



Medical Staff Overview

Agenda

1. Introductions
2. Medical Staff in DCT
3. Committee Governance and Function
4. Credentialing and Privileging Processes
5. Q&A

Unified Medical Staff

Medical Staff means all physicians, dentists, nurse practitioners, nurse anesthetists, physician assistants, pharmacists, advanced dental therapists, dental therapists, licensed independent clinical social workers and licensed psychologists who are eligible for membership under the Medical Staff Bylaws and are granted membership to the Medical Staff in accordance with these Medical Staff Bylaws, the applicable credentialing policy, and the Medical Staff Rules and Regulations.

Duties of the Medical Staff

- Oversee, evaluate, and improve the quality of professional services in DCT and carry functions as delegated by the Governing Body.
- Responsible for quality of patient care in accordance with regulatory requirements, standards of care and ethical guidelines.
- Represent medical and other clinical staff, foster collegiality among professionals.
- Recommend members for the medical staff and clinical privileges.
- Oversight by Statewide Medical Executive Committee and the Executive Medical Director's Office.

How does DCT do this?



Quality Programs: Data,
Patient Safety, and QA/PI
Approaches



Leadership, Strategy, and
Systems Management



Treatment Modalities and
Expected
Practices/Policies



Regulatory, Legal, and
Oversight Groups

Medical Staff Membership

Physician Leadership



KyleeAnn Stevens, MD
CMO



Maria Harmandayan, MD
MHSATS



John Barry, MD
MSOP



Soniya Hirachan, MD
Forensics



John Daniels, MD
CBS and CMIO



Abigail Houts, MD
Outpatient



Medical Staff Disciplines by Membership Type

316 Practitioners

Active

Physicians (53)

Dentists (9)

Associate

Advanced Practice Registered Nurses (61)

Physician Assistants (0)

Dental Therapists (0)

Advanced Dental Therapists (1)

Pharmacists (29)

Contracted Physicians and Dentists (1-2)

Affiliate or Non-Member

Psychologists (54)

Licensed Independent Clinical Social
Workers (65)

Licensed Professional Clinical Counselors
(25)

Licensed Marriage & Family Therapists (9)

Key Medical Staff Regulations or Authorities

- Center for Medicare and Medicaid Services (CMS) State Operations Manual
- The Joint Commission
- Facility licensing statutes (ex. IRTS, Nursing Home, Supervised Living Facility)
- Licensing board statutes (ex. Board of Medicine, Nursing, Pharmacy, etc.)
- Payors

