Criteria-Based Core/Non-Core Privileging System in Hospitals and Medical Centers

Diana El Banna, Pharm D, MPH
Medical Staff Officer
American University of Beirut Medical Center

Introduction

Privileging of physicians is the process that identifies and grants them authorities to perform specific functions based on their qualifications and competencies. The Criteria-Based Core/Non-core (special) Privileging System is a new concept that has been introduced in recent years to streamline and standardize this process.

This article will present a case study depicting the widely used laundry list privileging form for Department of Radiology and its drawbacks followed by another example of the criteria-based core/non-core privileging form for Department of Diagnostic Radiology in another hospital.

A detailed description of the Criteria-Based Core/Non-core Privileging System is then provided along with its characteristics, advantages and the 5 steps to develop and implement Criteria-Based Core/Non-core Privileging System.

By definition, core privileges refer to clinical activities within a specialty or subspecialty that any appropriately trained, actively practicing physician with good references would be competent to perform. Practitioners who meet predefined criteria are eligible to apply for core privileges.

On the other hand, non-core (special) privileges refers to Physicians who can document additional training and experience may be eligible to request these privileges. Non-core privileges also include privileges that cross specialty lines and those that may be unconventional.

These types of privileging forms have several drawbacks:
a - Absence of eligibility criteria
b - Procedurally focused lists
c - Legal liability
d - Continuous update
A more practical approach is to utilize the Criteria-Based Core/Non-Core privileging system.

Characteristics of the Criteria-Based Core/Non-Core privileging system

a- New applicants should meet the threshold criteria to be eligible to apply to the core privileges for the related specialty/sub-specialty (including education, training, experience and demonstrated current competence)

b- Current Medical Staff should meet reappointment criteria to be eligible for reprivileging. (represented by quality indicators and meeting volume requirements, if applicable)

c- Physicians who meet the Initial appointment or reappointment criteria for core privileges are eligible to apply for non-core or special privileges.

Advantages of Criteria-Based Core/Non-Core privileging system

1- **Consistency:** All physicians in a clinical specialty or subspecialty area should meet the same minimum requirements. Those from different clinical areas who request privileges to perform the same procedures or treat the same conditions are expected to meet equivalent criteria. This helps reduce and eliminate conflicts across specialties and within the same specialty/sub-specialty

2- **Flexibility:** The privilege forms for all specialties will have the same predefined format. Core privileges can be modified depending on the services provided by the hospital or medical center.

3- **Objective prescreening:** The established threshold criteria allows for prescreening of applicants. Those who do not meet the criteria for core or special privileges are not eligible to apply.

5- Steps to developing and implementing Criteria-based Core/Non-Core privileging system

Step 1: Secure leadership support

The concept of criteria-based core/non-core privileges needs to be presented to the leadership of the hospital or medical center to secure formal support and buy-in before initiating the project. During this presentation the following points need to be emphasized:
a- Current privileging system used is outdated and requires standardization
b- The system used to grant privileges is not criteria-based
c- The current system is difficult to maintain and requires continuous review of the privilege request forms
d- Practice areas such as emergency medicine lend themselves perfectly to criteria-based core privileges
e- The hospital or medical center should consider a simpler privileging approach.

Step 2: Research, designing and drafting the Criteria-Based Core/Non-Core privileging forms

Once leadership support has been solicited, a thorough research is conducted and drafts of the Criteria-Based Core/Non-Core privileging forms for all specialties/sub-specialties are prepared. These drafts are then shared with heads of specialties/sub-specialties in the hospital or medical center for review and feedback.

Step 3: Education and communication to Medical Staff members

Medical Staff members in the hospital or medical center are informed, by the leadership, of the plans to transition to the new privileging system. Medical Staff need to be educated on the features of the proposed system to ensure a smooth transition and mitigate push back.

Step 4: Approval of Criteria-Based Core/Non-Core Privileging forms

Upon finalization of the proposed Criteria-Based Core/Non-Core privileging forms with the heads of specialties/sub-specialties, the forms will then be reviewed and approved by the credentialing committee or a special committee founded for this purpose. The final approval for implementation is provided by the Chief of Staff/ Hospital Director in small hospitals or by the Medical Board in large hospitals or medical centers.

Step 5: Implementation of the Criteria-Based Core/Non-Core privileging system

There are two ways to implement the new privileging system:
a- Specialty-by-specialty: Rolling each specialty at a time into the new system
b- Facility wide: Implementing the new system for everyone at the same time.

During implementation of the new privileging system, all Medical Staff (either facility wide or specialty specific) are expected to complete the new privileging form and these forms will also be used for new applicants.

