ALLIED HEALTH PROFESSIONALS

CREDENTIALING MANUAL

Updated May 11, 2012
STATEMENT OF PURPOSE

The Credentials Committee of the University of Virginia Medical Center is responsible for assuring the competence and qualifications of Allied Health Professionals who provide patient care within the University of Virginia Medical Center. Verification of credentials and specification of scope of practice and supervision (when appropriate) provide assurance that both external standards for quality assurance and the Medical Center’s requirements for safe clinical practice are being met.

The purpose of credentialing processes is to provide efficient, consistent, and thorough procedures for verifying an Allied Health Professional’s credentials and scope of practice at the time of initial hire or renewal of clinical privileges.

I. This policy shall apply to the credentials verification process for all designated Allied Health Professional disciplines. This Policy is not intended to replace the Medical Center, University of Virginia or University Physicians Group (“UPG”), Bylaws, Rules and Regulations, or policies and procedures in place within the University of Virginia.

II. The UVA Allied Health Professional database shall be used to maintain an electronic record of a practitioner’s credentials and history to include licensure, malpractice carrier(s), education, post-graduate education, hospital affiliations, etc. The database will be used to assist in the standardized collection and verification of an Allied Health practitioner’s credentials. The information in the database is confidential and privileged under Virginia Code § 8.01-581.17. Access to this information will be limited to staff of the Medical Center’s Clinical Staff office in connection with their work responsibilities related to gathering information related to requests for granting, modifying, or renewing clinical privileges, to review of those requests by the Allied Health Professionals Credentialing Subcommittee and to the Credentials Committee, which retains responsibility on behalf of the Medical Center Operating Board for decisions to recommend issuance of clinical privileges.

III. All forms must be completely filled out (as per instructions on or with form), signed and dated in order to be accepted by the Clinical Staff Office for processing.
I. **General Scope and Authority:** Except as otherwise provided for herein, all policies affecting Allied Health Professionals (AHPs), as they are defined in this Manual, shall be established, maintained and enforced solely by the University of Virginia Medical Center and the Clinical Staff Credentials Committee in consultation with its Allied Health Professionals Subcommittee ("AHP Subcommittee") where applicable. Allied Health Professionals include, but are not limited to, Optometrists, Audiologists, Licensed or Certified Substance Abuse Counselors, Licensed Professional Counselors, Licensed Clinical Social Workers, Nurse Practitioners, Physician Assistants and Certified Registered Nurse Anesthetists. Allied Health Professionals may be University of Virginia Medical Center, University of Virginia or UPG employees or independent contractors.

II. **Delineation of Services:** Delineation of Services is provided in each individual Allied Health Professionals privileging request as follows:

   a) **Categories of Patients:** Specification of the categories of patients to who services may be provided.

   b) **Description of Services:** A description of the services to be provided.

   c) **Medical Record Responsibilities:** Responsibility for charting the services provided in the medical record.

   d) **Department Designation:** A department or division designation.

   e) **Degree of Supervision:** An indication of the degree of medical supervision required for each specific service.

III. **Collaborative Agreement (Protocol Agreement):** Allied Health Professionals may require supervision or collboration by a member of the Clinical Staff for some or all services provided. A Collaborative Agreement in the form attached as Appendix 3 shall be obtained where required.

IV. **Processing of Request:** University of Virginia Medical Center Human Resources or the University of Virginia Human Resources, as appropriate, and UPG, shall submit a request in writing to the Clinical Staff Office to send a credentialing application to an applicant.

V. **New Categories:** The Clinical Staff Credentials Committee and the Clinical Staff Executive Committee may recommend creation of new categories of
Allied Health Professionals. The Medical Center Operating Board shall approve any changes to the Bylaws of the Clinical Staff reflecting such additional categories.

VI. Effect of Other Affiliations, Etc: No person shall be entitled to provide clinical or other services, for which clinical privileges are required, within the University of Virginia Medical Center merely because he or she holds a certain degree, has a certain type of training, is licensed to practice in this or in any other state, is a member of any professional organization, is certified by any clinical or professional board, or holds a contract with the University of Virginia Medical Center or UPG. Allied Health Professionals are granted clinical privileges but do not have Membership on the Clinical Staff.

Notwithstanding anything else contained herein to the contrary, the University of Virginia Medical Center is under no obligation to accept or favorably act upon any request by any Allied Health Professional for issuance of or renewal of clinical privileges.

