



ACCREDITATION STANDARDS

Administration

MEDICAL DIRECTOR

DEFINITIONS

appointment	The acceptance of a physician, dentist or podiatrist to health care facility staff which is based on his or her credentials and work history.
credentials	Professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, and other professional qualifications.
credentialing	Reviewing, verifying and evaluating a practitioner's application for privileges, credentials, letters of reference, CV, disciplinary actions, to establish the presence of the specialized professional background required for a position within a health-care organization.
privileging	Determining a health-care professional's current skill and competence to perform specific diagnostic or therapeutic procedures that the professional requests to perform and granting those procedures to be performed in a health-care facility.
reappointment	The renewal of medical, dentistry or podiatry staff privileges of a practitioner whose previous service on the staff has met accepted standards of care.
provincial privileging dictionary	Part of the British Columbia's Medical Quality Initiative, this dictionary outlines the credentials required for activities performed by practitioners in a discipline. These activities are divided into core activities and non-core activities. Core activities are those activities that are performed by a majority of practitioners in a discipline by virtue of their training in that discipline. Non-core activities are those activities that require demonstration of additional credentials and/or a demonstration of skill to a member of the medical staff holding that privilege. For non-core activities, additional training or proof of skill is required.

incident analysis	A structured process that aims to identify what happened, how and why it happened, what can be done to reduce the risk of recurrence and make care safer, and what was learned.
incident management	The various actions and processes required to conduct the immediate and ongoing activities following an incident. Incident analysis is part of incident management.
patient safety incident	An event or a circumstance which could have resulted or did result, in unnecessary harm to a patient.
harmful incident	A patient safety incident that resulted in harm to the patient. Replaces “adverse event”, “sentinel event” and “critical incident.”
no harm incident	A patient safety incident that reached a patient, but no discernable harm resulted.

PATIENT SAFETY INCIDENT CLASSIFICATIONS

near miss	A patient safety incident that did not reach the patient. Replaces “close call.”
good catch (near miss, close call)	An event that could cause harm but is caught before it reaches the patient.
no harm	An unexpected, undesired event directly associated with care or services reaches the patient but no harm/injury occurs.
minor harm	An unexpected, undesired event directly associated with care or services reaches the patient resulting in minor harm/injury.
moderate harm	An unexpected, undesired event directly associated with care or services reaches the patient resulting in moderate harm/injury.
severe harm	An unexpected, undesired event directly associated with care or services reaches the patient resulting in severe harm/injury.
death	An unexpected, undesired event directly associated with care or services reaches the patient resulting in or significantly contributing to the patient’s death.

LEADERSHIP AND CULTURE

The medical director provides effective leadership and is accountable for the quality and safety of the services delivered at the facility

INDICATORS:

- Medical director applicants meet the following criteria:
 - reside in British Columbia (BC)
 - licensed and in good standing with the College of Physicians and Surgeons of BC
 - possess medical leadership experience
 - have formal education in health administration (e.g. MHA) and/or leadership or the equivalent in experience, e.g. previous leadership roles, chief of staff
- The medical director has the necessary skill and experience to effectively lead the facility
- The medical director maintains a culture of safety and quality throughout the facility
- The medical director is responsible for the facility's overall safety and performance and this is a key accountability in the medical director's job description
- The medical director has the necessary training and support to effectively conduct oversight of quality and safety

CREDENTIALING AND PRIVILEGING

The credentialing and privileging process shall be a formal process that involves the medical director. The credentialing process results in a recommendation by the medical director to the Non-Hospital Medical and Surgical Facilities Accreditation Program (NHMSFAP) Committee that certain privileges be granted to the individual medical practitioner within their non-hospital facility.

