Application for Initial Appointment and Clinical Privileges

PURPOSE: To define the initial application process and requirements.

APPLIES TO: MD, DO, DDS, DMD, DPM, CNM, PhD, PsyD, Independent ARNP, Provider Extenders

POLICY STATEMENT: An applicant for membership and/or clinical privileges at Providence St. Peter Hospital may request an initial application packet from Medical Staff Services. When submitted, the application form must be complete, must be submitted in its entirety, and must have submitted copies of all required documentation before processing will begin. An applicant for membership and/or clinical privileges is not authorized to treat patients at Providence St. Peter Hospital until he or she has received written notification of medical staff appointment and approval of clinical privileges from the Community Ministry Board. The applicant must also meet the medical staff's health requirements policy, must have completed the medical staff phase one orientation described in Appendix A and must have received his or her Providence St. Peter Hospital photo identification badge.

PROCEDURE:

1. Initial Application Process
   A. Requirements for medical staff membership and/or clinical privileges at Providence St. Peter Hospital are:

      1) Medical Staff Membership: MD, DO, DDS, DMD, DPM, CNM and Independent ARNP.
      2) Allied Health Professional: PhD or PsyD (Clinical Psychologist), ARNP (Independent Psychiatric and Mental Health Nurse Practitioner who do not request medical staff membership).
      3) Level I and Level II Providers Extenders as defined in separate policies.
      4) Current license to practice in the United States and a current Federal DEA number (if prescribing scheduled substances).
      5) Satisfactory completion of an accredited postgraduate training program in accordance with the established basic education and minimal formal training requirements for physicians, psychologists, dentists, podiatrists and independent certified nurse midwives and independent psychiatric and mental health nurse practitioners at Providence St. Peter Hospital.
      6) ECFMG certification if foreign medical graduate.
      7) Physicians (MD's and DO's) and podiatrists (DPM's) must be board certified or board qualified1 within the requirements of the applicant's American or Canadian Specialty Board and within the scope of privileges for which

1If not board certified at the time of initial application for privileges, the applicant must be on record as a candidate for specialty certification to sit for appropriate American Board of Medical Specialties' board examination, or its equivalent.
application is being requested. Board certification from the following international specialty boards from Australia, Canada, New Zealand and United Kingdom are accepted by Providence St. Peter Hospital as equivalent to American specialty boards.

8) Clinical psychologists (PhD's, PsyD's) must have successfully completed a doctorate degree in psychology from an accredited educational institution with two years of completed, supervised experience in health service; OR a doctorate degree from an accredited educational institution and proof of membership in the National Register of Health Care Providers in Psychology.

9) Dentists (DDS' and DMD's) must have successfully completed an American Dental Association approved training program to meet the requirements for General and Specialty Dentistry Privileges at Providence St. Peter Hospital.

10) Oral & Maxillofacial Surgery is an approved surgical specialty for dentists (DDS and DMD who have successfully completed an approved oral and maxillofacial residency training program and fulfilled or met the qualifications of board certification within the requirements of the American Board of Oral & Maxillofacial Surgery (ABOMS)\(^1\). Reciprocity agreements with international boards will apply.

11) Independent Certified Nurse Midwives must hold a Master’s Degree from an accredited college or university, if training was completed after January 1, 1995, OR must be certified by a board-approved national certification program prior to December 31, 1994 and recognized by a State Board of Nursing for advanced practice prior to December 31, 1994. All independent certified nurse midwife applicants must have fulfilled the requirements for certification by the American College of Nurse Midwives, or its certifying council.

12) Independent Advanced Registered Nurse Practitioners must have graduated from a formal education program that meets Washington State eligibility requirements for Advanced Registered Nurse Practitioner licensure as recognized by the Washington State Nursing Care Quality Assurance Commission (WAC 246-840-305).

13) Independent Psychiatric and Mental Health Nurse Practitioners must hold a master’s degree in nursing, trained and licensed as an advanced registered nurse practitioner (ARNP) from an accredited college or university. Independent Psychiatric and Mental Health Nurse Practitioners must have fulfilled the requirements for certification by the American Nurses Credentialing Center.

14) The applicant must have professional liability insurance coverage in the amount not less than $1,000,000 per occurrence and $3,000,000 per aggregate.
   a) The insurance policy must be issued by an insurance carrier regulated by the State of Washington.
   b) A copy of the applicant’s certificate of insurance is required.
   c) The applicant’s insurance carrier must provide verification that defense costs are outside both occurrence and aggregate limits. Failure to provide verification will result in an incomplete initial application.
15) The applicant must have planned residence and office location sufficiently close to the hospital to provide timely and continuous patient care.

16) Podiatrists, Clinical Psychologists, Dentists, Independent Certified Nurse Midwives and Independent ARNP’s must agree to abide by established requirements for co-admission, co-history & physical, co-discharge, co-management and/or back-up physician coverage.

17) Applicant must demonstrate competency in the following specific categories in accordance with medical staff guidelines:
   a) Patient Care
   b) Medical Clinical Knowledge
   c) Practice-Based Learning and Improvement
   d) Interpersonal and Communication Skills
   e) Professionalism
   f) Systems-Based Practice.

