Steven Hirsch and Associates

Accreditation News

Fall 2012

Volume 4, Issue 3

Steven Hirsch and Associates

18837 Brookhurst Street
Suite 209
Fountain Valley, CA 92708

Toll Free: (800) 624-3750
Phone: (714) 965-2800
Fax: (714) 962-3800

WE'RE ON THE WEB!

WWW.SHASSOCIATES.COM

OUR MISSION

Our mission is to provide dynamic integrated expertise that supports health care organizations in meeting and exceeding patient care standards as mandated by the regulatory environment.

OUR VISION

To provide a positive and supportive environment that fosters professionalism while providing the highest quality client centric consulting expertise in the health care industry.

OUR VALUES

CREDIBLE • ETHICAL
EXPERT • INTEGRITY
PROFESSIONAL
RESPONSIVE

It's That Time Again… The Influenza (flu) Season

Influenza is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness, and at times can lead to death. During a regular flu season, about 90% of deaths occur in people 65 years and older. The flu season in the United States can begin as early as October and last as late as May. The best way to prevent influenza is by getting a flu vaccination each year. The Centers for Disease Control and Prevention (CDC) recommend a yearly flu vaccine for everyone six months of age and older as the first and most important step in protecting against this potentially serious disease. Healthcare workers who get vaccinated help to reduce transmission of influenza to their patients, family members, and protect themselves as well.

It is not a surprise that annual influenza vaccination has become a patient safety focus of regulatory agencies. The Joint Commission has implemented additional Infection Control requirements for all Joint Commission accredited organizations, which became effective and part of the accreditation survey process July 1, 2012. The Standards state:

"Standard IC.02.04.01: The organization offers vaccination against influenza to licensed independent practitioners and staff. Note: This standard is applicable to staff and licensed independent practitioners only when care, treatment, or services are provided on-site. When care, treatment, or services are provided off-site, such as with telemedicine or telephone consultation, this standard is not applicable to off-site staff and licensed independent practitioners.

Elements of Performance:

1. The organization establishes an annual influenza vaccination program that is offered to licensed independent practitioners and staff.
2. The organization educates licensed independent practitioners and staff about, at a minimum, the influenza vaccine; nonvaccine control and prevention measures; and the diagnosis, transmission, and impact of influenza. (See also HR.01.04.01, EP 4)

Continued on the Next Page...

It's That Time Again… The Influenza (flu) Season Continued…

3. The organization provides influenza vaccination at sites and times accessible to licensed independent practitioners and staff.
4. The organization includes in its infection control plan the goal of improving influenza vaccination rates. (For more information, refer to Standard IC.01.04.01)
5. The organization sets incremental influenza vaccination goals, consistent with achieving the 90% rate established in the national influenza initiatives for 2020. Note: The U.S. Department of Health and Human Services' Action Plan to Prevent Healthcare-Associated Infections is located at: http://www.hhs.gov/ash/initiatives/hai/tier2_flu.html.
6. The organization has a written description of the methodology used to determine influenza vaccination rates. (See IC.02.04.01, EP 1) Note: The National Quality Forum (NQF) Measure Submission and Evaluation Worksheet 5.0 provides recommendations for the numerator and denominator on the performance measure for NQF #0431 INFLUENZA VACCINATION COVERAGE AMONG HEALTHCARE PERSONNEL. See: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=68275. The Joint Commission recommends that organizations use the Centers for Disease Control and Prevention (CDC) and the NQF proposed performance measure to calculate influenza vaccination rates for staff and licensed independent practitioners. The CDC/NQF measure, however, does not include all contracted staff. Therefore, The Joint Commission recommends that organizations also track influenza vaccination rates for all individuals providing care, treatment, and services through a contract, since contracted individuals also transmit influenza.
7. The organization evaluates the reasons given by staff and licensed independent practitioners for declining the influenza vaccination. This evaluation occurs at least annually.
8. The organization improves its vaccination rates according to its established goals at least annually. (For more information, refer to Standards PI.02.01.01 and PI.03.01.01.)
9. The organization provides influenza vaccination rate data to key stakeholders which may include leaders, licensed independent practitioners, nursing staff, and other staff at least annually." *The Joint Commission "R3 Report." Issue 3, May 30, 2012.*

In other words, this standard requires organizations to establish an annual influenza vaccination program for all employees, including licensed independent practitioners and non-clinical staff. While this new requirement does not mandate vaccination for staff as a condition of accreditation, The Joint Commission does expect organizations to implement an incremental vaccination goal to reach 90 percent coverage by 2020. Keep in mind that organizations will also be required to have a process in place to measure and improve their influenza vaccination rates.

Your state and local public health departments have a wealth of free information to assist you in enhancing your annual influenza vaccination program. In addition, the Centers for Disease Control (CDC) under Seasonal Influenza and www.Flu.gov offer materials that are free for downloading as well. Should you need assistance with establishment of your influenza vaccination program, please feel free to contact our office.

Written by Ginny Ginunas, IPC, CIC of Steven Hirsch & Associates

Credentialing: How Much Do You Really Need to Do?