Initial credentialing and privileging processes ensure that patients receive care, treatment and services from qualified and competent practitioners

INDICATORS:

General

- Written policy and procedures for initial credentialing and privileging are in place and followed
- Credentialing and privileging policy and procedures specify the criteria for granting initial privileges to medical staff, dentists and podiatrists
- Applicant interviews are conducted, documented and filed with the initial application
- Medical, dentistry and podiatry staff are appointed for a period not more than one year
- An accurate list of all privileges approved for each physician, dentist and podiatrist practising at the facility is maintained

- A record is maintained for each physician, dentist and podiatrist indicating the procedures they are permitted to perform at the facility and this is communicated to the practitioner and the organization

Medical staff

- Initial credentialing and privileging procedures include:
 - collection and verification of all information required per the College mandatory form: <https://www.cpsbc.ca/files/pdf/NHMSFAP-G-Application-for-Appointment-to-Facility.pdf>
 - collection and review of the clinical privileges requested by the applicant (Appropriate Procedures List)
 - education, competency and currency requirements for the clinical privileges requested (core and non-core) are compared to the provincial privileging dictionary: <http://bcmqi.ca/privileging-dictionaries/>
 - equipment, staff and reprocessing requirements for the clinical privileges requested are compared to the facility's capabilities
 - collection and review of the applicant's certificate of professional conduct <https://www.cpsbc.ca/files/pdf/Registration-Request-for-Certificate-of-Professional-Conduct-F.pdf>
 - collection and review of the applicant's continuing professional development (e.g. Royal College Maintenance of Certification (MOC), CFPC MAINPRO®) status report

Dentists

- Initial credentialing and privileging procedures include:
 - collection and verification of all information required per the College mandatory form: <https://www.cpsbc.ca/files/pdf/NHMSFAP-G-Application-for-Appointment-to-Facility.pdf>
 - collection and review of the clinical privileges requested by the applicant (Appropriate Procedures List)
 - equipment, staff and reprocessing requirements for the clinical privileges requested are compared to the facility's capabilities
 - collection and review of the applicant's certificate of professional standing: <https://www.cdsbc.org/CDSBCPublicLibrary/Dentist-Certificate-of-Standing-Consent-for-Release-of-Info.pdf#search=certificate%20of%20professional%20conduct>

Podiatrists

- Initial credentialing and privileging procedures include:
 - collection and verification of all information required per the College mandatory form: <https://www.cpsbc.ca/files/pdf/NHMSFAP-G-Application-for-Appointment-to-Facility.pdf>
 - collection and review of the clinical privileges requested by the applicant (Appropriate Procedures List)
 - equipment, staff and reprocessing requirements for the clinical privileges requested are compared to the facility's capabilities
 - verification that the applicant holds active surgical podiatry privileges in a BC health authority hospital
 - collection and review of the applicant's certificate of professional standing

Renewal of appointment credentialing and privileging processes ensure that patients receive care, treatment and services from qualified and competent practitioners

INDICATORS:

General

- Written policy and procedures for renewal of appointment credentialing and privileging are in place and followed
- Credentialing and privileging policy and procedures specify the criteria for renewal of appointment to medical staff, dentists and podiatrists
- Renewal of appointment interviews are conducted, documented and filed with the renewal application
- Medical, dentistry and podiatry staff are reappointed for a period not more than one year
- A file with all applications and reapplications for privileges is maintained for each physician, dentist and podiatrist in the facility
- Physicians, dentists or podiatrists that have not performed any procedures at the facility during the preceding two-year period are required to submit an initial application for privileges
- Denial or non-renewal of privileges due to competence, misconduct or substandard care is reported to the appropriate college (see duty to report section below)

Medical staff

- Renewal credentialing and privileging procedures include:
 - annual collection and verification of all information required per the College mandatory form: <https://www.cpsbc.ca/files/pdf/NHMSFAP-M-Physician-Reapplication-for-Privileges.pdf>
 - annual collection and verification of local health authorities' confirmation of privilege renewal
 - verification of currency including but not limited to:
 - the applicant's information
 - the approximate number of each surgical or medical procedure or the totals of general anesthetics, IV sedation and/or major regional blocks performed during the previous year
 - comparison of clinical privileges requested (core and non-core) with the competency and currency requirements as outlined in the provincial privileging dictionary: <http://bcmqi.ca/privileging-dictionaries/>
 - any changes to privileges in this or any other health-care facilities during the previous year
 - the outcome of discipline for professional conduct or competence during the previous year by any professional body
 - quality of care issues including, but not limited to, complaints, complications, and infection rates

