Standards Analysis: 2.II.D

In early 2014, AAAHC and the AAAHC Institute for Quality Improvement jointly released the AAAHC AENEID Report 2013. This document represents an analysis of data from accreditation surveys under the 2012 Standards (spanning on-site visits from June 2012 through June 2013). The report detailed findings on high compliance Standards and on the most common deficiencies.

Across all organizations, Standard 2.II.D was the most common Standard rated partially or non-compliant by surveyors.

2.II.D Privileges to carry out specified procedures are granted by the organization to the health care professional to practice for a specified period of time. The health care professional must be legally and professionally qualified for the privileges granted. These privileges are granted based on an applicant’s qualifications within the services provided by the organization and recommendations from qualified medical personnel.

Based on surveyor comments, the following were frequently identified as reasons for the PC or NC rating:

1. Missing privileges for administration of anesthesia and/or supervision of others who administer anesthesia
2. Missing privileges for specific technologies, procedures or activities, such as lasers, ultrasound, admitting patient to overnight care, interpretation of diagnostic images or for procedures for which your organization requires a consent form
3. Core privileges without a list of what is included in the core
4. Failure to re-privilege along with reappointment

AAAHC Standards require that certain health care professionals such as physicians and dentists are credentialed and privileged according to medical staff bylaws, rules/regulations and policies established by the organization’s governing body. Allied health professionals are not required to be credentialed and privileged according to the same policies and procedures used for physicians and dentists, but information similar to credentialing and privileging documentation should be detailed in their job descriptions.

**Intent of the Standard**
Credentialed, privileging, and peer review require a defined process with oversight by the organization’s governing body. Many of the steps required for an accreditable process are detailed in Chapter 2.II of the Accreditation Handbook.

**Hints for meeting 2.II.D**
- An organization may not rely on another organization to credential its medical and dental staff.
- An organization can only privilege its physicians and dentists for those procedures that the facility is equipped for, capable of performing, and that are approved by the governing body.
- Documentation of the initial process and the reappointment application must include a specific time period for which the privileges are granted to the physician or dentist.
- Specific privileges such as anesthesia, fluoroscopy, laser, and supervision, to name a few, should be documented.
- Peer review is required for the reappointment process and requires 2 physicians or dentists to review (Standard 2.III.B).
- The peer review process should not be limited to the clinical record only, but also include other items such as infection rates, patient satisfaction survey results and compliance to medical staff rules and regulations.

**Weather Forecast**
March in Tampa – Gorgeous
June in Chicago – Gorgeous
September in Boston – Gorgeous
December in Las Vegas – Gorgeous

Take a learning vacation with AAAHC at a 2014 Achieving Accreditation seminar.

**March 14-15** in Tampa, FL
**June 20-21** in Chicago, IL
**September 12-13** in Boston, MA
**December 5-6** in Las Vegas, NV

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