



UNITED STATES MARINE CORPS

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I MEFO 6320.66A
SURG

I MARINE EXPEDITIONARY FORCE ORDER 6320.66A

From: Commanding General, I Marine Expeditionary Force
To: Distribution List

Subj: STANDARD OPERATING PROCEDURES FOR HEALTH CARE PRACTITIONER
CREDENTIALING REVIEW AND PRIVILEGING PROGRAM

Ref: (a) BUMEDINST 6320.66E
(b) BUMEDINST 6320.67A
(c) BUMED memo 6320 Ser N3N22/0271 dtd 04 Aug 05
(d) SECNAVINST 5210.8D
(e) SECNAVINST 1920.6C
(f) BUMEDINST 6440.5C

Encl: (1) Guidelines for the Collection, Verification, and
Maintenance and disposition of the Individual
Credential File (ICTB)
(2) Credentialing/Privileging Procedure for Active Duty
Credentialed Practitioners Assigned to I MEF who Have
Held Active Staff Appointments with Clinical
Privileges at Their Previous Command
(3) Guidelines for the Collection, Verification,
Maintenance and Disposition of the Individual
Professional Files (IPF)
(4) Guidelines for the Use the ICTB

1. Situation. BUMEDINST 6320.66E changed the credentialing and privileging process for Navy and Marine Corps Medicine. This order revision places the MEF in compliance with the new instruction. This order contains substantial changes and should be reviewed in its entirety. This order defines and delineates the responsibilities and duties to include:

- a. Educating Major Subordinate Commands (MSCs) about the credentialing/privileging process.
- b. Credentialing and privileging new practitioners.
- c. Renewing practitioner's privileges.
- d. Verifying and updating practitioner's licenses.

e. Managing the Centralized Credentials and Quality Assurance System (CCQAS) database.

2. Cancellation. I MEFO 6320.66 and I MEFO 6320.2.

3. Mission. To maximize patient safety by ensuring all practitioners assigned to I Marine Expeditionary Force are qualified by reason of their education, training, licensure, certification, health status and competency as guided by references (a) through (f).

4. Execution

a. Concept of Operations

(1) The Department of the Navy (DON) recognizes the importance of health care service quality and depends on the coordinated performance between the health services staff to ensure health care quality. The potential consequences of unqualified or impaired health care practitioners or practitioner misconduct are so significant that complete verification of credentials and complete control of the clinical privileging process is imperative.

(2) Licensure, certification or registration is a qualification for employment as a privileged uniformed health care practitioner in the military health care system and is required throughout the period of employment regardless of assignment, billet type, or duties and responsibilities. Since licensure, certification or registration is an employment and commission qualification requirement, this requirement remains in effect even if the individual moves from direct patient care into a non-clinical assignment or duties.

(3) Department of Defense (DOD) policy states that all licensed, independent health care practitioners shall be subject to credentials review and shall be granted a professional staff appointment with delineated clinical privileges by a designated privileging authority before providing care independently. To be eligible for a professional staff appointment with clinical privileges, practitioners must possess a current, valid, unrestricted license, certificate or exemption or be specifically authorized to practice independently without a license, certificate or exemption.

(4) Interns shall not be granted clinical privileges.

(5) Independent Duty Corpsmen (IDC) and deep sea diving medical technicians are not eligible to participate in the privileging process, but may provide services only under supervision.

(6) Medical Department officers who serve as the privileging authority and who seek privileges in their operational assignment, will request privileges from the next higher level in their Area of Responsibility (AOR).

b. Tasks

(1) Privileging Authority. The designated privileging authority for all Marine Corps operational forces is the Medical Officer of the Marine Corps (TMO). The TMO has delegated privileging authority to the I MEF Surgeon. The Privileging Authority is guided in their duties by reference (a) and will:

(a) Measure and assess the clinical performance and conduct of all assigned health care practitioners.

(b) Maintain an Individual Credentials File (ICF) on all Health Care Practitioners and Individual Professional File (IPF) on all clinical support staff.

1. Health Care Practitioners are defined in reference (a), Section 5 paragraph 14.

2. Clinical Support Staff are personnel who are required to be licensed under reference (a), but are not included in the definition of health care practitioners. This category includes dental hygienists and non-privileged nurses.

