

JOHNS HOPKINS UNIVERSITY STUDENT HEALTH & WELLNESS CENTER POLICY & GUIDELINES MANUAL	<i>Document Number</i>	
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POLICY

The Johns Hopkins University Student Health & Wellness Center (JHU SHWC) credentials and delineates privileges for all clinical staff that provide patient care at SHWC. JHU SHWC: 1) establishes minimum training, experience, and other requirements (i.e. credentials) for all SHWC clinical staff; 2) establishes a process to review, assess, and validate an individual's qualifications, including education, training, experience, certification, licensure, and any other competence-enhancing activities against SHWC's established minimum requirements; and 3) carries out the review, assessment, and validation on a regular basis.

JHU SHWC: 1) determines the clinical procedures and treatments that are offered to patients; 2) determines the qualifications related to training and experience that are required to authorize an applicant to obtain each privilege; and 3) establishes a process for evaluating the applicant's qualifications using appropriate criteria and approving, modifying, or denying any or all of the requested privileges in a non-arbitrary manner.

PURPOSE

Credentialing is a three-phase process of assessing and validating the qualifications of an individual to provide clinical services. The objective of credentialing is to establish that the applicant has the specialized professional background that s/he claims and that the position requires. JHU SHWC:

1. Establishes minimum training, experience, and other requirements (i.e., credentials) for physicians and other health care professionals;
2. Establishes a process to review, assess, and validate an individual's qualifications, including education, training, experience, certification, licensure, and any other competence-enhancing activities against JHU SHWC's established minimum requirements; and
3. Carries out the review, assessment, and validation as outlined in the JHU SHWC's description of the process.

PROCEDURE

Credentialing

- A. The JHU SWHC clinical staff is accountable to the JHU SHWC Executive Committee. The JHU SHWC Credentialing Committee, comprised of the JHU SHWC Director, Nurse Manager, Accreditation Assistant, and/or its designees, establishes and is responsible for a credentialing and reappointment process. It applies the criteria in a uniform manner to appoint individuals to provide patient care for the organization. The Credentialing Committee approves mechanisms for credentialing, reappointment, the granting of privileges, and suspending or terminating clinical privileges, including provisions for appeal of such decisions.
- B. The JHU SHWC Governing Body (i.e. the JHU SHWC Executive Committee), by delegation to the JHU SHWC Credentialing Committee, makes (in a manner consistent with Maryland state law) initial appointment, reappointment, and assignment or curtailment of clinical privileges of clinical staff members based on professional peer evaluation. At a minimum, this process has the following characteristics:
1. The JHU SHWC Credentialing Committee has specific criteria for the initial appointment and reappointment of all clinical staff.
 2. Provisions are made for the expeditious processing of applications for clinical privileges.
 3. On a formal application for initial medical staff privileges, the applicant is required to provide sufficient evidence of training, experience, and current documented competence in performance of the procedures for which privileges are requested. At a minimum, the following credentialing and privileging information shall be provided for evaluation of the candidate:
 - a. Education, training, and experience. Relevant education and training are verified at the time of appointment and initial granting of clinical privileges. The applicant's experience is reviewed for continuity, relevance, and documentation of any interruptions in that experience.
 - b. Peer evaluation: Current competence is verified and documented by individuals personally familiar with the applicant's clinical, professional, and ethical performance ([see Clinician Peer Reference form](#)), and when available, by data based on analysis of treatment outcomes (see Peer Chart Review form).
 - c. Current unrestricted Maryland state license: Current licensure is verified and documented at the time of appointment.
 - d. Drug Enforcement Administration (DEA) registration and Maryland Controlled Drug Substance registration (MD [CDS](#)), if applicable
 - e. Proof of current medical liability coverage from Johns Hopkins Hospital, from JHU, or other liability insurance carrier.
 - f. Information obtained from the National Practitioner Data Bank (NPDB). The JHU SHWC Credentialing Committee uses the NPDB Continuous Query as an acceptable service for meeting this requirement.

- i. Maryland Board of Physician newsletters which list clinicians who have had disciplinary actions against them are reviewed to obtain information regarding licensure revocation, complaints, or licensure disciplinary action.
 - g. Written attestation from clinical staff applicant, addressing other pertinent information, including at a minimum (as is included in the Clinician Credentialing and Privileging [Initial Application](#) and Clinician Credentialing and Privileging [Renewal Application](#)):
 - i. professional liability claims history
 - ii. information on licensure revocation, suspension, voluntary relinquishment, licensure probationary status, or other licensure conditions or limitations
 - iii. complaints or adverse action reports filed against the applicant with a local, state, or national professional society or licensure board
 - iv. refusal or cancellation of professional liability coverage
 - v. denial, suspension, limitation, termination, or non-renewal of professional privileges at any hospital, health plan, medical group, or other health care entity.
 - vi. DEA, MD CDS, and state license action
 - vii. disclosure of any Medicare/Medicaid sanctions
 - viii. conviction of a criminal offense (other than minor traffic violations)
 - ix. current physical, mental health, or chemical dependency problems that would interfere with an applicant's ability to provide high-quality patient care and professional services
 - h. The initial clinical staff appointment application is signed and dated, includes a formal statement releasing JHU SHWC from any liability in connection with credentialing decisions, and includes the applicant's attestation to the accuracy and completeness of the application and the information provided.
4. Upon receipt of a completed and signed Initial Clinician Credentialing and Privileging Application, the credentials are verified according to procedures established in the JHU SHWC bylaws, rules, and regulations, or policies. JHU SHWC has established procedures to obtain information necessary for primary or secondary source verification of the credentials and is responsible for obtaining and reviewing this information. The JHU SHWC Credentialing Committee, or its designees, obtains primary or acceptable secondary source verification from college/professional/nursing/medical schools, residency/fellowship programs, certifying boards, state licensing agencies, DEA, MD CDS if applicable, information from the National Practitioner Data Bank, peer evaluation, and proof of current medical liability coverage. (See credentialing memo and [sample primary/secondary source verification letter](#))
5. Members of the JHU SHWC clinical staff must apply for reappointment every three years, or more frequently if MD State Law or JHU SHWC policies so stipulate. At reappointment, the JHU SHWC Credentialing Committee requires:

