

P/P TITLE: Quality/Risk/Safety/Credentialing Committee Structure	P/P #: 200.607	PAGE: 1 of 3	ORIGINAL DATE: 11/01/2003	REVISED DATE: 04/16/2013
REVIEWED BY: CPE/CEO, CAO			APPROVED BY: C.H.W. Board of Directors (04/23/2013)	

Replaces Policy/Policies

600.007 Credentialing Committee Structure
 600.008 Professional Review Committee Structure

Purpose

CHRISTUS Physician Group (CPG) recognizes its responsibility to assure quality care is provided to its patients. The Quality/Risk/Safety/Credentialing Committee (the QRSC Committee) is established for peer review activities and setting objectives/goals to be carried out in the clinical professional areas of: Quality, Risk Management, Compliance, Safety, Patient Satisfaction, Ethics Reviews, and Credentialing/Re-Credentialing Reviews. The inputs of these various professional review elements will provide the continuous quality monitoring of CPG Clinical Providers to allow educated periodic re-credentialing of the Provider network. This policy applies to all physicians, nurse practitioners, physician assistants, clinical psychologists, and PhD's hereinafter referred to as Licensed Healthcare Providers (LHP's) employed by or working as an independent contractor with C.H. Wilkinson Physician Network dba CHRISTUS Physician Group (CPG).

Policy

Composition and Term:

The QRSC Committee is a standing multi-disciplinary committee that shall consist of establish physician members of the CHRISTUS Physician Group (CPG). The members of the Committee shall serve as Regional Physician Leaders (RPLs) in their local CPG Network. The RPLs will be selected with regional input, nominated by the CEO/CPE, and appointed formally by the Board of Directors. Representation from Primary Care specialties will be prioritized. Other specialists will be likewise join the committee may serve as RPLs.

The Board shall designate the chairperson of the QRSC Committee, who will also act as Medical Director of CPG and assume those responsibilities. This Medical Director or designated physician is subject to the credentialing/re-credentialing requirements and must be licensed to practice in the State of Texas.

There shall be a minimum of five (5) members of the Committee whom the Board shall appoint at its annual meeting. The members shall serve for a one-year term until the subsequent annual meeting of the Board, or until his or her successor shall have been duly appointed, unless sooner removed/resigned. Members may be reappointed in successive terms.

Duties: The duties of the Committee of which the Medical Director shall oversee, make recommendations, and report each meeting to the Board of Directors for final approval, shall be:

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- 1.0** To ensure that appropriate sources are contacted that may be required to obtain all information necessary to review the professional competence and qualifications of all practitioner applicants for the purpose of making recommendations to the Board of Directors concerning membership and delineation (or restriction) of clinical privileges. The Committee's review shall include, without limitation, current credentials, results of quality reviews, utilization management data, any member complaints, member satisfaction surveys, risk management reports, compliance reports, and any episodes of ethics review. The Committee shall conduct such reviews of the quality of health services to patients of the practice by the LHP as are necessary to enable the Committee to make the recommendations required of it;
- 2.0** To report to the Board of Directors concerning each applicant for membership and clinical privileges, and determination as to what specific medical specialty/subspecialty the LHP shall be enrolled in the network. The Committee will also periodically re-credential all LHPs according to the re-credential policy and procedures;
- 3.0** To investigate any breach of ethics that may be reported to it;
- 4.0** To review reports that are referred to it in the course of performing its duties including (but not limited to) Risk Management reports and Compliance Reports;
- 5.0** To evaluate the qualifications, and delineate appropriate activities for LHPs, and make recommendations to the Board of Directors.
- 6.0** To review and revise quality and credentialing policy and procedures annually or as needed. Recommendations made shall be reported to the Board of Directors for approval.
- 7.0** The CPG Board shall serve as the decision-making body and final authority for decisions related to credential files, quality reviews, and/or policy recommendations of the QRSC Committee.
- 8.0** The CPG Medical Director has the responsibility to carry out action plans decided upon by the CHW Board. Action plans will comply with all federal, state, and other regulatory agencies' rules and regulations. The Committee has the responsibility for notifications to the appropriate agencies of serious deficiencies that arise as a result of disciplinary action, which could lead to possible termination of an LHP from CPG.

Meetings: The Credentials Committee shall be scheduled monthly and shall meet at least quarterly and at the call of the Chairperson. Notice may be given at any time and in any manner as the Chairperson shall determine is reasonably designated to inform the members of the time and place of the meetings. It shall ensure that a permanent record of its proceedings and actions is maintained, and shall report to the Board of Directors. It shall maintain all proceedings and documentation in a confidential manner.

Quorum Action: Fifty (50%) percent of the Committee members present at a meeting shall constitute a quorum. Action by fifty (50%) percent of members present at a meeting having a quorum shall constitute the action of the Committee.

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Resignation, Removal, Vacancy: A Committee member may resign at any time by providing written notice to the Committee chairperson. The resignation shall be effective upon receipt and thus also terminate the role as Regional Physician Leader (RPL). The Board may remove a committee member at any time and for any reason. The Board shall fill any vacancy on the Committee and the appointee shall serve for the unexpired portion of the current term. If a member of the Committee is absent from two or more duly called meetings of the Committee during a Board year, measured from the date of the annual Board meeting, such absence shall constitute grounds for the immediate termination of the Committee membership as applicable, by the Board.