

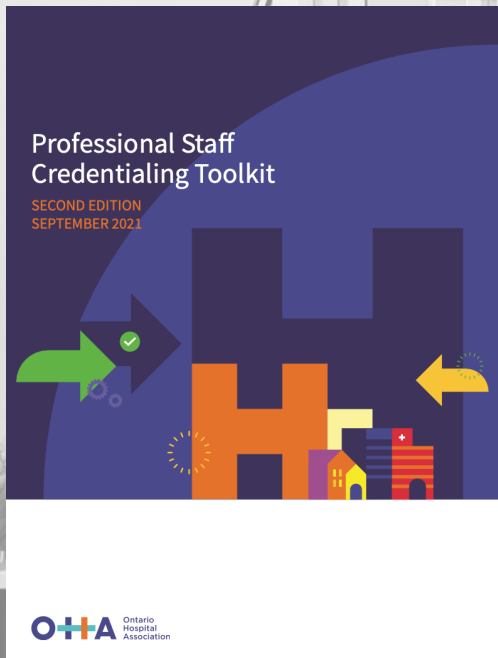


CMH Medical Professional Staff Credentialing and Reappointment

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Hospital Privileges



Sept
2021

Hospital privileges define the scope of a Medical Professional Staff's ability to use hospital resources to care for their patients

- *Membership category*
- *Types of clinical procedures/services performed in hospital*
- *Access to staff, facilities, equipment, supports (ie. information systems)*
- *Affiliation with a particular Department or Division*

Credentialing of New and Existing Medical Professional Staff

- Process of obtaining, verifying, and assessing the qualifications of practitioner to provide care or services in or for a healthcare organization

What's New in the 2021 Toolkit?

- Reflects updates to the OHA/OMA Prototype By-law
- Reflect changes made to the Public Hospitals Act Section 33 mandatory reporting of physicians to the CPSO and Section 44 ceasing to operate or provide services
- Acknowledge the Auditor's General of Ontario's comments in 2016 and 2018 recognizing the financial implications of the Public Hospitals Act scheme on a publicly funded healthcare system
- Acknowledge the introduction of the Connecting Care Act, 2019 and the new Ontario Health Teams
- Include the Health Insurance Reciprocal of Canada's (HIROC) recommendations for credentialing
- Address the impact of new technology on credentialing including for remote consultations such as telehealth and MAID
- Includes updates in case law
- References advances made in joint credentialing efforts

Credentialing – New Medical Professional Staff

Approval by:

- Credentials Committee
- Medical Advisory Committee
- Board of Directors

Includes physicians, dentists, midwives, extended class nurses

APPLICATION:

- ✓ CMH Administrative Forms – confidentiality, non-disclosure, code of conduct, conflict of interest, offence declaration, accessibility
- ✓ Up-to-date malpractice protection and professional registration
- ✓ Certificate of professional conduct or Letter of Good Standing from Professional College
- ✓ Vulnerable sector check
- ✓ Reference check

CMH Privilege Categories

- Associate Staff
- Active Staff
- Affiliate Staff
- Courtesy staff *with admitting privileges*
- Courtesy staff *without admitting privileges*
- Locum
- Temporary
- Senior Emeritus
- Honorary

CMH Privilege Categories – Active/Associate

Associate/Active Staff:

- May admit patients to hospital
- May write orders in the patient record
- May see, assess and treat patients in Hospital facility (i.e. O.R, Surgical day Care)
- May utilize Hospital services (i.e. lab, pathology, diagnostic imaging, library, outpatient ambulatory services)
- Act as Most Responsible Physician (MRP) as described in the MRP Policy of the Hospital
- Provide legible, accurate and timely records of patient care activities

Staff can only hold Active privileges status after being Associate Staff for 12 months, after which performance review is conducted and transition to Active Status may occur

CMH Privilege Categories – Affiliate, Courtesy

Affiliate Staff:

- May visit own patients in Hospital and write progress notes
- May write orders for outpatients only
- May see patient on Hospital premises “in consultation” when asked by another physician with privileges at the Hospital
- May assist in the Operating Room
- May use the following Hospital services (i.e. diagnostic imaging, pathology, laboratory, surgical day care, library, outpatient ambulatory services)

Courtesy Staff:

*meets specific service need of hospital or where Board deems it otherwise advisable and in the best interest of the hospital

With Admitting Privileges:

- May admit to the Hospital
- May write orders in the patient record
- May see, assess, and treat patients in Hospital Facilities (i.e. surgical day care, O.R. etc.)
- May utilize Hospital services (i.e. diagnostic imaging, pathology, laboratory, surgical day care, library, outpatient ambulatory services)

Without Admitting Privileges

- May write orders in the patient record
- May see, assess, and treat patients in Hospital Facilities

Annual Reappointment Process

Reappointment Begins

Submit Application

Application Reviewed

Approved Reappointment

*Yearly
*Electronic
(MediTrac)



Requires:

- Notifying change of privilege status
- Update malpractice and professional registration
- Submission of CMEs
- Inform of College complaints or ongoing investigations