- a. Completion of a formal Clinician Credentialing and Privileging Renewal Application which includes, at a minimum:
 - i. Updated personal information
 - ii. Completed attestation questions found in section B.3.g (above).
 - iii. A formal statement releasing JHU SHWC from any liability in connection with credentialing decisions
 - iv. A formal statement confirming the information submitted accurate and complete
 - v. Applicant signature and date.
 - b. Upon receipt of the completed reappointment application, the JHU SHWC Credentialing Committee will conduct primary or secondary source verification of items listed in sections B.3.c-f (above). At the time of reappointment consideration by the governing body (i.e. the JHU SHWC Executive Committee), the entire reappointment application and peer review results and activities, completed in accordance with Chapter 2.III, will be considered.
6. The JHU SHWC Credentialing Committee monitors and documents the currency of date-sensitive information such as licensure, professional liability insurance, certifications, DEA, MD CDS, and other registrations, where applicable, on an ongoing basis (at expiration, appointment, and re-appointment, at minimum).
 7. Credentialing files are maintained and reviewed by the JHU SHWC Credentialing Committee at least every three years, or more frequently if MD State Law or JHU SHWC policies so stipulate, to ensure currency, accuracy, and completeness of credentials for each JHU SHWC clinical staff member. JHU SHWC medical staff are required to complete an initial application and must apply for reappointment every three (3) years, and the documentation identified in section B.3 (above) is present in the credentials file, including a list of procedures that will be performed by the provider at JHU SHWC and evidence of appropriate education, training, and experience to perform the privileged procedures.
 - a. Each file includes a Clinician Credentialing and Privileging Initial Application, a Clinician Credentialing and Privileging Renewal Application (if applicable), verifications, privileges granted, and other pertinent information as required by the JHU SHWC Credentialing Committee. A credentialing grid is maintained for each file.
 - b. Procedural skills workshops are offered periodically to all clinical staff. During these workshops, all clinical procedures done at SHWC are reviewed. Demonstrated competence in performing procedures is confirmed for each clinical staff member who has applied for these procedures. Completed procedural skills checklists are filed in each clinical staff member credentialing files.
 8. Physicians and nurse practitioners obtain National Provider Identifiers (NPIs) as part of the credentialing process:
 - a. [CMS- National Provider Identifier Standard](#)
 - b. [National Plan and Provider Enumeration System](#)

c. [CMS: NPI Application/update form](#)

Privileging

Privileging is a three-phase process. The objective of privileging is to determine the specific procedures and treatments that a health care professional may perform. JHU SHWC:

1. Determines the clinical procedures and treatments that are offered to patients;
 2. Determines the qualifications related to training and experience that are required to authorize an applicant to obtain each privilege; and
 3. Establishes a process for evaluating the applicant's qualifications using appropriate criteria and approving, modifying, or denying any or all of the requested privileges in a non-arbitrary manner.
- C. The scope of procedures is periodically reviewed by the JHU SHWC Credentialing Committee and amended as appropriate.
- D. Privileges to carry out specified procedures are granted by the JHU SHWC Credentialing Committee to the clinical staff member to practice for the duration of the individual's credentialing period (not to exceed 3 years). The health care professional must be legally and professionally qualified for the privileges granted. These privileges are granted based on an applicant's written request for privileges, qualifications within the services provided by JHU SHWC, and recommendations from qualified medical personnel. Privileges may be added pursuant to the organization's policies and procedure
1. All JHU SHWC clinical staff members, including physicians, nurse practitioners, registered nurses, and medical assistants, complete the JHU SHWC Request for Clinical Privileges.
 2. JHU SHWC nurse practitioners no longer need to complete an [Attestation Form](#), since it is no longer required by the Maryland State Board of Nursing.
- E. The JHU SHWC has its own independent process of credentialing and privileging. The approval of credentials or the granting of privileges requires review and approval by the JHU SHWC Credentialing Committee. Credentials are not approved, nor privileges granted, solely on the basis that another organization, such as a hospital, approved credentials or granted privileges, without further review. Such status at another organization (e.g. Johns Hopkins Hospital) may be included in the Credentialing Committee's consideration of the application.
- F. The JHU SHWC Credentialing Committee provides a process for the initial appointment, reappointment, and assignment or curtailment of privileges and practice of allied health care professionals as noted in sections A and B above.
1. The process is consistent with Maryland state law.

2. The process includes verification of education, training, experience, and current competence, and primary or secondary source verification of licensure or certification, as applicable.

a. JHU SHWC clinical staff members participate in annual procedural skills workshops, during which they observe and demonstrate procedures performed at SHWC.

b. Physicians, nurse practitioners, registered nurses, and medical assistants document procedures when applicable, on the JHU SHWC electronic medical record system (e.g. PyraMed). The electronic medical record system is queried after each year (i.e. April to March) to obtain a list of procedures documented by each clinical staff member. This list is added to the clinical staff member's credentialing file. Procedures are reviewed by the JHU SHWC Credentialing Committee as part of a clinician's application for clinical privileges.

2. In order to document clinical staff member competency of procedures, upon hiring and at our annual procedural skills workshops in January, we observe how clinical staff members do procedures and create a skills check list for each (to be housed in the credentialing file).