(c) Grant clinical privileges using standardized specialty-specific privilege sheets.

(d) Ensure eligible health care practitioners request the broadest scope of core and supplemental privileges commensurate with their level of professional qualification, current competence, and the ability of the facility.

(e) Assign clinical support staff clinical responsibilities commensurate with their ability to perform (health status), licensure or certification, education and training, and current competence.

(f) Remove any health care practitioner whose professional impairment or misconduct may adversely affect their ability to provide safe, quality patient care from direct patient care activities.

(g) Immediately investigate any allegations of health care practitioner impairment (physical, mental, or professional), misconduct, substandard performance, or moral or professional dereliction, including reportable misconduct outlined in reference (b).

(h) Address substantiated allegations of misconduct, substandard performance, moral or professional dereliction in accordance with reference (b).

(2) Medical Staff Services Professional (MSSP). As the technical expert on credentials and privileging issues, this position is a permanent position assigned to the I MEF Surgeon to render administrative and clerical assistance and advice to the Executive Committee of the Medical Staff (ECOMS), MSCs or elements as applicable. The MSSP will utilize enclosures (1) through (4) and applicable references to:

(a) Maintain ICFs and IPFs, program directives, instructions, forms, ECOMS minutes and working papers in accordance with reference (c).

(b) Interface with outside agencies to obtain required reports, e.g., National Practitioner Data Bank (NPDB) or Healthcare Integrity and Protection Data Bank (HIPDB) queries.

(c) Assist in the preparation of committee minutes, process privilege and staff appointment application and notification letters and privilege reappraisal documents, verify credentials information, maintain documentation of trends based on quality management activities and prepare peer review panel and appeal process documents.

(d) Ensure necessary correspondence, messages and reports received and transmitted are complete, accurate and meet the requirements of reference (a).

(e) Maintain a tracking system for the internal processing of documents relating to credentials review, staff appointment and clinical privileges status.

(f) Assist in the preparation and annual review of facility-specific departmental criteria with appropriate MSCs, thus

ensuring criteria are appropriate to support the granting of clinical privileges.

(g) Submit required information on credentials and privileging to the Navy Medicine Support Command Jacksonville, Florida (NMSC).

(h) Monitor and track licensure, certification, and registration status for all uniformed health care practitioners regardless of assignment, billet type or duties and responsibilities.

(i) Provide assist visits to MSCs to ensure uniform compliance to I MEF's program.

(j) Assist the Executive Committee of the Medical Staff (ECOMS) by providing ancillary support as needed.

(k) Schedule quarterly ECOMS meetings, prepare agenda, and compile minutes of the meetings.

(l) Track clinical privilege sheets to delineate specific scope of care. For each specialty area, the privileges are divided into two categories, core privileges and supplemental privileges.

1. Core privileges are standardized throughout the Navy. Core privileges constitutes a single entity and cannot be modified.

2. Supplemental privileges are itemized, facility-specific privileges that are relevant to the specific health care specialty, but lie outside the core scope of care due to the level of risk, the requirement for unique facility support staff or equipment, or level of technical sophistication. Supplemental privileges may be requested and granted on an item-by-item basis.

3. Itemized privileges are used when the practitioner does not meet the requirements for core privileges or when there are no core privileges available for that specific specialty.

(3) Executive Committee of the Medical Staff. This is a required body of multidisciplinary practitioners and professionals involved with the credentials review and privileging process.

(a) I MEF's ECOMS will be structured and function as follows:

1. I MEF's ECOMS Committee is comprised of the following members:

- a. 1st Marine Division Surgeon.
- b. 1st Marine Logistics Group Surgeon.
- c. 3rd Marine Air Wing Surgeon.

2. The ECOMS chair is an elected position and is chosen from within the ECOMS committee membership, by the membership.

- a. The chair reviews and approves ECOMS minutes.

3. ECOMS Committee members unable to attend a committee meeting will send an appropriate representative.

4. Agenda items for the ECOMS Committee meeting should be forwarded to the MSSP via e-mail no later than one week prior to the meeting.

(b) The ECOMS will:

1. Function as a review board for medical quality assurance within I MEF and is accountable for the overall quality and efficiency of patient care.

2. Be empowered to review practitioners' performance and recommend to the privileging authority any actions modifying privileges of a practitioner.