When the Joint Commission standards allowed for the American Master Physician Profile (AMA) to serve as primary source verification for many of the required credentialing elements, there was much discussion among medical staff professionals (MSP) as to whether the information on the AMA Profile would provide the information needed for medical staff and hospital leadership to determine whether the licensed independent practitioners met the criteria for staff membership and clinical privileges.

The AMA Profile will verify the dates of the medical degree, internship and residency training, board certification, licensure and postgraduate training. In order to obtain information on how the practitioner interact with family, patients, peers and faculty, and how the practitioner satisfied the training requirements, the MSPs must write directly to the training program directors.

The question is "How relevant is the information from the training program if the practitioner has been out of training for numerous years?" The medical staff leadership will need to determine after how many years out of training verification is required. In many cases, a coordinator at the training facility will be the one who will verify the dates of training; too often will there be no one who will be able to attest to knowing the practitioner and the questions requesting evaluation of the applicant will go unanswered. It is recommended that there be at least a 5-7-10 year guideline for requiring evidence of education from the training institution; anyone out of training longer than that can be verified by using the AMA Profile. In the event that the training institution has closed since the practitioner completed their education, the AMA Physician Profile should be considered as the source of verification. In addition, if the practitioner has completed additional training and there is no information on the AMA Physician Profile, the MSP must write directly to the training institution, unless the facility has closed.

The AMA Physician Profile can be used to verify the status of the medical licensure and the DEA Controlled Substances Certification, but it is common practice to verify licensure directly with the State Medical Board. Information related to any sanctions or actions taken against the practitioner must be obtained from the State Medical Board. The National Technical Information Service (NTIS) can also verify the DEA, but it can be a costly service and not all facilities are willing to incur the additional expense.

The National Practitioner Data Bank (NPDB) was established by Congress as part of the Health Care Quality Improvement Act of 1986. The following reports must be submitted when:

- Professional liability payments are made on behalf of a physician or other health care practitioner.
- Adverse action reports based on a physician or other health care practitioner's professional competence or conduct adversely affects clinical privileges for more than 30 days.

Each hospital must request information from the NPDB as follows:

- When a physician, dentist, or other health care practitioner applies for medical staff appointment or for clinical privileges at the hospital.
- Every 2 years (biennially) for all physicians, dentists, and other health care practitioners who are on its medical staff (courtesy or otherwise) or who hold clinical privileges at the hospital.
- Whenever additional clinical privileges are requested between (re) appointment periods.

Obtaining malpractice claims history is not mandatory, but if one depends solely on the NPDB, the organization will only be aware of closed malpractice cases. By not sending for claims history the medical staff leadership will not be aware of any open cases. Open cases can reveal trends in the practitioner's malpractice history. It is recommended that all carriers, past and present, be queried,

Continued on the Next Page...

Credentialing: How Much Do You Really Need to Do? Continued…

though the medical staff can determine how far back to query. It is important to query each time the practitioner changes carriers and at the time of reappointment.

The Joint Commission requires peer references, but even if your facility is accredited by another agency that does not have this requirement, peer references can be valuable to the medical staff leadership. How many reference letters should one ask for? That again is a decision that should be made by the medical staff. Too many references can delay the application process. It is recommended that at least two peer references be requested at the time of initial application, and at least one new reference at the time of reappointment. If one works in a smaller organization and the Department Chair or Section Chief knows each member of the clinical department, they can serve as a peer reference as long as they attest to the elements required in the peer reference letter.

Hospital affiliations, why is this information valuable? The majority of hospital responses will verify the dates of affiliation, the current staff status and the staff category. The rationale for obtaining hospital affiliation is to assist in verifying the time frames of practice, the specialty that the applicant has been assigned to, and will assure the medical staff that there are no time gaps in the practioner's practice. Again, does one need to query every hospital? That should be determined by your medical staff policy. For a physician who has only a few affiliations it would not be cumbersome to query each hospital. Many of the affiliations can be obtained online. If the practitioner has many affiliations, e.g. telemedicine physicians, the medical staff should determine how many hospital verifications should be obtained.

The more information that is obtained on an applicant, the better informed the medical staff leadership and the governing board will be as they consider appointment of the best medical staff professionals. The applicant must meet the requirements for medical staff membership and clinical privileges and any "red flags" should be identified. The role of patient advocate is stated as part of the NAMSS Code of Conduct in which we, as members of our profession, demonstrate expertise by protecting the safety of patients and other members of the health care team through understanding of regulatory requirements and utilizing credentialing processes that meet industry standards.

Written by Margo Smith, RHIT, CPMSM, CPHQ of Associates

About Steven Hirsch & Associates

As recognized experts on Joint Commission, HFAP, and DNV accreditation, licensure preparedness and facility management issues, Steven Hirsch & Associates has been providing healthcare management consulting services including accreditation preparation services to hospitals and other healthcare related organizations throughout the United States since 1987.

For more information on how Steven Hirsch & Associates can assist you with accreditation and licensure preparedness, Medicare certification and other management challenges, please contact us at (800) 624-3750 or go to our web site at www.shassociates.com.