VII. Application Requirements: Once the Medical Center Operating Board has authorized a particular category of practitioners to be designated as Allied Health Professionals to provide services within the University of Virginia Medical Center, individuals in that category may apply for privileges to provide services within the University of Virginia Medical Center.

A. Application Package: The application package shall enable the Clinical Staff Credentials Committee to establish to its satisfaction the following:

1. Licenses: The applicant possesses any and all licenses or certificates required under state law for his or her professional field and a copy of each such license or certificate is on file with the Medical Center’s Clinical Staff office.

2. Proposed Scope of Practice: The scope of practice to be carried out is within the limits authorized by the practitioner’s license or certification and the qualifications for privileges approved by the Medical Center Operating Board.

3. Education and Experience: The applicant possess the necessary education, training, experience, demonstrated current competence, judgment, ability, ability or work well with others, and the necessary physical and mental health.

4. Ethics: The applicant will abide by the code of ethics applicable to his or her profession and all applicable Medical Center codes of conduct.
5. **Required Supervision:** The applicant will be supervised, as required, by one or more members of the Clinical Staff.

6. **Effect of Application:** The applicant agrees to be bound by the terms and provisions of this manual and by all other applicable rules, regulations and policies of the University of Virginia Medical Center and its Clinical Staff.

B. **Application:** The applicant shall complete and submit an employment application with UPG, or the University of Virginia Medical Center or University of Virginia. Accompanying the application shall be copies of licenses and board certification documentation, if applicable. The acceptance and approval of the information on these documents will be completed by the Clinical Staff Office. The Clinical Staff Office will verify previous employment, references, education and necessary skills and experience and will obtain available information from criminal background checks to assess whether the applicant has been convicted of any crime or committed any act which would disqualify the applicant from practicing at the Medical Center. In addition the applicant is required to supply copies of diplomas or other original documents that verify completion in good standing of a training or certification program. The applicant shall also complete and sign the credentialing questions, delineation of privileges and collaborative agreement for the appropriate category of Allied Health Professional. Where necessary, the supervising member of the Clinical Staff must sign these forms.

C. **Verifications/Databank:** The information provided on the application form shall be verified, preferably from primary sources, and references confirmed by the Clinical Staff Office.

D. **Necessary specialty certifications:** The AHP shall provide evidence of obtaining, and maintaining, all specialty board certifications required by the applicable health regulatory board;

E. **Certification:** The Allied Health Professional’s application shall be certified as completed and verified by the Clinical Staff Office when the Allied Health Professional checklist, has been completed and all verifications have been made and all required information received.

F. **Review and Approval:** The certified application packet shall be forwarded to the Allied Health Professional Subcommittee for further information or comment and review. The Allied Health Professional Subcommittee may refer the application back to the Clinical Staff Office for further information from the applicant, supervising physician(s), or medical center administrator or department administrator. If the Allied Health Professional Subcommittee finds the applicant’s materials
acceptable, the Subcommittee will forward to the Credentials Committee a recommendation to accept the applicant’s request to practice in the University of Virginia Medical Center. The recommendation of the Credentials Committee on an Allied Health Professional applicant shall be made within 45 days of its receipt of the Allied Health Professional Subcommittee recommendation. The Credentials Committee will include its recommendation on each Allied Health Professional’s request in its regular report to the Clinical Staff Executive Committee. ("CSEC"). CSEC may approve, modify or reject the recommendations of the Credentials Committee. All AHPs whose requests for clinical privileges have been approved by CSEC shall be submitted to the Medical Center Operating Board for review and final decision.

The process described above shall be completed every two years after the initial application unless the Credentials Committee recommends a shorter period.

G. **Initial Focused Professional Practice Evaluation (FPPE) Period**: Each Allied Health Professional shall undergo a period of observation by the department or division to which he or she is assigned. The observation shall evaluate the Allied Health Professional’s proficiency in the exercise of clinical services and overall eligibility for continued status as an Allied Health Professional. The observation of Allied Health Professional shall follow whatever frequency and format each department or division deems appropriate in order to adequately evaluate the Allied Health Professional including, but not limited to, concurrent or retrospective chart review, mandatory consultation and/or direct observation. Appropriate records shall be maintained by the clinical department or division. The results of the observation shall be reported to the Clinical Staff Office within 90 days of initial grant of privileges. A FPPE Report will be submitted to the Allied Health Professional Subcommittee and then on to the Credentials Committee monthly to improve and promote safe, high quality clinical care and to comply with regulatory requirements. The Credentials Committee will decide whether to recommend that the Allied Health Professional may continue to provide services, which services and on what basis.

