June 2019 Questions

Question #1:
Are hospitals required to credential Speech Therapists/Physical Therapists Occupational Therapists? We currently credential our contracted Speech Therapists because they practice independently, however, we do not credential our P.T.’s and O.T.’s because they work under a physician’s order. Can you please confirm if these providers are required to be credentialed? We are HFAP accredited.

Hugh Responds:

Generally not.

No one may provide patient services in a hospital without a “ticket”. A “ticket” may be a grant of clinical privileges, employment/job description, or provisions within a contract/agreement.

In general, hospitals are required to process requests for clinical privileges to practitioners who direct patient care and write orders. This includes without limitation physicians, nurse practitioners, physician assistants, dentists and podiatrist if they are permitted to provide patient care services independently. Such individuals must be processed through the organized medical staff credentialing process regardless of where they will be providing service if such service is provided in a facility covered under the organizations CMS provider number.

All MD’s, DO’s, DPM’s, Dentist’s, APN’s, PA’s must be granted privileges through the medical staff process if they provide patient care. Others such as speech, physical or occupational therapists may be granted privileges but must if they will be providing care independently or directing care through writing orders. However it is highly unlikely that your contracted speech, physical and occupational therapists are practicing independently. They probably provide service upon order of a physician; they do not direct others through official orders and are probably restricted under provisions of the contract for services. The contract may also provide for a medical director who oversees the clinical activities of the “contracted therapists.” It is highly likely that the contract is the only “ticket” they would need in order to practice in your hospital or medical center.

Medical Staff leaders and Medical Staff Professionals should recognize that a grant of clinical privileges is separate and distinct from appointment to the medical staff. Grants of privileges must be carried out pursuant to adopted bylaws or policies and procedures and in accordance with state law and (if applicable) accreditation requirements.

Question 2:
We are looking for best practice recommendations on how to conduct FPPE and OPPE on our Advanced Practice Clinicians.

Hugh Responds:

Don’t make this relatively small issue overly complicated. FPPE is intended to allow the organization to conduct a review shortly after a practitioner begins practice in order to
confirm that he or she is practicing well, not exceeding granted authority, following rules and contributing to the effectiveness of the care team. A few suggestions for your consideration:

1. Don’t make the FPPE period very long. A few days or a few patients will generally suffice for most APN’s and PA’s.
2. Don’t assume you must collect masses of clinical data.
3. Don’t set up systems simply to appease a surveyor.
4. Don’t involve committees or staff leaders unnecessarily.
5. Do recognize that the best source of confirmation of practice quality is direct observation by other members of the care team.
6. Do recognize that nearly all hospitals already collect much data regarding individual patients (complaints, satisfaction results, indicator data, incident reports, infection control reports, team member observations, etc.)
7. Do reject the suggestion that a report with “0’s” is insufficient. It actually is full of excellent data. No complaints, no infections, no incident reports, no readmissions, no deaths, no medication related issues, no evidence of rule violation is the beginnings of a great FPPE report. Couple this with a few observations from collaborating physicians and other team members (his/her work is excellent, patients love her, her skills are great, he is great with cath’s, etc.) and you can easily finalize the FPPE process.

Note: a very simple form could be completed by a few select team members for each newly practicing advanced practice practitioner and made part of the FPPE file.

I assume that this question pertains to APN’s and PA’s. Normal and customary hospital activities such as incident/occurrence reporting, patient satisfaction surveys, direct observation, complaints, routine clinical data collection, and infection surveillance, will suffice for advanced practice clinicians just as it does for physicians however the best practice includes simple surveys of supervising or cooperating physicians attesting to competence, skill, judgment and patient outcomes.

It is important to recognize that both F and OPPE for advanced practice practitioners should be conducted at the same time it is conducted for their supervising or collaborating physicians. After all it is the team that is providing care and not simply an individual.

If a new APN or PA begins practice the FPPE conducted could include:

- Obtaining a performance review from a relevant physician.
- Collecting any complaints received
- Receiving a report from other relevant caregivers such as nurses
- Review of a few records or direct observation of a couple of initial patient encounters.

This information could then be relied upon by a relevant staff leader such as a department Chair or VPMA to conclude that the practitioner is practicing well, following the rules and not exceeding his or her authority. This would then end the FPPE period and the practitioner would be subject to OPPE.
Question 3:
Appreciate your insight/recommendations regarding integration of Advanced Practice Clinicians into the Medical Staff as a whole.

Hugh Responds:

An interesting and timely question. Early medical staffs were composed of medical doctors and occasionally dentists. Dentists soon became a normal component of most staff’s. Osteopaths were the next addition to hospital medical staff’s and then in the late 70’s and 80’s podiatrists were often appointed to the staff. Today most hospital staff’s are composed of MD’s, DO’s, DDS’s, and DPM’s. Many sets of medical staff bylaws incorrectly include a “category” of the staff for so called allied health professionals although those same bylaws restrict the staff to MD’s DO’s, Dentists and Podiatrists. It is illogical for there to be a staff category for practitioners who may not be members. (Veterans hospital staff’s most often include a plethora of health care practitioners as members of the staff in addition to those identified above.)

There are two major barriers to the inclusion of advanced practice clinicians such as APNs and PA’s are tradition and reluctance on the part of aging baby boomer’s or Gen X’ers. The majority of medical staffs could incorporate advanced practice practitioners within the staff structure if they chose to do so. Indeed many small critical access hospitals have already taken this step. Such a change might take the form of a bylaws amendment opening the staff up to advanced practice nurses and either allowing them to be assigned to an existing category or creating a separate category for them. Citizenship issues such as voting, serving on committees, paying dues, etc. would also need to be addressed within any bylaws amendment.

Telephone Question:
Should we continue to require dues, they are hard to collect, must be accounted for, and generally are reimbursed to our doctors by the hospital anyway.

Hugh responds:

Nope, they have probably outlived their usefulness and are now just a bit of ancient bureaucracy that serves no sound purpose. In many hospitals nearly all physicians are employed or practice under a contract. Hospitals do not have dues for the nursing, dietary, housekeeping, security staff’s etc. The only reasons we have them for the medical staff are historical and no longer apply. It is better for Administration to simply establish an operating fund for the medical staff with restrictions concerning its use.

Nothing should preclude the staff from making special assessments if they believe such are necessary.