- any other matters which may affect a physician's competence or performance

Dentists

- Renewal credentialing and privileging procedures include:
 - annual collection and verification of all information required per the College mandatory form: <https://www.cpsbc.ca/files/pdf/NHMSFAP-M-Physician-Reapplication-for-Privileges.pdf>
 - verification of currency including but not limited to:
 - the applicant's information
 - the approximate number of each dental procedures performed during the previous year
 - any changes to privileges in this or any other health-care facilities during the previous year
 - the outcome of discipline for professional conduct or competence during the previous year by any professional body
 - quality of care issues including, but not limited to, complaints, complications, and infection rates
 - any other matters which may affect a dentist's competence or performance

Podiatrists

- Renewal credentialing and privileging procedures include:
 - annual collection and verification of all information required per the College mandatory form: <https://www.cpsbc.ca/files/pdf/NHMSFAP-M-Physician-Reapplication-for-Privileges.pdf>
 - annual collection and verification of local health authorities' confirmation of surgical podiatry privilege renewal
 - verification of currency including but not limited to:
 - the applicant's information
 - the approximate number of each surgical podiatry procedure performed during the previous year
 - any changes to privileges in this or any other health-care facilities during the previous year
 - the outcome of discipline for professional conduct or competence during the previous year by any professional body
 - quality of care issues including, but not limited to, complaints, complications, and infection rates
 - any other matters which may affect a podiatrist's competence or performance

MEDICAL STAFF, DENTIST AND PODIATRIST APPOINTMENTS

The medical director ensures credentialing and privileging processes comply with the Bylaws

INDICATORS:

- The medical director has completed credentialing and privileging education
- Medical director responsibilities for initial credentialing and privileging include but are not limited to:
 - reviewing the applicant's initial credentialing and privileging application
 - for medical staff, using the provincial privileging dictionary criteria in determining whether the applicant is sufficiently qualified to perform the clinical privileges (core and non-core) requested: <http://bcmqi.ca/privileging-dictionaries/>
 - interviewing the applicant
 - addressing any concerns including investigation of any gaps in professional practice
 - for out-of-town province physicians, ensuring an appropriate physician designate has been assigned
 - submitting the application along with his/her recommendation to the NHMSFAP Committee regarding appointment
- Medical director responsibilities for annual renewal of appointment include but are not limited to:
 - reviewing the annual application for reappointment
 - for medical staff, using the provincial privileging dictionary criteria in determining whether the applicant is sufficiently qualified to perform the clinical privileges (core and non-core) to be renewed and any new procedures requested: <http://bcmqi.ca/privileging-dictionaries/>
 - interviewing the medical, dentistry or podiatry staff member
 - making the decision for reappointment

DUTY TO REPORT

Medical directors comply with their legal, professional and ethical reporting obligations

INDICATORS:

- Written policies and procedures for reporting are in place and followed
- The medical director reports in writing to the appropriate college any information contained in a reapplication for privileges which in his/her opinion could adversely affect a decision to continue privileges
- The medical director reports in writing to the appropriate college when they and/or the facility terminates a health professional's employment based on the belief that the public might be in danger if the health professional continues to practise

- The medical director reports in writing to the appropriate college when they and/or the facility revokes, suspends or imposes restrictions on the privileges of the health professional based on the belief that the public might be in danger if the health professional continues to practise
- Processes are in place to support the recognition and reporting of the following matters to the medical director:
 - a child that needs protection under section 13 of the *Child, Family and Community Service Act*
 - death of a person under section 2 of the *Coroners Act*
 - mandatory reporting of an infection or exposure under section 28 of the *Public Health Act*

PATIENT SAFETY INCIDENT REVIEW

An effective response to patient safety incidents requires careful forethought, effective planning and strong leadership. Medical directors must manage the emerging crisis, support patients, families and staff, communicate with key stakeholders and initiate a process to analyze and learn from the event.