H. **Ongoing Professional Practice Evaluation**: A process that allows the Medical Center to identify professional practice trends of Allied Health Professionals that impact on quality of care and patient safety on an ongoing basis and focuses on the practitioner’s performance and competence related to his or her clinical privileges. It differs from other quality improvement efforts in that it evaluates strengths and opportunities of an individual practitioner’s performance rather than appraising the quality of care rendered by a group of professionals or by a health system.
Every 6 to 9 months, each supervising or collaborative physician, as appropriate will complete an annual clinical evaluation of the Allied Health Professionals in the Department or specialty and submit it to the Credentials Committee as outlined in Medical Center Policy 0280 (Allied Health Professionals Practice Evaluations)

VIII. Prerogatives: Once granted the right to perform services within the University of Virginia Medical Center, the prerogatives of an Allied Health Professional are to:

A. Provision of Clinical Services: Provide such clinical or other services for which privileges are specifically granted to him/her consistent with any limitation stated and under the supervision or direction or in collaboration or consultation with a member of the Clinical Staff, if required, and as specified in the delineation of services and consistent with any other limitations or conditions stated in the applicable rules, regulations, and policies of the University of Virginia Medical Center and its Clinical Staff and consistent with applicable law.

B. Committee Assignments: Serve on committees when so appointed.

C. Educational Requirements, etc.: Attend, when invited, clinical, scientific and educational meetings of the Clinical Staff, or his or her department or division, appropriate to his or her discipline.

D. Governing Body Requirements: Exercise such other prerogatives as the Medical Center Operating Board may accord Allied Health Professionals in general or a specific category or Allied Health Professional.

E. Independent Judgment: Exercise independent judgment within his or her area of competence, provided, in appropriate or required circumstances, that a member of the Clinical Staff in good standing shall retain the ultimate responsibility for the patient’s care.

F. Management of Patients: Participate directly in the management of patients to the extent authorized by his or her license, certificate, training or other legal credentials.

G. Medical Record Documentation: Exercise the privilege to document in the medical record as it pertains to patient care consultation and documentation, as required and permitted by Medical Center Policy 0094.
H. **Write Orders:** Write orders in patient’s medical record as authorized in accordance with his or her category of practice and licensure and as permitted by Medical Center policies and procedures.

IX. **Obligations:** Each Allied Health Professional shall:

A. **Quality Care:** Provide his/her patients with care at the level of quality and efficiency generally recognized as appropriate by professional standards within his/her specialty.

B. **Abide by University of Virginia and University of Virginia Medical Center policies, procedures and other requirements:** Abide by University of Virginia and University of Virginia Medical Center policies and procedures, and all other applicable standards, policies and rules of the Clinical Staff and University of Virginia Medical Center.

C. **Discharge Organizational Functions:** Discharge such committee, department, division, or Medical Center functions for which he or she is responsible or has been assigned by appointment or otherwise.

D. **Complete Records:** Prepare and complete in timely fashion the medical and other required records, including reimbursement forms, for all patients for whom he or she provides services in the University of Virginia Medical Center.

E. **Arrange Coverage:** Pledge or provide or arrange for appropriate and timely medical coverage and care for patients for whom he/she is responsible and when necessary and as appropriate to the circumstances of the case, either arrange or alert the attending physician or supervising member of the need to arrange a suitable alternative for such care and supervision.

F. **UM/QI and Risk Management:** Participate, when requested, in quality, utilization, risk management and continuing educational activities.

G. **Attend Meetings:** When requested, attend clinical and educational meetings of the department or division to which he or she has been assigned.

H. **Practice Competently:** Refrain from any conduct or acts that are, or could be reasonably interpreted as being, beyond or an attempt to exceed, the scope of practice authorized by the clinical privileges granted.

X. **Cooperation:** Working with other individuals and organizations in a cooperative professional, civil and non-disruptive manner and
XI. Inform of Adverse Changes: Informing the Chair of the Department or the Administrator, in a timely manner, of any changes made or formal action initiated that could result or has resulted in criminal convictions, a change of license, participation in any program or plan of reimbursement, professionally liability coverage, affiliation or employment status at other health care institutions and the initiation status and outcome of malpractice claims or professional disciplinary matters.

