

# CAROLINA HEALTH CENTERS, INC.

## POLICY AND PROCEDURE

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**TITLE:** CREDENTIALING AND PRIVILEGING OF LICENSED INDEPENDENT  
PRACTITIONERS

**CATEGORY:** CREDENTIALING AND PRIVILEGING

**NUMBER:**

**EFFECTIVE DATE:** SEPTEMBER 25, 2012

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### **POLICY:**

It is the policy of Carolina Health Centers, Inc. to directly verify credentials and grant privileges within an appropriate and approved scope of practice in order to maintain a highly qualified and competent staff as necessary to carry out all required primary, preventive, enabling health services and additional health services as appropriate and necessary.

### **SCOPE:**

This policy applies to all individuals permitted by law to provide patient care services without direct supervision, a.k.a. licensed independent practitioners (LIP), within the scope of their licenses and individually granted clinical privileges.

### **PROCEDURE:**

#### **Responsibility:**

It is the responsibility of the Board of Directors to appoint and reappoint appropriately licensed and qualified individuals to the medical staff and to grant such individuals specific clinical privileges. Such appointments and reappointments will be made upon the recommendation of the President/CEO and the Chief Medical Officer (CMO). The gathering and assessing of the necessary documentation is the responsibility of the CMO. The actual conduct of this work may be delegated to appropriately trained staff. The President/CEO is responsible for maintaining appropriate and secure files containing all relevant information related to the credentialing and/or privileging of the medical staff.

#### **Frequency:**

The duration of appointments to the medical staff, and the privileges granted will be determined by the CMO and President/CEO. Revision or renewal of privileges will occur at least every 2 years. Temporary appointments and privileges may be conferred while waiting for the receipt of verification of appropriate documentation, but the duration of such appointments shall not exceed three months.

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### **Credentialing:**

The decision to appoint or reappoint an individual to the medical staff will be governed by the presence of verified documentation of the following core criteria:

- 1) **Current Licensure:** Current licensure is verified at the time of employment and initial granting of clinical privileges. Verification will be by primary source, done via the South Carolina LLR website and its subsections depending on department (medical examiners, nursing, pharmacy, etc.). At the time of reappointment and renewal or revision of clinical privileges, current licensure is confirmed in the same manner.
- 2) **Relevant Training and Experience:** At the time of appointment and initial granting of clinical privileges, the organization verifies relevant training and experience from the primary sources, whenever feasible. Verification can be accomplished by any method of primary source verification, whether directly by the source or by a third party, e.g. AMA. This includes letters from professional schools or residency or postdoctoral programs. For applicants who have just completed training in an approved residency of postdoctoral program, a letter from the program director is sufficient. Board certification in medical specialties is confirmed by the listings in the Official ABMS Directory of Board Certified Medical Specialists, published by the American Board of Medical specialists, or by a trust-worthy third party, e.g. AMA.
- 3) **Current Competence:** Current competence at the time of appointment and initial granting of clinical privileges is verified in writing by individuals personally acquainted with the applicant's professional and clinical performance, either in teaching facilities or in other organizations. At least three letters of recommendation and reference will be obtained from such individuals. At the time of reappointment, current competence is determined by the verification of expiring or expired credentials, a synopsis of peer review results and/or any relevant performance improvement information.
- 4) **Health Fitness:** The ability to perform the requested privileges will be determined by a statement from the individual that is confirmed either by the director of a training program, chief of staff or supervisor at a facility where privileges exist, or a licensed provider designated by CHC, such as the CMO or department directors (most appropriate for renewals). This information will be verified initially and every two years with privilege renewal.

Credentialing of LIPs also requires secondary source verification, with the following verified initially and annually:

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- Government issued picture identification;
- Drug Enforcement Administration registration (as applicable);
- Hospital privileges and medical staff membership (as applicable);
- Immunization record;
- PPD status; and
- Life support training.

CHC will query the National Practitioner Data Bank (NPDB) for these LIPs before credentialing can be finalized and every two years for reappointment. CHC utilizes the NPDB's continuous monitoring service so that any change in status of an individual immediately results in a notification to the proper credentialing staff at CHC.

**Emergency Temporary Appointments:** Emergency temporary appointments to the medical staff, made when necessitated to maintain coverage upon the sudden or unexpected departure of regular clinical staff, may be made by the President/CEO, upon recommendation by the CMO. The term of such Emergency Temporary Appointments shall not exceed the agreed-upon term of the emergency coverage, and in no instance exceed one month. Such Emergency Temporary Appointments shall only be made upon the verification, at an original source, of the applicant's medical license. Clinical privileges may be limited during this time to the minimum of clinical procedures. The granting of Emergency Temporary Appointments shall be reported to the next regular meeting of the Board of Directors for their concurrence.

Review and verification of credentials, licensing status and life support training will be performed annually, prior to the time of reappointment by the Board of Directors. Health fitness status is reviewed every two years.

**Privileging:** The decision to allow an individual on the medical staff to perform certain procedures and functions will be determined by the following factors:

- 1) **Site Specific:** The clinical privileges granted to members of the medical staff will be specific to the individual and to the site or sites within the organization where patient care is rendered. Privileges will be based not only on the applicant's qualifications, but also on a consideration of the procedures and types of care that can be performed within a specific clinical setting. In addition, state law and regulation are adhered to when granting clinical privileges to practitioners other than physicians (for example, physician assistants, or nurse practitioners). If an applicant's training and experience is in a specific area, corresponding privileges can be granted only if the clinical site has adequate facilities, equipment, number and types of qualified support personnel, and other required support services. Clinical privileges will be requested initially on

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appointment, then reviewed and renewed at least every two years, or any time a new procedure is requested.

- 2) **Current Competence:** The initial granting, renewal, or revision of clinical privileges will be based on the individual's demonstrated current competence, as described above.
- 3) **Relevance:** Clinical privileges granted include only those activities that are performed in the organization and are relevant to the mission of the organization.

**Suspending or Revoking Privileges:** Appointment to the Medical Staff and specific clinical privileges may be suspended or revoked when reports (for example, from the QI committee) indicate an adverse event, or a pattern of adverse events have occurred in the clinical practice of an individual, or an individual is documented to have a medical condition which would normally diminish clinical skills or judgment.

**Appeals:** Appeals on an adverse reappointment or re-privileging decision will be considered in a fair hearing that includes the following conditions:

- a. The request by the appellant is made in writing to the CMO within one week of the announcement of the decision to not reappoint, or to suspend, privileges. The formal hearing will be scheduled within two weeks, if possible, of the receipt of the appellant's request for hearing.
- b. Written and oral presentations may be presented by the appellant.
- c. The hearing panel will include the CMO, the President/CEO, and the Chair of the Board of Directors.
- d. The agenda for the hearing will include a call to order, the presentation of oral and/or written information by the appellant, and executive session for the consideration of the information by the hearing panel, and an announcement of the panel's findings.
- e. The Finding of the hearing panel will be final.

Approved by the Board of Directors: September 24, 2012

Review/Revision dates:

Reviewed and Revised March 16, 2017, board re-approval March 27, 2017

Revised September 15, 2020