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Providence St. Peter Hospital

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 (PSPH) may request an initial application packet from Medical Staff Services. When submitted, the application packet must be complete and include submitted copies of all required documentation before processing will begin. Applicants for membership and/or clinical privileges are not authorized to provide treatment to patients at PSPH until they have received written notification of medical staff appointment and approval of clinical privileges from the SW Community Mission Board and have completed all items listed as "Not Granted/Incomplete." Applicants must also meet the medical staff's health requirements policy unless otherwise stated. Applicants planning to practice within PSPH facilities must complete the medical staff new provider orientation described in Appendix A, including Epic training if applicable, and must receive their PSPH photo identification badge.

Applicants requesting privileges without intent to practice within the PSPH hospital facility may complete a portion of the application process at a distant site. Delegated credentialing as described below may be employed to complete the initial application process.

PROCEDURE:

1. Initial Application Requirements

- A. Requirements for medical staff membership and/or clinical privileges at PSPH include:
- 1) Medical Staff Membership: MD, DO, DDS, DMD, DPM, CNM and Independent ARNP.
 - 2) Non-members seeking privileges: MD, DO, DDS, DMD, DPM, CNM, and independent ARNPs including:
 - a) Telemedicine providers
 - b) Allied Health Professional
 - (1) Level I and Level II Providers Extenders as defined in separate policies.
 - (2) PhD or PsyD (Clinical Psychologist)
 - 3) Applicants must have or be in the process of obtaining a Washington State medical license and a current Federal DEA number (if prescribing scheduled substances).
 - a) Applicants who are in the process of initial DEA registration but who have not yet received their registration certificate with a Washington State address must sign an attestation statement agreeing not to prescribe

- controlled substances at PSPH until documentation including current address have been received.
- b) Applicants for the following specialties may not require or be eligible for controlled substance prescriptive authority.
 - (1) Pathology;
 - (2) Surgery Assisting;
 - (3) Clinical Psychology;
 - (4) Sexual Assault Clinic;
 - (5) Members without privileges.
 - c) Non Members with Privileges:
 - (1) Those without a DEA registration certificate with a WA State address will not be required to submit a DEA attestation.
 - (2) Those with a DEA registration certificate with a WA State address will be required to meet the full schedule requirements or to sign a DEA attestation.
 - d) When controlled substance prescriptive authority is requested, a current DEA registration certificate with a WA State address is required. The registration certificate must verify that the provider is authorized to prescribe Schedules 2,2N,3,3N,4 and 5.
 - e) For providers who do not possess a current DEA registration certificate that includes a current WA State address and do not intend to prescribe controlled substances, completion of an attestation will not be required.
 - f) For providers who do possess a current DEA registration certificate including a current WA State address but do not intend to prescribe controlled substances, completion of an attestation will be required.
- 4) 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 PSPH.
 - 5) ECFMG certification if foreign medical graduate.
 - 6) 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 Specialty Board (ABMS, AOA, ABPS, ABOIM, ABFAS) or Canadian Specialty Board and within the scope of privileges for which application is being requested. Board certification from the following international specialty boards from Australia, Canada, New Zealand and United Kingdom are accepted by PSPH as equivalent to American specialty boards.
 - 7) Applicants must have professional liability insurance coverage in the amount not less than \$1,000,000 per occurrence and \$3,000,000 per aggregate.

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. All new Members with Privileges, Members without Privileges and Non-members with Privileges will be obligated to be board certified or actively pursuing board certification in their specialty within 5 years of board qualification. Additional language is documented in Medical Staff Bylaws.

- a) The insurance policy must be issued by an insurance carrier regulated by the State of Washington and must be a non-eroding policy.
- b) A copy of the applicant's certificate of insurance is required.
- 8) Applicants practicing within PSPH facilities must have planned residence and office location sufficiently close to provide timely and continuous patient care.
- 9) Podiatrists, Clinical Psychologists, Dentists and Independent Certified Nurse Midwives must agree to abide by established requirements for co-admission, co-history & physical, co-discharge, co-management and/or back-up physician coverage.
- 10) Applicants 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. Initial Application Process

