
Credentialing, Scope of Practice and their impact on Patient Safety

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Overview

- Relationship between Credentialing, Scope of Practice and Patient Safety
- Evidence in the literature for development and monitoring of Credentialing
- Practical Issues in Credentialing and Scope of Practice

Relationship between Credentialing, Scope of Practice and Patient Safety

- Credentialing = Right Person, right skills
- Scope of Practice = Right Procedure, Right Place, right team

Patient Safety in QH

**Right
Person
Doing The
Right Job**



**With The
Right Skills**

**Supported By
Effective
Organisational
Systems**

**Working In
High
Performance
Teams**

Limitations of Credentialing

- Only one element of the broader Patient Safety System
 - Incident management: reporting, analysis, prevention
 - Management of known high risk areas - falls, pressure ulcers, medication errors, infection control, patient identification
 - Teamwork, organisational culture, consumer engagement...

Limitations of Credentialing

- Communication between entities:
 - Private sector constrained by the National Privacy Principles
 - Public sector constrained by state government equivalents - in Qld IS42A.
- Everyone can report concerns to the Registration Boards

Limitations of Credentialing

- Effectiveness (strength of action, responsiveness to patient risk) depends on local capacity - state policies and local procedures to implement these
- “Buy-in” from clinicians variable
- Can become a “machinery” measure
- Private sector challenges

Evidence to support Credentialing

How many inquiries must we
have????



Bristol - July 2001

- There was no requirement on hospital consultants to keep their skills and knowledge up to date nor to demonstrate to anyone other than their peer group that they remained sufficiently skilled.
- Surgeons were able to introduce new techniques without any formal system of notification and without the need to demonstrate the necessary level of skill.
- The systems in existence were not capable of assuring the competence of healthcare professionals.
- Poor or diminishing competence could not be adequately addressed until it became manifestly bad

King Edward Memorial Hospital - November 2001

- The Credentialling Committee is to approve a list of the clinical privileges granted to each medical staff member in respect of particular procedures, together with the conditions applying to the privileges granted (the "credentialling list").

King Edward Memorial Hospital - November 2001

- The credentialling list is to be readily accessible in all relevant areas and to all relevant personnel of the Hospital.
- The Hospital is to develop and implement effective monitoring and enforcement processes to ensure that procedures are performed in accordance with the credentialling list.

King Edward Memorial Hospital - November 2001

- The Hospital is to develop and implement guidelines for determining whether a new surgical procedure should be performed at the Hospital, the conditions under which it should be performed and the respective roles of the Credentialling Committee and the Ethics Committee in that process.

Canberra Hospital - Feb 2003

- A senior specialist in medical imaging at TCH was reported as stating: "I have worked with [the neurosurgeon] for approximately 15 years... I do not believe that [he] has the skills required to practise neurosurgery and I have advised him of this personally."
- This radiologist is quoted in the Inquiry Report as citing "five instances of poor judgment, three instances of impatience and five instances of poor surgical techniques".

Canberra Hospital - Feb 2003

▪ Dr X's clinical competence

- The peer reviewer found that Dr X exhibited difficulty in relation to certain procedures. He also found that there appeared to be issues of judgement exhibited by Dr X. He found that there was some basis for the complaints by Dr McLaren concerning Dr X. However, the peer reviewer did not believe that, given Dr X had already imposed restrictions on his practice, any further restrictions on Dr X practice were necessary.

Davies - 2005

■ Bundaberg

- The Medical Board negligently failed to properly check Dr Patel's paper credentials and to make any assessment of whether he had the qualifications and experience for practising surgery in Bundaberg.
- And hospital administrators failed to have any assessment made of his skill or competence by a committee of peers called a Credentialing and Privileging Committee.

Davies - 2005

▪ Hervey Bay

- In addition, Drs were employed and commenced service at Hervey Bay Hospital without having their skills and competence assessed by a committee of peers, a credentialing and privileging committee.

Davies - 2005

■ Townsville

- He claimed to have post-graduate qualification in psychiatry from the Voronezh State University in the former USSR, now the Russian Federation. It seems probable now that that claim is false, and that the documents which he produced to the Medical Board to obtain registration were forged.

Davies - 2005

■ Charters Towers

- There seems little doubt that Dr xxx was unsuitable to perform the work ordinarily required of a Medical Superintendent at Charters Towers Hospital including, as it turned out, anaesthetics in which he claimed some expertise. And, like the other cases I have examined, it seems at least likely that, if the proper processes of registration, employment and credentialing and privileging had been applied, this would have been discovered before the tragedy occurred.

Mackay - 2008

- In the HQCC's opinion, the credentialing ... was not of a reasonable standard to protect the health and well being of users of surgical services at Mackay Base Hospital because:
 - The granting of formal credentials and privileges was unreasonably delayed;
 - There were unacceptable delays in reviewing credentials and privileges; and
 - Credentials and privileges were not properly communicated to Dr xxxx, and other hospital staff who reasonably needed to know.

Practical Issues

Practical Issues

- Can we please have agreement on Credentialing vs Credentialling?
- The Google test:
 - Australia
 - Credentialing - 12 800 hits
 - Credentialling - 6940 hits
 - UK
 - Credentialing - 20 800 hits
 - Credentialling - 850 hits

Proof of ID

- In some places you can open a belly with fewer ID points than you can open a bank account.
- How do you know that the person in front of you on day 1 of employment is
 - The person you interviewed
 - The person whose documents were presented to the Medical Board
 - The person who actually acquired the skills and experience set out in the CV and about whom you obtained references.
- Identity fraud is one of the fastest growing crimes in Australia

Recognition of Training

- Some colleges have delineation of “levels” of procedures
- Some use more formal methods such as individual procedural proctoring
- Need robust and independent advice, no matter what system is in place

Rapid Recognition of a new recruit who is a risk

- Ask the anaesthetists!
- Ask the nurses!
- Ask the juniors!
- Visit ICU and monitor unplanned admissions
- Ask Blood Bank

How to know if someone is working outside scope

- You, they and all other relevant staff should know what their scope is
- Review the operating lists
- Have procedures in place for proactive approval of operating lists
- Have clear escalation procedures, including after-hours

Introduction of new procedures

- Business case - is there really a need for this?
- Service Capability
- Other staff capability
- Individual clinician capability - seek advice of Colleges

Imminent risk to the Public

- Managing scope in your local facility may not be sufficient to ensure patient safety -
 - Other hospitals
 - Private rooms
- Medical Board in your state should be notified of any decisions to change scope of clinical practice on safety grounds, including the reasons
- Give Board information about where else the doctor is working

Clinical Services Capability Framework

- Some Doctors seem to be really good at forgetting that they need a team, a facility, and backup if things go wrong

Trade Practices Act

- In certain circumstances, refusal to grant credentialing/admitting rights at hospitals may raise issues under the Trade Practices Act. This issue has been the subject of complaints to the ACCC in the past and continues to be so.

Privilege

- WA credentialing policy expressly provides that Credentialing committees are NOT to be operated as approved quality assurance committees
- Can increase frankness of discussion
- Makes it hard to be transparent.

In Conclusion

- We have a clear duty to ensure that anyone we allow to treat a patient has the right skills
- Rapidly diminishing public and regulatory tolerance for administrators who overlook this duty
- Would you get on a Boeing 747 piloted by a Cessna pilot?...or by a person with a car license only?

Contact us

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