

# **State of Iowa Department of Corrections**

## **Policy and procedures**

Policy Number: FPH-11

Applicability: Institutions

Policy Code: Public Access

Iowa Code Reference: Chapters 904, 812, 229

Chapter 10: Forensic Psychiatric Hospital

Sub Chapter Administration and Organization

Related DOC Policies: NA

Administrative Code Reference: 481

Subject: Credentialing and Privileging

ACA Standards: 5-ACI-6B-04

PREA Standards: NA

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### **1. PURPOSE**

To outline procedures for credentialing and privileging of Licensed Independent Practitioners (LIP) at the Forensic Psychiatric Hospital (FPH).

### **2. POLICY**

To assure that all potential candidates for employment in the FPH are screened for credentialing and privileging (C&P) and to assure that FPH process for C&P is in accordance with all applicable state and federal regulations. **(5-ACI-6B-044)**

### **3. DEFINITIONS - As used in this document:**

- A. Licensed Independent Practitioner (LIP) - A health care practitioner who is licensed in the State of Iowa and is permitted by law to practice within the scope of the individual's license and is consistent with individually-granted clinical privileges. The following are considered to be LIP's (if licensed) by FPH:

- 1. Physicians

2. Nurse Practitioners
3. Dentists
4. Psychologists
5. Psychiatrists
6. Social Workers
7. Physician Assistants

More definitions can be obtained in the Bylaws.

- B. FPH AWT – Forensic Psychiatric Hospital - Associate Warden of Treatment
- C. DOC HSA – Department of Corrections Health Services Administrator
- D. Credentialing - The process of obtaining, verifying and assessing the qualifications of the LIP to provide services for patients at FPH.
- E. Privileging - The process whereby a specific scope and content of patient care and services are authorized for a LIP by the FPH management/medical staff, based on evaluation of the individual's credentials and performance.
- F. DOC - Department of Corrections for the State of Iowa.
- G. Executive Committee - The membership of LIPs in the DOC and the elected officials of president, vice president and secretary.
  1. The process by which the scope of practice of each LIP is defined;
  2. The scope of practice that may be provided by an LIP and/or what care may not be done, that is, it should be referred out;
  3. Privileges are "practitioner specific" and are defined by each facility, within the context of the respective state laws;
  4. Covering physicians.
- H. Scope of Practice Statements - Also known as job descriptions, position descriptions or functional statements. This term may also be used interchangeably with the term "clinical privileges". These are documents that

explain the range of activities, responsibilities and authority included in LIPs' jobs and those that are excluded. At FPH, the "Position Description Questionnaire" (PDQ) outlines the "scope of practice" or "clinical privileges" for each LIP. Additional LIP specific privileges allowed are outlined in the initial and subsequent C&P process.

#### **4. PROCEDURE**

The DOC HSA will review each practitioner's record of experience and report findings to the Medical Staff Executive Committee Chair. The Executive Committee Chair must assess whether individuals with clinical privileges act within the scope of privileges granted at least every two years. Ongoing QA/QI projects coordinated by the FPH Health Services Executive Officer or designee will be utilized in the C&P process.

In connection with all applications for appointment/reappointment, the applicant assumes the responsibility of producing accurate and adequate information for a proper evaluation of his/her qualifications and suitability for the clinical privileges requested.

##### **A. Each candidate will follow the application procedure for acquiring C&P at FPH.**

The FPH Health Services Executive Officer or designee will send the candidate the application packet to obtain C&P at FPH.

1. The "application package" will include:
  - a. **FPH-11 F-1** – *Application for Initial Credentialing and Privileging*
  - b. **FPH-11 F-2** – *Personal Information*
  - c. **FPH-11 F-3** – *Office/Practice Site Information*
  - d. **FPH-11 F-4** – *Hospital and Facility Privileges*
  - e. **FPH-11 F-5** – *Professional References*
  - f. **FPH-11 F-6** – *Delineation of Privileges*
  - g. **FPH-11 F-7** – *Terms and Agreement*

h. **FPH-11 F-8** – *Credentialing and Privileging Authorization*

i. **FPH-11 F-9** – *Authorization to Release Information*

2. The candidate is to complete and return the packet to the FPH Health Services Executive Officer or designee within the specified time period. The FPH Health Services Executive Officer or designee will manage the application package and timeline.
3. Upon return of the “application package”, the FPH Health Services Executive Officer or designee, will assure that all required documents have been returned, including copies of current licenses and/or certificates, releases, and that all documents have been signed where required.
4. The FPH Health Services Executive Officer or designee will contact the applicant regarding any missing or incomplete information. If the FPH Health Services Executive Officer or designees does not receive the required information within ten (10) days of receipt of the application, the application will be considered incomplete and further processing will be suspended.
5. The review is completed and submitted to the executive committee president for approval following all requirements outlined in the Executive Committee Bylaws.
6. Final review is completed by the Department of Corrections Health Services Administrator or designee and the decision rendered is returned to the executive committee president.
7. If the candidate disagrees with the final decision, the appeal process is followed per the Executive Committee Bylaws.

## **B. Employed LIPs applying for reappointment:**

1. All LIPs who provide treatment and/or services to patients/patients at FPH must be credentialed and privileged upon appointment and at least every two years thereafter. The "application package" will be updated and reviewed by the FPH Health Services Executive Officer and then forwarded to the Executive Committee Chair.
2. FPH will uniformly apply credentialing criteria to, and decide whether to authorize, licensed health care practitioners to provide care and treatment to patients/patients at FPH.
3. Documentation supporting all decisions and current credentials will be maintained in each individual practitioner's electronic file with access granted to the appropriate personnel.
4. FPH will verify and uniformly apply the following core criteria: Current license; current certification, if applicable; relevant education, training and experience; current competencies with evaluations, and a statement that the individual is able to perform the services he/she is applying to provide. These criteria will be assessed using current guidelines.
5. The National Practitioner Data Bank (NPDB) must be queried prior to the initial appointment as well as at least every two years thereafter for information regarding adverse privilege actions taken by a healthcare entity. Other sources may be utilized, including, but not limited to, other appropriate resources. FPH Health Services Executive Officer or designee will send each LIP an email requesting that they renew any licenses/certifications. This information must be returned to the FPH Health Services Executive Officer or designee before the expiration date. Online verification may be turned in as proof of renewal but a copy of the renewed license/certification must be turned in to be placed in their file. Approximately thirty (30) days later another email will be sent to each LIP that did not previously turn in a copy of the information. Their immediate supervisor may be copied on the email. If any of the information is not complete or is not turned in to the FPH Health Services Executive Officer or designee before the expiration date, it may be cause for granting a temporary leave of absence of up to five (5) days or permanent dismissal.
6. Approximately thirty (30) days prior to the expiration date, the Health Services Executive Officer or designee, will complete a verification using the National Practitioner Databank for possible changes. The

Health Services Executive Officer or designee will gather relevant data concerning adherence to policies/procedures, quality improvement activities, results of peer reviews, and relevant education and training as set up by the executive committee. This information will be placed in the LIP's credentialing file and submitted to the executive committee president and for review.

7. If all requirements are met, the executive committee president will sign the Application for Reappointment and submit the file for final approval. The DOC HSA will sign the Application for Reappointment and return the file to the Health Services Executive Officer or designee.

If the action to be taken at any time in this process is adverse to the applicant, he/she will be entitled to the procedural rights as stated in the fair hearing provision of the Executive Committee Bylaws.