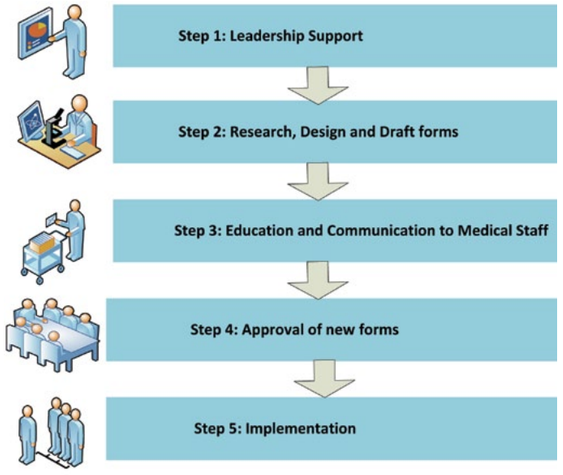

Figure 1: Developing and Implementing Criteria-Based Core/Non-Core privileging system

References

1. Core Privileges for Physicians: A Practical Approach to Developing and Implementing Criteria-Based Privileges. Fifth Edition, Sally J. Pelletier, CPMSM, CPCS

Appendix 1: An excerpt from a Department of Diagnostic Radiology
Criteria-Based Core/Non-Core Privileging Request Form

Qualifications for Diagnostic Radiology

The following are eligibility criteria for application for Initial appointment and reappointment and granting of core privileges in Diagnostic Radiology

1. **Basic Education:**
2. **Specialty Training:**
3. **Board Certification or equivalent:**
4. **Licensure:**
5. **Current Competence:**
   Initial privileges:
   References;.
   Renewal of privileges during reappointment:

Core privileges: Diagnostic Radiology
❑ Requested

Perform general diagnostic radiology (x-ray, radionuclides, ultrasound, and CT and MRI) to diagnose and treat diseases of patients of all ages. Responsible for communicating critical values and critical findings consistent with medical staff policy. The core privileges in this specialty include the procedures on the attached

Core Procedures List

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

Diagnostic Radiology

- Performance of history and physical exam
- Bone densitometry
- CT of the head, neck, spine, body, chest ([including/excluding] cardiac), abdomen, pelvis, and extremities and their associated vasculatures
- MRI of the head, neck, spine, body, chest ([including/excluding] cardiac), abdomen, pelvis, and extremities and their associated vasculatures
- PET
- Mammography (in accordance with Mammography Quality System Regulation (MQSR) required qualifications)

Appendix 2: An excerpt from a Department of Radiology privileges request form

Please check appropriate areas:

- ☐ Admitting privileges
- ☐ General diagnostic radiology
- ☐ Computerized tomography
- ☐ Ultrasonography
- ☐ Magnetic resonance imaging
- ☐ Nuclear medicine
- ☐ Special procedures
  - ☐ Arteriography
  - ☐ Angioplasty, balloon
  - ☐ Angioplasty, laser
  - ☐ Intravascular embolization
  - ☐ Venography
  - ☐ Lymphangiography
  - ☐ Lumbar puncture and myelography (lumbar or C1-2 puncture)
  - ☐ Percutaneous transhepatic cholangiography and biliary drainage
  - ☐ Percutaneous cholecystostomy/bile duct stone removal
  - ☐ Percutaneous nephrostomy/stone extraction
  - ☐ Percutaneous drainage of fluid collections
  - ☐ Percutaneous biopsies
  - ☐ Vena cava filter insertion
  - ☐ Percutaneous gastrostomy

Appendix 2 represents an excerpt from a privileging list from a hospital's Department of Radiology. This is an example of the laundry list system, widely used in hospitals and medical centers, which are detailed checklists that itemize procedures/conditions that applicants request to perform/treat. The usual approach in this case is that the physician, requesting the privileges that he/she wishes to exercise within the hospital or medical center, automatically chooses all the privileges listed in the form.

Infos

Coucher les Enfants à Heure Fixe pour qu'ils soient plus Intelligents

Une vaste étude apporte des éléments précisant qu'à sept ans, les enfants qui ne se couchent pas à des horaires réguliers ont des performances cognitives inférieures aux autres en lecture, en maths et pour se repérer dans l'espace. Le monde appartiendrait à ceux qui se lèvent tôt, si l'on en croit l'adage populaire. En tout cas, pour les enfants, ce serait plutôt l'horaire du coucher qui pourrait contribuer à maximiser l'intelligence. En effet, une étude a montré que les enfants de sept ans qui n'étaient pas habitués à aller au lit tôt et à heure fixe quotidiennement, obtenaient de moins bons scores aux tests de lecture, de mathématiques ou d'aptitude de repérage dans l'espace. Une nouvelle preuve que le sommeil affecte les capacités cognitives.
Selon le travail publié dans le « Journal of Epidemiology & Community Health », modifier l'heure du coucher pourrait interrompre ou raccourcir le temps de sommeil. En conséquence, cela perturberait dans un premier temps le rythme jour-nuit, mais entraînerait aussi une diminution de la plasticité cérébrale, ainsi qu'un déficit de la concentration; Ce qui aboutit à une baisse des capacités cognitives.