

# CASE STUDY

Customized Core  
Privileging Project Produces  
Compliant, Highly Effective  
Privileging System



## CLIENT

**CHRISTUS Santa Rosa Medical Center**, San Antonio, Texas, is a highly complex organization with multiple sites, multiple care delivery models, and diverse medical staff cultures. The system consists of:

- CHRISTUS Santa Rosa, a single hospital/single medical staff with three distinct sites of care and cultures
- CHRISTUS Alamo Heights, a specialty hospital/outpatient surgical center, owned by CHRISTUS and physician investors
- Children's Hospital of San Antonio, which includes a partnership with Baylor College of Medicine and Texas Children's Hospital in Houston, TX

## BACKGROUND & CHALLENGES

CHRISTUS Santa Rosa has been a client of **The Greeley Company** for a number of years; most recently experiencing a great deal of success by outsourcing their central credentialing department to Greeley as a **Credence<sup>SM</sup>** site (*Credence* is the name of Greeley's medical staff services/ credentialing outsourcing service).

During a July 2014 Joint Commission survey, CHRISTUS Alamo Heights experienced some specific compliance challenges related to their core privileging forms. Specifically, when Joint Commission surveyors reviewed the privilege forms for orthopaedics and general surgery they determined that the definition of core was not clear as to what was included or excluded. The forms also did not include lists identifying core procedures.

Recognizing that the entire system was at risk of a repeat of these findings across all of their sights—and aware of Greeley's national expertise in the area of criteria based core privileging—CHRISTUS sought assistance from The Greeley Company to expedite the development and implementation of the necessary revisions to their privileging forms.

## SCOPE OF PROJECT WORK AND KEY TOOLS

To assist CHRISTUS with their multiple privileging needs, The Greeley Company provided:

- **Project management and planning activities** including:

- Kick-off call
- Approaches to scheduling
- Tips for the review and approval process
- A transition plan for individual practitioners
- Facilitation of a number of project steering committee meetings to address various decision points and provide status reports during the engagement
- **Key tools needed to promote a successful engagement** including:
  - A start-up communique
  - Work plan
  - Communication tools
  - Concept document
  - Template agenda
  - Sample board resolution
- **One-on-one practitioner interviews** at each site and with each specialty area (when available) to ensure that the individuality, delivery models, specialty services, and cultures of the medical staff at each site of care were preserved
- **Education across the CHRISTUS system** on the benefits of core privileging and steps to successful implementation
- **Criteria-based core privileging forms** for the CHRISTUS Santa Rosa system and The Children's Hospital
- **Development of a privileging system for advanced practice professionals (APPs)**
- **Final report** outlining specific challenges and suggested solutions

The Greeley Company is nationally known for providing state-of-the-art, criteria-based core privileging content that reflects community and contemporary medical practices and utilizes guidelines from national specialty societies and benchmark organizations. Greeley's proprietary privileging forms combined with consulting expertise helped CHRISTUS to achieve both a compliant and a highly effective privileging methodology for the facilitation of clinical practice for all medical specialties and advanced practice professionals.

## GREELEY FINDINGS & SOLUTIONS

Greeley's experience in developing core privileging systems with healthcare organizations for the past two decades allowed a quick assessment of the unique needs of the various CHRISTUS facilities and sites and a recommendation on methodology to achieve a state-of-the-art privileging system tailored to CHRISTUS' needs. Greeley advised creating a common approach to a privileging delineation system and equivalent criteria for privileges across all CHRISTUS sites.

While conducting the onsite interviews, Greeley uncovered other tangential problematic privileging competencies and processes that CHRISTUS had not identified prior to Greeley's work.

For example, while CHRISTUS had been in the process of developing a separate privileging form for use of lasers, Greeley's in-depth investigation of the underlying issues identified that this solution was not efficient, unduly complex, and required additional paperwork from attending physicians, medical staff leaders, and credentialing service personnel without reason or benefit. Multiple subsequent discussions with the involved parties resulted in elimination of the duplicative process and guidelines for monitoring compliance/privileging at the sites of delivery of laser services.

Another issue Greeley identified while on site was that CHRISTUS did not have a mechanism to allow physicians to regain clinical privileges after a period of absence (e.g., family care leave, medico administrative positions, etc.). After discussing this concept with the project steering committee (physician leaders from each site), Greeley drafted a policy that provided the organization with a methodology to allow a practitioner to return to active clinical practice after establishing current competence.

During the planning stages of developing a privileging system for APPs, Greeley quickly ascertained a couple of significant concerns related to the privileging of advanced practice nurses (APNs). Specifically:

- While the state licensure regulations were very prescriptive and tightly linked to the certification of the APNs, the CHRISTUS APN privilege delineation did not reflect the state limitations.
- A significant number of APNs employed by CHRISTUS at the Children's Hospital were performing highly complex procedures. (During the first day of interviews, the Greeley advisors learned that the current redelineation of privileges for APNs had been halted pending their arrival, assessment, and recommendations.)

Once again, the Greeley team's previous experience in privileging APPs enabled them to analyze the multiple issues (e.g., TX state licensing regulations, multiple APN certifications, and scopes of care permitted, depending upon practice certification). This led to Greeley's development of an approach that would comply with state licensing regulation, CMS, and The Joint Commission-as well as provide a mechanism to control the acuity of care being delivered by employed and non-employed APNs. Further, the forms Greeley created serve not only as privilege delineation forms, but as instructive tools to educate and guide the APN, their collaborative physicians, medical staff leadership, and the facility regarding delineation of privileges related directly to the correct scope of care.

Also related to APPs, the Greeley team learned that prior to their arrival, CHRISTUS had received several requests for additional privileges from APPs, but had placed a moratorium on these requests until the core privileging project was underway. Greeley's assessment revealed that CHRISTUS did not have a mechanism that enabled APPs to expand their privileges. Greeley proposed and discussed the concept of "training up" APPs-to allow for a period of preceptorship in order to safely expand their scope of services-with the project steering committee, which the committee subsequently endorsed. Then Greeley provided a template policy and procedure tailored to CHRISTUS' unique needs.

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