

Cumberland Heights Privileges and Credentialing Process

Cumberland Heights' governance, management, and clinicians have determined that non-employee licensed independent practitioners, as well as those employee licensed independent practitioners who are providing specialty modalities should undergo a clinical privileging process. This includes contract physicians, psychologists, licensed clinical social workers, licensed marriage and family therapists, licensed professional counselors, mental health status providers, advanced practice nurses, and licensed alcohol and drug abuse counselors, as well as employees in any of these categories who provide specialty modalities. This process is governed by a Committee consisting of the leaders of the disciplines of medicine, nursing, counseling, social work, marriage and family therapy, and psychotherapy, as well as an administrative representative. The individual credentials and practice of each clinician who wishes to practice independently at Cumberland Heights is reviewed by this group. Privileges are granted based on competence and current practice rather than by training, licensing, or discipline alone.

Initial Privileges Review: The initial privileging review begins with the professional's completion of an application requesting specific clinical privileges with supporting documentation for same. Human Resources then conducts primary source verification of preparatory and continuing professional education, licensure and/or certification, career experience, and professional references, as well as a standard background check routinely performed for employees. For physicians, a query is also made of the National Practitioner Database. The entirety of this information is reviewed by the Committee. Recommendations are then made for or against the granting of specific clinical privileges. These recommendations proceed to the Chief Executive Officer or designee for approval with a final review and approval given by the Chair of the Personnel Committee of the Board of Directors. Privileges are granted for a two year period.

Temporary Privileges Review: Should the organization have the need to secure the services of a temporary clinician, a process for privileging has been developed. The professional must make application as noted above with an HR primary source review of licensure, DEA number, malpractice insurance verification, and NPDB query. This information is reviewed by the Chief Medical Officer and the Chief Executive Officer or designee who may grant temporary privileges for up to ninety (90) days.

Renewal of Privileges: During the two year period of privileges, ongoing peer review occurs through several processes. Individual supervision is conducted by the service Director or designee. Weekly peer review of cases is conducted with the full clinical team in each program. Quarterly documentation reviews of medical records are conducted by a multidisciplinary group. Quality Management staff members may conduct random case reviews, as well as skills observation. Data is also collected in regard to patient satisfaction, event discharges, and unforeseen outcomes. In addition, an annual performance appraisal is conducted for those privileged clinicians who are also employees.

At the two year mark, each privileged clinician must apply for renewal of privileges. This Committee review includes verification of current licensure and continuing education, quality improvement and utilization review data, any ethical concerns, and review of current skills competency. Privileges are continued or revoked based upon the findings in these areas. Privileges may also be expanded into additional areas if the clinician demonstrates the relevant education, training, experience, and competency.

Corrective Action: Corrective action related to the quality of care given by a privileged clinician is a management responsibility of the Chief Medical Officer or the Chief Clinical Officer who may utilize the Privileges Committee as a professional reference. The Committee may review the individual's quality of practice either through committee investigation or through delegation of the investigation to the leadership of the given discipline. Recommendations of such review are made by the Committee to the Chief Medical Officer and/or the Chief Clinical Officer. Investigation may occur whenever a privileged clinician has been reported to have engaged in statements or acts that may be detrimental to patient safety or care, disruptive to the organization's operation, demeaning to Cumberland Heights' professional staff and/or to the given discipline, in violation of the Code of Ethics, or demonstrated behavior leading to the impairment of the community's confidence in the organization.

All requests for corrective action must be submitted in writing to the Human Resources Specialist and supported by reference to the specific circumstances surrounding the request. Any privileged clinician who is the subject of such a request shall immediately be notified in writing and shall have the option of requesting a review by the Privileges Committee. When such a review occurs, the clinician in question shall be notified of the results in writing, as are the Chief Clinical Officer and/or the Chief Medical Officer. In grave and unusual cases where Executive Management determines that immediate action must be taken to protect patient welfare, summary dismissal or suspension may occur. In such cases, the privileged clinician shall have recourse via the appeals procedure. It should be noted that loss of licensure, registration, or certification (including revocation, suspension, etc.) shall automatically be grounds for revocation or suspension of clinical privileges at Cumberland Heights. In addition, any applicant providing false and/or incomplete information to the Committee may automatically have privileges denied.

Appeals: Any privileged clinician who is the subject of any corrective action request shall be afforded an interview with the Chief Executive Officer or designee. The member shall be informed as to the general nature of the circumstances and may present information in his/her defense. This interview is considered preliminary in nature. Records of this interview are maintained. After the CEO has considered the interview, as well as the Committee recommendations, the member is notified in writing by the CEO as to the decision regarding corrective action.

The privileged clinician is entitled to submit a letter of Chairman of the Personnel Committee of the Board of Directors. The letter of appeal to the Board must be submitted within five working days of the notification of the reconsideration findings. The appeal

will be discussed at the next scheduled meeting of the Executive Committee of the Board. The Board shall have complete discretion on any corrective action.

Confidentiality: Information regarding any practitioner that is submitted, collected, or prepared by any representative of this organization for the Privileges Committee for the purpose of evaluating and improving the quality and efficiency of patient care rendered shall, to the fullest extent permitted by law, be confidential. No representative of the organization or the Privileges Committee shall be liable to a practitioner for damages or other relief for any action taken, if such representative acts in good faith and without malice after reasonable effort under the circumstances to ascertain the truthfulness of the facts and in the reasonable belief that the action, statement, or recommendation is warranted by such facts.

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