Fees:



Active/Associate Staff - \$150

Affiliate/Courtesy - \$50

Regional On-call (ENT, Urology, Ophthalmology) – Exempt as they pay fees to their primary hospital where they hold privileges

Reviewed by:



Department Chief

↓
Credentials Committee

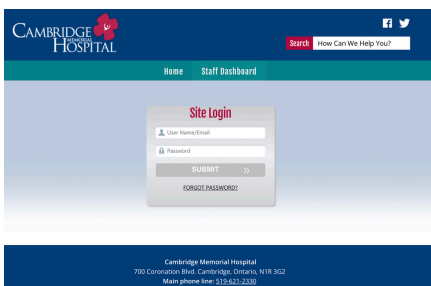
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MAC Approval

↓
Board of Directors Approval

Written letter from Medical Administration office confirming Approval of Privilege Status For the credentialing cycle



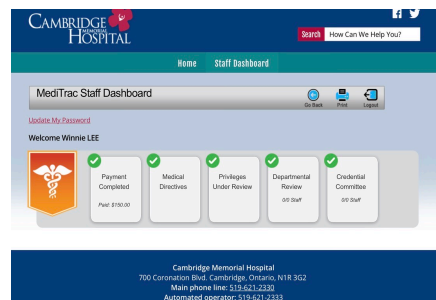
Electronic Reappointment - MediTrac



The screenshot shows the 'MediTrac Staff Dashboard' with a form titled '1. Demographics (PLEASE CHANGE ANY OUTDATED DATA)'. The form includes fields for 'First Name', 'Last Name', 'Sex of Birth' (Male/Female), 'Office Address', 'Office City', 'Office Postal Code', 'Phone', 'Fax', 'Office Back Line', 'Residence Address', 'Residence City', 'Residence Postal Code', 'Home Phone', and 'Cell Phone'.

Step-by-step instructions provided
List of items to submit:

- ✓ Updated demographic info
- ✓ Updated CPSO membership
- ✓ Updated CMPA membership
- ✓ Proof of certifications (ie. ACLS)
- ✓ Transcript for CMEs
- ✓ Change in privilege status
- ✓ Reporting of any active CPSO/College investigations or complaints



The screenshot shows the 'MediTrac Staff Dashboard' with a section titled 'These are Medical Directives appropriate for your position:'. Below this is a table of medical directives.

Number	Directive	Signed On
202	Chest Pain: Care for the Patient in the Emergency Department	2022-04-04
204	Assessment (E.C. - Emergency Department)	2022-04-04
206	Orthostatic AED - Adult	2022-04-04
250	Temporary Transvenous Pacemaker - Adjustment	2022-04-04
251	External Temporary Transvenous Cardiac Pacemaker (TCP)	2022-04-04
401	Rapid Assessment Critical Event (RACE) Team- Resuscitation Directives	2022-04-04
402	Rapid Assessment Critical Event (RACE) Team- Bronchodilator Therapy	2022-04-04
403	Rapid Assessment Critical Event (RACE) Team- Ordering of Tests	2022-04-04
551	Acute Chest Pain Management	2022-04-04
601	Consent Electrocardiography	2022-04-04

Central electronic repository of reappointment applications and completed Medical Directives

Electronic sign-off by Applicant, Department Chief and Credentials Committee

Credentials Committee

Membership:

- MAC representatives (3)
- MPSA Executive (3-4)
- VP Clinical Programs/CNE
- Chair – COS

Committee meetings:

- Meets every month
- Ad-hoc over summer
- Review applications for new Medical Professional Staff, Locums, Changes in Privilege Status, College Notifications, Disciplinary issues
- Reappointment Applications

Activities:

- Checklist for each application is complete
- Review documents submitted (CV, other hospital privileges, references, memberships, professional licence)
- Signature and Date required for each applicant folder (COS and Credentials Committee member) = **APPROVAL**

MAC

Approval Process



CREDENTIALS COMMITTEE APPROVAL

Applications reviewed and approved by Credentialing Committee

MAC APPROVAL

- Pre-circulated Credentialing Committee-approved applications
- Displayed at MAC for review and approval

FINAL APPROVAL

- Pre-circulated list of MAC-approved Credentialing Applications
- Displayed at BOD meeting for review and approval

Once Approved

From the Medical Administration Office:

- Letter advising credential privilege request has been approved by the BOD
- Reappointment occurs with next Credentialing cycle
- Department Chief performance review of Associate privilege staff at 6 and 12 months; consideration for transition to Active staff if appropriate
- Transitioning Associate to Active staff will be at the request of the Department Chief through the Credentials Committee, MAC and BOD



Elements of Credentialing Process

- Standardized application
- Standardized application aligned with Regional hospitals
- Standardized reappointment timeline – initiative completed 2017 to 2019
- Electronic reappointment (including fee payment)
- Electronic sign-off of Medical Directives
- Electronic credentialing and medical directive repository
- New Physician orientation package
- Standardized interview process for new credentialed staff