2. Application Process

   A. The applicant must return the completed application and privilege request forms with a non-refundable application fee of $300. Checks must be written to Providence St. Peter Hospital.

   B. When the completed application and privilege request forms have been received and the application fee has been submitted, credentialing investigation, verification and review will begin and will include the following:
   1) Primary source verification of all information recorded within the application and privilege request forms.
   2) At least three professional peer references, from the applicant’s specialty area, not including relatives, who have worked with the applicant in the past two years.
      a) References must be from individuals who through recent observation, are directly familiar with the applicant’s work and can attest to the applicant’s clinical competence in the applicant’s specialty area.
      b) If the applicant has been out of residency for a period of less than three years, one reference must be from the Program Director.
      c) Allied Health Providers must provide at least one reference from the same discipline.
      d) Peer references are valid for 180 days.
   3) Review of information from the applicant's malpractice insurance carrier regarding claims, suits, and causes of action that have been lodged in any jurisdiction and the status or outcome of such matters, including the substance of the allegations and the findings of any judgment or settlement.
   4) Evaluation of letters of reference from department chiefs and/or management from other hospitals and health care facilities with which the applicant has or had any association, employment, clinical privilege or practice.
   5) Review of previous clinical experience, including documentation of required case numbers for initial application.
   6) A query to the National Practitioner Data Bank, as required by law.
   7) An interview by the Department Chair and/or the Credentials Committee, if requested.
8) Completion of phase one of the new provider orientation is required.

C. If during the process of initial application, the applicant fails to adequately respond within 30 days to a request for information or assistance, the medical staff will deem the application as being withdrawn voluntarily. The result of the withdrawal is automatic termination of the application process. PSPH will not consider the termination an adverse action. Therefore, the applicant is not entitled to a fair hearing or appeal under the medical staff’s fair hearing bylaws. PSPH will not report the voluntary withdrawal of an initial application to any external agency.

D. A provider’s medical staff status and/or privileges will not be activated until phase one new provider orientation has been completed. The orientation provides essential information about practice in the hospital including but not limited to access to hospital data systems, safety and security, HIPAA and conflict of interest.

1) Providers have up to 60 days from completion of the phase one orientation to complete the phase two new provider orientation including High Reliability Training described in appendix A (High Reliability training is applicable to providers starting after February 1st 2016.) If a provider does not complete the phase two orientation and High Reliability training, if applicable, within the 60 day window, automatic suspension of the provider’s privileges and/or membership will occur.

2) The first year Focused Professional Performance Evaluation commences on the date of phase one orientation completion for applicable practitioners.

3) A provider that completed High Reliability training within the last 2 years at another organization is not obligated to repeat High Reliability training at Providence St. Peter Hospital.
   a) Documentation of training is required.

4) Extension beyond the 60 day window for completion of phase two orientation and High Reliability training is at the discretion of the departmental committee chair.

5) For geographical hardships, the new provider orientation may be modified based on the departmental committee chair’s recommendation.
   a) When this occurs, all Phase One documentation must be completed by the provider and must be transmitted to Medical Staff Services with notarized practitioner signatures.

E. A provider’s medical staff status and/or privileges will not be activated until health requirements documentation has been received and verified.

1) If the health requirements have not been documented within the first 90 days of the initial Community Board action, automatic expiration will occur.

F. New providers whose hospital practice will require use of and entry within the electronic medical record (EMR) must complete EMR training before privileges will be activated.

G. After approval of clinical privileges by the Community Ministry Board, an initial focused professional practice evaluation will be initiated for any medical staff member, independent allied health professional and Level II provider extender with clinical privileges.

Appendix A
PSPH Phases of Orientation

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Phase 1
1. Must be completed prior to patient encounters
2. Time approximately 30 minutes
3. Content
   a. Review of emergency codes
   b. Review of restraint policy and sign an attestation if applicable
   c. Provider identification verification
   d. Providence badge
   e. Medical staff documentation
   f. Epic training as needed
4. Receive hand outs
   a. Care coordination
   b. History of Providence
   c. Medical records
   d. Clinical documentation
   e. CME and library services
   f. Accreditation and HIPPA compliance
5. Sign up for phase 2 will need to be completed during or before phase 1 with a reminder sent to the provider unless phase 2 is completed the same day.

Phase 2
1. Must be completed within 60 days of activation of privileges
2. May be completed the same day as phase 1
3. If not completed there will be automatic expiration of privileges and/or membership at 60 days.
4. Content
   a. Infection control
   b. Quality services
   c. Administrative welcome
   d. High reliability (May attend a different session as long as it is within the 60 days.)
   e. Optional tour

Key Words: application, initial appointment, medical staff membership, clinical privileges, peer references

Reference: Medical Staff Bylaws, Joint Commission Medical Staff Standards

Owner: Credentials Committee
Contributing Department/Committee: Medical Executive Committee

Administrative Approval: 12/2016
Chris N Griffith, MD, Medical Staff President

Gerald Pumphrey, Chair, Community Ministry Board