Credentialing Resource Center Journal

The MSP's Voice: Safety first

by Terry Wilson, director of the medical staff services department at Flagler Hospital in St. Augustine, Florida.

How many times have you received a call from someone asking why it's taking so long to credential a medical staff applicant? Has a practitioner ever alleged that you were deliberately dragging your heels on a new associate's application? Does the following CREDENTIALING exchange resonate with you?

- Practitioner: **C**ould you hurry it up?
- MSP: **R**espectfully, no.
- Practitioner: **E**ven if I call the president?
- MSP: **D**on't bother, it won't help.
- Practitioner: **E**ven if I bring chocolates for the office?
- MSP: **N**o, we don't take bribes, no matter how tempting the offer.
- Practitioner: **T**omorrow, then, I will stop by to discuss it further.
- MSP: **I** will be busy querying 46 licensing boards for teleradiology. There's no time to meet.
- Practitioner: **A**lright, I will take my business elsewhere, your hospital will go broke, and it is all your fault.
- MSP: **L**ikely story. Sadly, I've heard it before.
- Practitioner: **I** am getting the feeling that you just don't want to help.
- MSP: **N**o, that's not it; I need to thoroughly vet each applicant to protect our patients.
- Practitioner: **G**reat, you care about everyone's wellbeing but mine.

So how do we eliminate conversations like this one? We must educate those around us about the importance of thorough credentialing. Beyond hospital administration, a few board members, medical staff leaders, and our fellow MSPs, very few people understand the credentialing process and its impact on patient safety. Offer to share your expertise, or suggest that hospital and medical staff leaders attend the targeted seminars offered by the National Association Medical Staff Services, state affiliates, and many other professional consultant organizations.

On a smaller scale, think about putting a short "did you know" item in your medical staff newsletter, or adding a credentialing tidbit as a footer on your weekly meeting calendar. Another fun activity: Offer a one-question pop quiz at your monthly credentials meeting, and reward the winner with a small prize. (Click here for sample quiz questions and fun facts.) Let's not forget that as the resident credentialing experts, we, too, must continually seek out educational opportunities and stay abreast of developments in the credentialing world.

Effective credentialing is the first line of defense for patient safety. Although most of the practitioners we encounter excel at what they do, a quick internet search on patient safety reveals the prevalence of medical malpractice. According to the National Patient Safety Foundation, "medical error causes 44,000 to 98,000 deaths each year among hospital patients." What's more, the NPDB contains 154,621 medical malpractice reports and 392,100 adverse actions from 2004 to 2014.

Mistakes happen, but that doesn't negate our duty as credentialers to do the very best we can to help bring on qualified and competent healthcare practitioners to care for our patients. We must persist in completing a thorough vetting process and disregard any misguided pressure from outside parties. We must also stand up for what's right, maintain high standards, and defend our tried-and-true credentialing process whenever necessary. Lawsuits may come, but I would rather see them from a scorned applicant than from an injured patient.

We are the experts in our field. We know the right thing to do, and we must not waver in our conviction. Patient safety should be not only an expectation, but a right for all those our organizations serve. As disappointing as it may be, too much is at stake for us to accept that box of chocolates.

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