3. Ensure professional staff monitoring is performed per references (a) and (b).

4. Assist in developing, reviewing and recommending actions on policies and procedures for providing health care services.

5. Assure clinical competence.

6. Meet quarterly. Additional meetings will be scheduled if warranted. Minutes will be kept and maintained to include but not limited to:

- a. Convening of meetings.

b. Meeting attendance.

c. Recommendations and justification regarding credentials review and privileging actions.

d. Rationale to support recommendations regarding deviations from this instruction.

(4) Credentials Committee

(a) Per reference (a), no Credentials Committee is required if workload does not warrant a committee.

(5) Major Subordinate Command Surgeons

(a) MSC Surgeons will perform the duties as assigned to Directors and Department Heads delineated in reference (a):

1. Continuously monitor the professional performance, conduct, and health status of MSC staff members to ensure they provide health care services consistent with clinical privileges and responsibilities.

2. Ensure non-privileged practitioners, clinical support staff, and other personnel providing health care services in the department are under appropriate clinical supervision.

3. Delineate clinical privileges on practitioners assigned to their command.

4. Recommend specialty and facility-specific criteria for:

a. Initial staff appointment with clinical privileges.

b. Active staff appointment with clinical privileges.

c. Active staff reappointment, affiliation, or temporary appointments with clinical privileges.

5. Make recommendations for staff appointment with delineated clinical privileges based on the applicant's professional qualifications, health status (ability to perform), current competence, verified licensure, education and training, and NPDB/HIPDB query.

6. Use practitioner-specific results of quality management and risk management monitoring activities when making recommendations for professional staff appointments with clinical privileges.

7. Monitor quality management and medical staff activities for individuals assigned to their department to complete a Performance Appraisal Report (PAR) as described in reference (a), Appendix A.

a. Per reference (c), a PAR is not required in a deployed setting such as Operation Iraqi Freedom or Operation Enduring Freedom. Once a provider has returned to his/her normal duty station, the MSSP or designee will make the following entry into the ICF: "(Provider Name) was deployed in support of Operation Iraqi Freedom/Operation Enduring Freedom with (name of platform) from (inclusive dates for deployment). This period of deployment is exempt from the PAR requirements of BUMEDINST 6320.66E."

(6) Individual Health Care Practitioners

(a) Health Care Practitioners will perform the following duties and responsibilities:

1. Initiate an application for membership to the professional staff and request the broadest scope of privileges commensurate with their professional qualifications, level of current competence, and the facility's ability to support them. Those who fail to maintain qualifications or do not request such privileges are subject to processing for separation for cause under reference (d).

2. Comply with applicable professional staff policies and procedures.

3. Ensure the accuracy and currency of all credentials and privileging information reflected in their ICF or IPF, e.g., licensure status, board certification and privilege status at other facilities.

4. Immediately inform the holder of their ICF or IPF of any change in status of any professional qualification, including health status, which could impair their ability to provide safe, competent and authorized health care services.

5. Perform health care services within the scope of either the privileges granted by the privileging authority, the assigned clinical responsibilities in the case of clinical support

staff or the written plan of supervision for those practitioners required to practice under supervision.

6. Participate in professional education programs, e.g., CME programs. These programs can be sponsored through the I MEF, a hospital or professional organization and are used as an adjunct to maintaining clinical skills, current competency, and contingency preparedness. Participate in professional education programs must be documented in the credential file.

7. Actively support and participate in command quality management activities.

(7) Health Service Augmentation Personnel (HSAP) and Individual Augments (IA).

(a) Per reference (e) all practitioners holding an active staff appointment at another Military Treatment Facility, or credentialed via the Navy Medical Support Command (activated reservists), will have an ICTB forwarded to the I MEF MSSP from their sourcing command or from Navy Medical Support Command as appropriate.

5. Administration and Logistics. The signatures of the applicable MSC Surgeon, the ECOMS Chair, and the Privileging Authority for I MEF are required to grant a practitioner clinical privileges (the ECOMS chair may also sign as the applicable MSC Surgeon for providers within his MSC).

6. Command and Signal

- a. Command. This Order is applicable to all I MEF commands.
- b. Signal. This Order is effective the date signed.


C. R. LETHIN
Chief of Staff

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