XII. Terms and Conditions of Affiliation: An Allied Health Professional shall be individually assigned to the department appropriate to his or her professional training. Focused Professional Practice Evaluations (FPPE) and Ongoing Professional Practice Evaluations (OPPE) shall begin immediately after the grant of clinical privileges to a practitioner to practice in the Medical Center and provide continuous monitoring of the practitioner’s clinical performance. It is the responsibility of each Clinical Department Chair or Medical Center Administrator to implement the appropriate process for FPPEs and OPPEs within his or her Department as required Medical Center Policy 0280. The Clinical Department Chair may delegate this responsibility to the appropriate Division Chief or Chiefs within the Department and reviewed as part of the regular quality, risk and utilization management mechanisms.

An Allied Health Care Professional is not entitled to the same procedural due process rights provided to a member of the Clinical Staff under Clinical Staff Bylaws. However, the Allied Health Professionals shall have the due process rights set out in Section XVII below. The grievance rights for Allied Health Professionals who are not employees of the University of Virginia Medical Center shall be provided by their respective hiring bodies, e.g. University Physicians Group, University of Virginia.

Allied Health Professionals shall elect a representative who will be a member of the Clinical Staff Executive Committee and have voting rights on that CSEC. AHPs shall be expected to attend and participate actively in the clinical meetings of their respective department to the extent permitted by the Department Chair or Department Administrator. Allied Health Professionals shall at all time respect the confidentiality of patient and University of Virginia Medical Center information obtained in the course of their practice in the University of Virginia Medical Center.

XIII. Responsibilities of the Employing Department: It shall be the responsibility of a Department Administrator or member of the Clinical Staff supervising an Allied Health Professional to provide immediate notice to the Chair of the Credentials Committee, or his or her designee, on the date he or she becomes aware or receives any notice of any grounds for suspension or termination or as required by the terms of the Collaborative Agreement. Failure to comply with the requirements of this Section XI or failure to properly supervise the
Allied Health Professional, when required, shall be grounds for corrective action against the Clinical Staff Member under the Clinical Staff Bylaws.

**XIV Initiating Evaluation and/or Assessment of Possible Impairing Conditions.** At any time, a Department Chair, the Chief Executive Office, the Chair of the Credentials Committee, the Director of the Physicians Wellness Program or the Director of the Faculty and Employee Assistance Program may require that an Allied Health Professional undergo a physical or mental examination by one or more qualified practitioners or programs specified by the individual requesting the evaluation. If the Allied Health Professional refuses to undergo the evaluation, his/her clinical privileges shall be automatically suspended and there shall be no further consideration of continued privileges until the examination is performed.

The MCOB and the Clinical Staff Executive Committee recognize the need to assist Allied Health Professionals regarding their physical and mental health issues as well as to protect patients from harm. Accordingly, upon the recommendation of the Department Chair, the Chief Executive Office or on its own initiative, the Credentials Committee shall investigate any Allied Health Professional who appears to suffer from a potentially impairing condition. Any such Allied Health Professional is encouraged to seek assistance, as appropriate from the Physicians’ Wellness Program and/or the Faculty and Employee Assistance Program.

The purpose of the evaluation and investigation process concerning potential impairing conditions is to protect patients and to aid the Allied Health Professional in retaining or regaining optimal professional functioning. If the Allied Health Professional seeks such assistance, the Credentials Committee shall report to the Clinical Staff Executive Committee that he/she is voluntarily seeking treatment and has agreed to appropriate monitoring.

If at any time during the diagnosis, treatment, or rehabilitation phase of the process it is determined that an Allied Health Professional is unable to safely perform the clinical privileges he/she has been granted, summary suspension or additional actions on clinical privileges may be instituted.

**XV. Automatic Relinquishment:** An Allied Health Professional’s clinical privileges in the University of Virginia Health System shall be automatically relinquished immediately and automatically, in whole or in part, with no appeal in the event of any of the following.

**A. Revocation, Suspension or Loss of License:** Whenever an AHP’s license authorizing practice in the Commonwealth of Virginia is revoked or suspended by the applicable health regulatory board, clinical privileges shall be automatically revoked or suspended as of the date such action becomes effective.
B. Probation or Other Restriction. If an AHP’s license authorizing practice in the Commonwealth of Virginia is placed on probation or is otherwise limited or restricted by the applicable health regulatory board, his or her clinical privileges that are within the scope of such limitation shall be automatically limited or restricted in a similar manner, as of the date such health regulatory board’s action becomes effective and throughout its duration.