Patient safety and quality incidents are recognized, reported and analyzed and this information used to improve safety systems

INDICATORS:

- Written policies and procedures are in place for incident management
- Processes are in place to support the recognition and reporting of patient safety incidents and near misses
- Processes are in place to analyze patient safety incidents
- The medical director along with an analysis team leader shares primary responsibility for conducting, coordinating and reporting on each analysis
- The incident analysis includes:
 - a detailed description of the incident being analyzed
 - analysis of underlying systems to determine contributing factors and their relationship to other contributing factors
 - formalized recommended actions related to improvements in processes or systems
 - documentation of the findings and recommended actions
 - follow-through to identify and share learning
- Incident analysis is timely, beginning as soon as possible after the event
- A comprehensive analysis is completed for complicated and complex incidents that results in major harm and/or significant risk of harm (incidents which need committee review)
- A concise analysis is completed for incidents with no, minor or moderate severity of harm (incidents which are recognized and managed appropriately)
- Interviews are conducted as soon as reasonably possible after the incident

- The medical director ensures that staff are scheduled away from normal duty to participate in analysis
- The medical director reviews the incident analysis and is responsible for ensuring that the recommended actions are implemented and maintained
- Implementation of recommended actions are tracked and their effectiveness monitored
- The medical director ensures the results of the incident analysis are shared with those involved in the incident and within the organization
- The medical director ensures that where appropriate outside agencies (e.g. College, Coroner's Office) are advised of the incident, what happened, how and why it happened and what can be done to prevent recurrence
- The medical director notifies the College within one working day after the discovery of any reportable event
- Within two weeks of notification, the medical director ensures a complete Reportable Incident Form signed by the medical director and the physician most involved in the case along with a copy of the facility clinical record is submitted to the College

GENERAL ADMINISTRATION

The medical director provides professional and clinical leadership and is responsible for overseeing and monitoring the delivery of high quality and safe patient services

INDICATORS:

- The medical director has dedicated time for their medical director responsibilities based upon the needs of the facility and is immediately available for all matters pertaining to the facility
- The medical director meets regularly with the facility administrator, nurse manager(s) and other facility leadership
- The medical director completes annual performance reviews of each physician, dentist and podiatrist to ensure that each individual meets accepted standards of care, ethics and behaviour
- The medical director participates in the development and periodic evaluation of facility policies and procedures and reviews the policies and procedures annually
- The medical director participates in quality assurance activities including but not limited to infection control, safety and patient care committees
- The medical director keeps staff informed of changes in policies and procedures and keeps them abreast of changes in accreditation and professional standards
- The medical director monitors the activities of medical, nursing and other staff and ensures that the quality and appropriateness of services meet accreditation and professional standards
- The medical director ensures physician participation in accreditation activities
- The medical director periodically reviews the College Bylaws and the *College Connector* for updates on matters of standards, guidelines and professional regulation

- The medical director cooperates with the governing bodies (e.g. ownership, facility board of directors, NHMSFAP Committee, and College) in all matters of patient care, quality, safety and accreditation
- When planning for the initiation of a new surgical program (e.g. endoscopy, ophthalmology) the medical director notifies the College and provides their clinical evaluation of the impact of the new program (e.g. equipment, physical space, staff competencies) on quality patient outcomes along with their recommendation
- Before expanding existing services and/or entering into any arrangement (e.g. health authority contract) the medical director notifies the College and provides their clinical evaluation of the impact on quality patient outcomes along with their recommendation (e.g. business case submission)
- The medical director assesses the quality and safety of the service by observing the services provided, pre-admission, procedures, post-operative care, documentation etc., to ensure safe operating procedures are used
- Logs to record medical director activities (e.g. block time, meetings, quality assurance) are maintained

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