- A. Applicants must return the completed application and privilege request forms with an application fee of \$300. Checks must be written to PSPH.
- 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) Hospital Verification requirements at Initial Appointment are as follows, unless stated otherwise on the privilege request form:
 - a) If less than five hospitals, all affiliations will be verified.
 - b) If more than five hospitals, a minimum of five current hospitals will be verified.
 - c) If there is evidence of adverse information, additional hospital verifications will be obtained.
 - d) Verification time limit: 180 days.
 - 7) A query to the National Practitioner Data Bank, as required by law.
 - 8) An interview by the Department Chair and/or the Credentials Committee, if requested.
 - 9) Completion of new provider orientation and Epic training.
- 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 declare the application as voluntarily withdrawn. 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 bylaws. PSPH will not report the voluntary withdrawal of an initial application to any external agency.
- D. For providers practicing within PSPH facilities, privileges will not be activated until new provider orientation has been completed and verification of Epic training completion has been received by the Medical Staff Office.
- 1) Providers have 60 days from SW Community Mission Board action to complete new provider orientation (including High Reliability Training and Epic training completion).
 - a) If Providers do **not** complete new provider orientation and Epic training within the 60 day window automatic expiration of privileges and/or membership will occur.
 - b) Providers that have completed High Reliability training within the last 2 years at another organization are not obligated to repeat High Reliability training at PSPH. Documentation of training is required.
 - 2) For geographical hardships, the new provider orientation may be modified.
 - a) When this occurs, all modified new provider orientation documentation must be completed by the provider and must be transmitted to Medical Staff Services with notarized practitioner signatures.
 - b) When this occurs, full new provider orientation, including high reliability training, may not be required.
- E. Medical staff membership and/or privileges will not be activated until complete 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 SW Community Mission Board action, automatic expiration will occur.
- F. 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. New surgical providers must complete an orientation with Perioperative Services before privileges will be activated.
- H. After approval of clinical privileges by the SW Community Mission Board, an initial focused professional practice evaluation will be initiated for individuals receiving new clinical privileges. Initiation of the FPPE coincides with the date on staff.

3. Delegated Privileging

- A. Applicants who do not intend to practice within PSPH facilities including Telemedicine providers, may request privileges without membership.
- B. These non-members with privileges will be expected to meet requirements outlined in this policy with exceptions specifically noted.
- C. Verification of data supporting a request for telemedicine privileges may be received from an alternate Providence St. Joseph Health medical staff organization serving as the primary credentialing medical staff organization.
 - 1) Verifications may also be obtained by utilizing data from other Providence St. Joseph Health medical staff organizations provided that a duly-authorized telehealth privileging and credentialing agreement is in effect.
- D. Delegated credentialing may be utilized to meet the following requirements:
 - 1) Documentation of current membership and privileges.
 - a) Verified by receiving / viewing a copy of the provider's current primary credentialing medical staff organization's privileges, AND,
 - b) Verified by receiving / viewing a copy of the provider's current primary credentialing medical staff organization's Board Approval Letter
 - 2) Verification of medical school training
 - 3) Verification of ECFMG Number, if applicable. (Validated ECFMG verified medical staff training.)
 - 4) Verification of post graduate training:
 - a) Internship.
 - b) Residency
 - c) Fellowship
 - 5) Verification of Board certification or Board qualification.
 - 6) Work History.
 - 7) Current DEA Certificate (Washington State address required)
 - a) For providers who do not possess a current DEA registration certificate that includes a current WA State address and do not intend to prescribe controlled substances, completion of an attestation will not be required.

- b) For providers who do possess a current DEA registration certificate including a current WA State address but do not intend to prescribe controlled substances, completion of an attestation will not be required.
- 8) Washington State License
- 9) Current Professional Liability Insurance
- 10) Verification of clinical competency
- 11) Peer references
- 12) Hospital affiliations
- E. Unless otherwise stated, the following additional documentation is required:
 - 1) Washington State Disclosure Statement. (Applies to telemedicine providers whose primary credentialing medical staff organization is located in Washington State.)
 - 2) WATCH Criminal History (Applies to telemedicine providers whose primary credentialing medical staff organization is located in Washington State.)
 - 3) National Practitioner Data Bank Query (performed for/by PSPH Medical Staff Office)
 - 4) OIG and GSA Queries(performed for/by PSPH Medical Staff Office)
 - 5) Verification of identity (Photo received from Providence TeleHealth)
- F. Health Requirements are waived for applicants that do not intend to physically practice within PSPH.
- G. Application fees for providers requesting Telemedicine privileges at PSPH are waived.
- H. New provider orientation is waived for applicants that do not intend to physically practice within PSPH.
 - 1) Provider identity is verified via photo received from Providence TeleHealth.

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

DEFINITIONS:

Primary credentialing medical staff organization: The medical staff organization that provides primary credentialing for Telemedicine providers.

Delegated credentialing: A credentialing process that permits the use of data gathered and verified by an alternate Providence St. Joseph Health medical staff organization for completion of provider credentialing at PSPH.

Alternate Providence St. Joseph Health medical staff organization: A medical staff organization within the Providence St. Joseph Health system other than the PSPH medical staff organization.

Reference: Medical Staff Bylaws, Joint Commission Medical Staff Standards, Privileging and Credentialing Agreement for Telehealth

Owner: Medical Executive Committee

Contributing Department/Committee: Credentials Committee

Approval: 12/2020

A handwritten signature in black ink that reads "Francois Cady MD". The signature is written in a cursive style and is positioned to the left of a vertical line.

Francois M. Cady, MD, Medical Staff President

A handwritten signature in blue ink that appears to read "Jennifer Groberg". The signature is written in a cursive style.

Jennifer Groberg, SW Community Ministry Board Chair