C. Termination of Employment: If an AHP’s employment is terminated or the collaborative agreement of the member of the Clinical Staff under whose supervision his or her application to provide service was granted, the AHP’s clinical privileges shall be relinquished;

D. Restrictions of Medical Services: If any court, licensing body, or legislature of competent jurisdiction suspends, restricts or terminated an AHP’s authority to provide clinical services, the AHP’s clinical privileges shall be relinquished as of the date of such action;

E. Loss of Insurance Provider Status: If Medicare, Medicaid, any related federal program or any managed care program suspends or terminated the AHP’s right to be a provider of services to such program, the AHP’s clinical privileges shall be relinquished as of the date of such action;

F. Failure to Maintain Insurance: If the AHP fails to maintain the minimum level of professional liability insurance as required by this manual, the AHP’s clinical privileges shall be relinquished as of the date such insurance ceases to be in effect;

G. Failure to undergo a physical or mental examination required by the Department Chair, the Chief Executive Office, the Chair of the Credentials Committee, the Director of the Physicians Wellness Program or the Director of the Faculty and Employee Assistance Program shall result in automatic relinquishment as of the date of such refusal.

H. Material Misrepresentation on Application/Reapplication. Whenever an AHP has made a material misrepresentation on the application/reapplication for clinical privileges, the application/reapplication processing will stop (if still in progress) or membership and/or privileges will be automatically relinquished if they have already been granted prior to discovery of the material misrepresentation.

I. Failure to Comply with Medical Records Completion Requirements. Whenever an AHP has failed to comply with the medical records completion requirements per Medical Center Policy 0094, the AHP may have his or her membership or privileges deemed to be immediately relinquished unless an exception is granted, for good cause, by the MCOB.
upon recommendation from CSEC. Privileges may be automatically reinstated when the medical records are complete.

J. Conviction of a Felony or Other Serious Crime. Conviction of a felony or other serious crime as set out in Va. Code Section 37.2-314 shall result in automatic suspension of clinical privileges.

XVI. Summary Suspension: An Allied Health Professional’s clinical privileges in the University of Virginia Medical Center shall be summarily suspended by the Chair of the Credentials Committee or the Chief Executive Officer in the event immediate action is required to (i) protect the health, life or well-being of patients or prospective patients, or any other person who is associated with the Medical Center or, (ii) whenever the conduct of an Allied Health Professional reasonably appears to pose a substantial likelihood of harm to the life, health and safety of any patient or prospective patient. Such summary suspension shall become effective immediately upon imposition and the Allied Health Professional shall be notified in writing of the summary suspension. The summary suspension shall remain in effect until the provisions in Section XVII below have been completed.

XVII. Hearing and Appeal Procedures for Allied Health Professionals. In the event an Allied Health Professional receives notice of a recommendation by the Clinical Staff Executive Committee that will adversely affect his/her exercise of clinical privileges, the AHP and his/her supervising physician, as applicable, shall have the right to meet personally with two physicians and a peer assigned by the President of the Clinical Staff to discuss the recommendation. The AHP and the supervising physician, as applicable, must request such a meeting in writing to the Clinical Staff Office within 10 working days from the date of receipt of such notice. At the meeting, the AHP and the supervising physician, as applicable, must be present to discuss, explain, or refute the recommendation, but such meeting shall not constitute a hearing and none of the procedural rules set forth in the Clinical Staff Bylaws with respect to hearings shall apply. Findings from this review body will be forwarded to the affected AHP, CSEC and the MCOB.

The AHP and the supervising physician, as applicable, may request an appeal in writing to the CEO within 10 days of receipt of the findings of the review body. Two members of the MCOB assigned by the chair of the MCOB shall hear the appeal from the AHP and the supervising physician as applicable. A representative from the Clinical Staff leadership and for Medical Center leadership may be present. The decision of the appeal body will be forwarded to the MCOB for final decision. The AHP and the supervising physician will be notified within 10 days of the final decision of the MCOB.
XVIII  Health System Employees:  Allied Health Professionals who are employees of the University of Virginia Medical Center shall be also governed by the University of Virginia Medical Center polices and manual for Medical Center employees. If there is a conflict between the Medical Center policies collaborative efforts shall be made to make procedures consistent...

XIX  Governing Body  This manual shall be approved by the Medical Center Operating Board.