted.
 - b. Evidence of training, experience, and current competence in performance of the procedures for which privileges are requested. This includes:
 - i. Education and training.
 - ii. Peer evaluation.
 - iii. The Center shall register as an entity with the National Practitioner Data Bank. Reports from the NPDB shall be requested and considered on each practitioner who requests privileges.
9. On application for reappointment, the applicant will provide evidence of present compliance with the above.
10. Applications shall be processed in an expeditious manner.
11. Upon completion of the application, credentials are verified. Credentialing of the physician by another health care organization is utilized as part of the overall process by the Center.
12. Credentials files are maintained for each member of the medical staff to include the application, verifications, privileges granted, and other pertinent information.
13. Reappointment and verification of credentials will be done every two years. These credential verification forms will be reviewed and approved by the Governing Body.
14. Clinical privileges will not be granted to physician assistants and/or registered nurse practitioners. Clinical activities and duties will not be assigned to physician assistants and/or registered nurse practitioners.
15. Any concerns expressed by a member of the medical or nursing staff or by a patient regarding a physician's competency/mental status or other physical impairment will be investigated immediately by the Medical Director. The Medical Director will be the principle investigator and use the formal due process as a guideline for recommendations. The recommendations will be weighed based on the severity of the incident and information collected from the involved parties. Corrective action may range from a letter to be placed in the individual's record or immediate involvement of the Quality Committee and/or Governing Body for decisions regarding disciplinary action or restrictions of privileges.

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16. The Medical Director will report to the National Practitioners Data Bank (NPDB) via the Department of Health any adverse decision regarding restrictions or revocation of a physician's privileges.

PROCEDURE:

1. Upon request for endoscopy procedures, an application, release of Liability/Healthcare Affiliate Statement, and application for Privileges of Selected Procedures (Gastroenterology) will be sent to the individual who will return the completed form to the Center Director.
2. The Medical Director will review the Verified Credential packet and is permitted to grant temporary privileges at this time. This information will then seek final approval from the Governing Body at the next meeting.
3. The organization notifies the requesting practitioner about the decision to grant, renew, or deny requested privileges in writing. (Joint Commission Standard HR.02.01.03)
4. Information regarding Pennsylvania State License, DEA certificate, malpractice insurance, liability claims history, Medicare and Medicaid sanctions, and Board Certification in specialty area may be part of the credentialing process. The Governing Body will evaluate clinical performance, Quality Committee findings, and peer review for reappointment.
5. Any physician who has privileges at the Center whose credential file is not current will be given notice to provide re-credentialing information in thirty days. If the information requested is not received within thirty days, privileges will be temporarily suspended for up to fifteen days pending receipt of information. After fifteen days of temporary suspension and no response by the physician, the Medical Director will notify the physician that privileges are suspended and "Due Process" will be initiated. Findings from the "Due Process" will be reported to the Department of Health Licensing Division, if indicated, by the Medical Director.

Developed: 11/05