
DECISION SUPPORT DOCUMENT FOR

- Board of Directors Board Committee - Governance Senior Leadership Team
 Other (please specify):

Date Prepared: April 2, 2024 Meeting Date Prepared for: April 10, 2024

Subject: Accreditation Standard Feature

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- DECISION SOUGHT* FOR DISCUSSION/INPUT FOR INFORMATION ONLY

PURPOSE

- As part of the hospital's efforts to embrace the new continuous model for Accreditation and embed it into our daily work, committees will feature 1-2 criteria from an Accreditation standard that applies to their committee's work at each meeting
- These features will provide an opportunity for the committee to discuss the standard and how HGMH achieves compliance, identifies opportunities for improvement, while ensuring the committee is well-equipped to make informed decisions and recommendations related to quality

STANDARD / CRITERIA FEATURED

Include the standard name, number(s), statement(s), guideline text, and other information if applicable

High Priority – Quality Dimension

3.3 The governing body ensures that the organization follows procedures for credentialing members of its workforce and for managing privileges of clinical service providers.

3.3.1 The governing body ensures that the organization establishes procedures to credential members of its workforce.

3.3.2 The governing body ensures that the organization establishes procedures to manage privileges for the clinical service providers who require them to provide client care.

3.3.3 The governing body ensures that the organization establishes procedures to regularly evaluate the performance of clinical service providers who have been granted privileges and address any performance issues identified.

3.3.4 The governing body ensures that the organization establishes procedures to appeal decisions regarding privileges.

Guidelines

- Credentialing is the assessment and verification that members of the workforce have the necessary credentials to fulfill their roles, in alignment with the human resources strategy. For example, with clinical service providers, credentials should include the required clinical training and competencies, as well as competencies related to client partnership, conflict management, anti-racism, and cultural safety and humility, and upholding client rights to provide safe, reliable, integrated, and people-centred care. In some jurisdictions,

government may be accountable for credentialing. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.

- Some clinical service providers who are not employees of an organization require permissions, called privileges, to conduct a specific scope and content of client care.
- The governing body ensures that the organization defines and follows set procedures for managing privileges that includes granting, regularly reviewing, and renewal or removal of privileges.
- Depending on the organization and jurisdiction, privileges may be granted by a committee (e.g., Medical Advisory Committee) or an individual (e.g., chief medical officer) in the organization, or by a jurisdictional body or government.
- Regardless of where the authority to grant privileges lies, the governing body ensures that the organization follows its documented procedures to grant and manage privileges. These procedures outline the steps to be taken to assess the credentials of the clinical service provider and ensure that the privileges granted are appropriate, aligned with the organization's mandate and scope of services, and supported by the resources required to provide safe care. Privileges granted to clinical service providers may be generally applicable to their practice in the organization, specific to the service or procedure they offer, or specific to the context in which they provide services.
- The governing body ensures that the organization's procedures to manage privileges outline conditions under which clinical service providers may apply to be granted additional privileges, and conditions under which a clinical service provider's privileges may be cancelled or restricted (e.g., to maintain alignment with the organization's service delivery and resource allocation plans, or because of identified performance issues). The procedures include steps for the renewal, addition, or alteration of privileges, as required. The procedures also outline set timeframes for the review and renewal of privileges and are informed by the outcomes from performance reviews, as appropriate.
- The governing body ensures that the organization's procedures to evaluate the performance of clinical service providers who have been granted privileges are focused on setting the provider's performance and professional development goals and targets and monitoring the provider's progress toward them.
- The performance evaluation procedures require clear performance targets to be set for each provider, so the provider is aware of what is expected of them and can make it part of their professional development goals.
- The governing body ensures that the performance evaluations include measures of skills, behaviours, performance, and outcomes. The performance evaluation procedures include steps to address identified performance issues (e.g., restriction, suspension, or removal of privileges, or cancellation of the appointment by the relevant authority). The performance evaluations play an important role in the organization's accountability to stakeholders and in advancing the organization towards its people-centred care and health and safety goals.
- The governing body ensures that the organization's procedures for appealing decisions related to privileges comply with jurisdictional laws, regulations, and contractual obligations.

DISCUSSION QUESTIONS

Choose 1-2 questions from the list below to guide discussion at your meeting, or create your own question(s)

- What does the hospital already do to meet this standard?
- How would you respond to a surveyor asking you a question about this standard?
- What evidence (i.e.: documentation) can support the hospital's compliance with this standard?