

HEADS UP...



TOPIC: *Permitting LIPs to provide care, treatment and services*

SETTING: *Nursing Care Center (NCC) Program*

Why is this important?

Nursing care centers are responsible for ensuring licensed independent practitioners (LIPs) are competent to provide safe, quality care to patients and residents. An organization's credentialing and privileging processes and approvals are vital to patient safety. Despite the importance of this process, the related standards and EPs (HR.02.01.04 EP 5 and 10 as well as other EPs) continue to appear in the most frequently scored and high-risk standards and EPs for nursing care centers.

Scope of the Problem:

Time period: **January 1, 2021 through July 31, 2021**

Number of full surveys performed: **276**

Number of surveys with moderate to high-risk findings: **52 (19%)** (HR.02.01.04 EP 5: 33 surveys; HR.02.01.04 EP 10: 25 surveys)

Relevant standard/EP: HR.02.01.04. The organization permits licensed independent practitioners to provide care, treatment, and services. **EP 5.** At least every two years, before permitting licensed independent practitioners to continue to provide care, treatment, and services, the organization does the following:

- Documents current licensure and any disciplinary actions against the license available through the primary source.
- Obtains and documents information from the National Practitioner Data Bank (NPDB). The medical director evaluates this information.
- Reviews any clinical performance in the organization that is outside acceptable standards. The medical director evaluates this information.
- Reviews information from any of the organization's performance improvement activities pertaining to professional performance, judgment, and clinical or technical skills. The medical director evaluates this information.
- Confirms the licensed independent practitioner's adherence to organization policies, procedures, rules, and regulations. **EP 10.** The Medical Director provides the licensed independent practitioner with a written list of any limitations on the care, treatment, and services he or she can provide.

Sample survey observations [from surveyor notes] and contributing factors

- No documented evidence that the organization had obtained information from the National Practitioner Data Bank at least every two years.
- Medical Director had not reviewed any of the organization's performance improvement activities pertaining to professional performance, judgment or clinical or technical skills of the Licensed Independent Practitioners.
- There was also no evidence that the organization had verified the current licensure through the primary source, at least every two years before permitting LIPs to continue to provide care, treatment and services.
- LIPs did not have a written list of limitations present in their credentialing files.

Potential contributing factors

- Issues with access to the NPDB.
- Lack of a credentialing checklist/process and failure to document information.
- Unclear staff roles and responsibilities (e.g., numerous staff changes in the Credentialing Coordinator position, leading to inconsistent responsibility; staff was never properly trained on how to onboard a new LIP).

How to identify potential problems in your organization

Review your policies and procedures

- Does the organization have a clear policy and procedure for permitting physicians and other licensed practitioners that go through the credentialing process to provide care, treatment and services?
- Does the organization's policy address a process to obtain and document information from the NPDB?
- Does the organization's policy address the process to: Document practitioners' current licensure and any disciplinary actions against the licenses available through the primary sources? Verify the identity of the practitioner by viewing valid state or federal government-issued picture identification?
- Does the organization have a procedure to ensure that privileges last no longer than a two-year period?
- Does the policy address staff responsibilities (e.g., who is responsible for verifying and approving privileges and credentials?)
- Does the Medical Director identify and provide physicians and other licensed practitioners that go through the credentialing process a written list of restrictions related to the care, treatment, and services he/she can provide? Does the organization have documentation showing this has been communicated to the practitioners?
- Does the organization's policy and procedure include a process to ensure that the governing body reviews recommendations made by the Medical Director and the documentation on which the recommendations are based prior to approving privileges?
- Does the policy address how leadership will oversee the credentialing and privileging process, as well as processes for approval or denial of privileges?
- Does the organization review state regulations and are the organization's policies consistent with state regulations regarding physicians and other licensed practitioners that go through the credentialing process?

Interview staff & Medical Director (if available)

- Relevant staff demonstrates knowledge of requirements for granting, renewing, or revising privileges for the organization.
- Can clinical staff verbalize how they would verify or find credentialing and privileging information for any provider presenting to the organization (especially when administrators are not present)?

Assess your environment

- Does the organization have a checklist of information and documents needed to verify and approve credentials for attending physicians and other licensed practitioners that go through the credentialing process?
- Does the organization have a tracking system for credentialing and privileging files?
- At the time of licensure expiration, does the organization document the physicians and other licensed practitioners that go through the credentialing process current licensure and any disciplinary actions against the license available through the primary source?

Evaluate implementation

- Review physicians and other licensed practitioners that go through the credentialing process credentialing files to verify that credentials, privileges, evidence of training, etc. have been evaluated and documented.

What are some resources can assist me in mitigating risks in these areas?

Joint Commission, Standards Interpretation, Frequently Asked Questions (FAQ).

- [National Practitioner Databank](#)
- [Reappointment/re-privileging dates](#)
- [Emergency Management – Reappointment and Re-privileging Time Period During a Disaster](#)
- [Credentialing and Privileging - Consultants](#)
- [Credentialing and Privileging - Hospital-Based Nursing Care Center](#)

Joint Commission, E-dition. Appendix A: Reference Guide of Selected Medicare Requirements to Relevant Joint Commission Requirements. See CoPs: §483.70(h)(1), §483.70(h)(2) and §483.30.