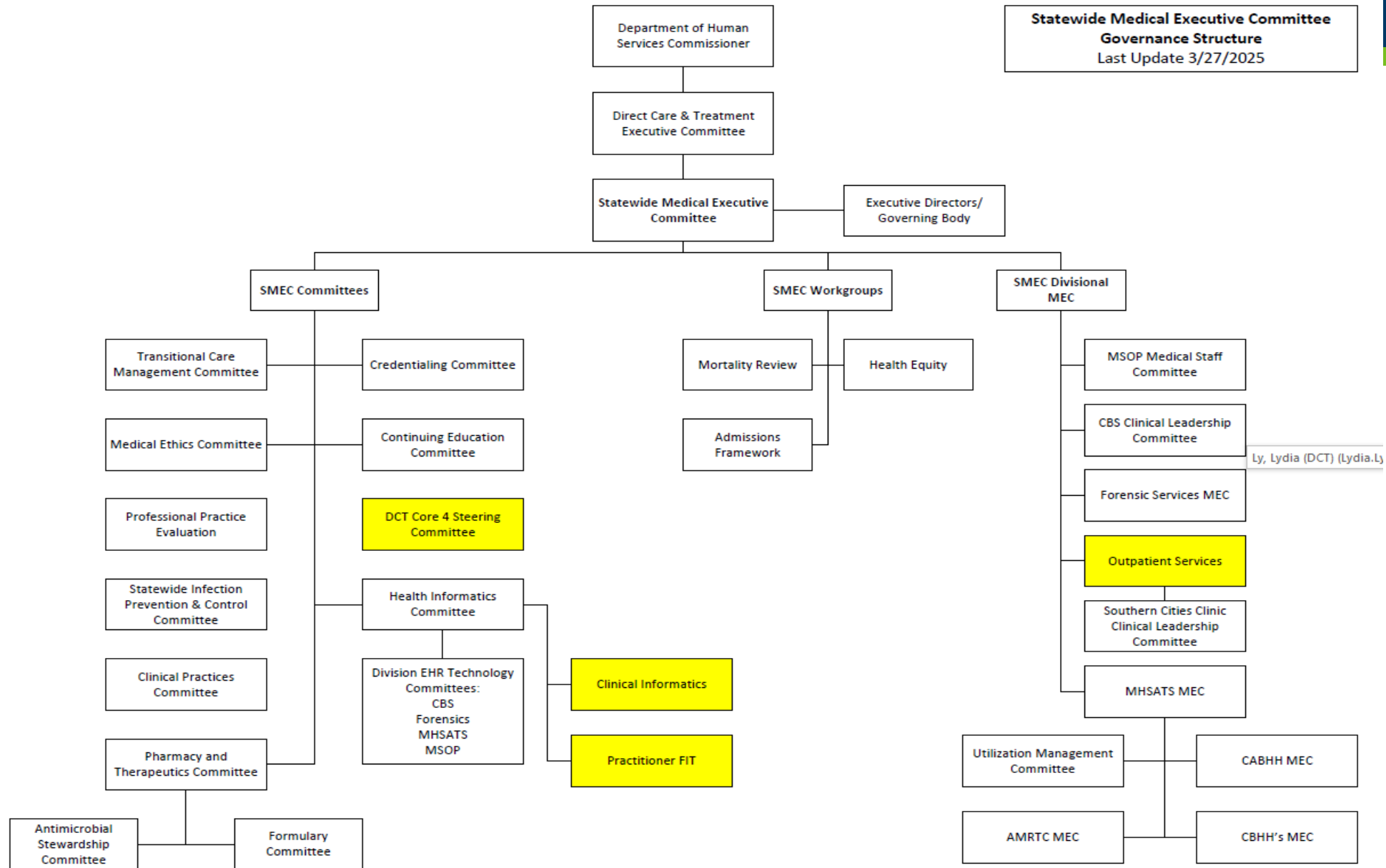
Bylaws, Rules and Regulations

- [Medical Staff Bylaws](#) and the [Medical Staff Rules and Regulations](#) are essential documents that define the governance structure within healthcare organizations. These bylaws and regulations are standards approved by the medical staff and governing authority, that provides the framework for the organization, responsibilities and self-governance of the medical staff. They are foundational to the structure of healthcare organizations, offering a comprehensive roadmap for operational harmony, professional standards and patient care optimization.
- The Medical Staff Bylaws and Rules and Regulations are revised and approved biannually.

SMEC Committees & Workgroups

- Statewide Medical Executive Committee
- Division Based and Hospital Medical Executive/Clinical Leadership Committees
- Pharmacy and Therapeutics (Formulary, Antimicrobial Stewardship)
- Statewide Infection Prevention and Control
- Professional Practice Evaluation
- Credentialing
- Ethics
- Transitional Care Management
- Clinical Practices (Statewide and Division Based)
- Continuing Education
- Health Informatics and Subcommittees
- Workgroups (Health Equity, Admissions, Mortality Review)

SMEC Org Chart



Snapshot of TCM

DCT Transitional Care Management Project Portfolio Tracker						
TASKS	START	END	Length of Days	ASSIGNED TO	STATUS	PROGRESS
Mission, Vision, and Values						100%
1 Create Vision	7/1/2023	12/31/2023	183	Erik Adolphson	Completed	100%
2 Draft Mission and Values	1/1/2024	6/30/2024	181	Kathy Wurpts	Completed	100%
Quality, Benchmarking and Informatics						59%
1 Identify Key Performance Indicators	7/1/2023	12/31/2023	183	Erik Adolphson	Complete	100%
2 Implementation of Key Performance Indicators	7/1/2023	6/30/2026	1095	Erik Adolphson	In-progress	42%
3 Improve Case Management Survey and Deploy Across DCT	1/1/2024	12/31/2025	730	Erik Adolphson	In-progress	33%
4 Fidelity of Discharge Living Arrangement Type data	7/1/2023	6/30/2025	730	Erik Adolphson	Need action	60%
5 Enhance Analytic Capacity for MSHS Admission	1/1/2024	6/30/2024	181	Erik Adolphson and Tanya Leskey	In-progress	60%
Elevating Best Practices						57%
1 DNMC Standardization	7/1/2023	6/30/2025	730	Jenel Coleman	In-progress	63%
2 Treatment Planning Standardization	7/1/2023	6/30/2025	730	Erik Adolphson and TCM Committee	In-progress	75%
3 Transition Hand-off Communication Enhancements	7/1/2023	6/30/2025	730	Erik Adolphson and TCM Committee	In-progress	50%
4 Establishing Post-Discharge Follow-up Requirements	7/1/2023	6/30/2025	730	Erik Adolphson and TCM Committee	In-progress	50%
5 Continuity of Care Post Discharge Appointments	7/1/2023	6/30/2025	730	Erik Adolphson and TCM Committee	In-progress	50%
6 Enhance and Standardize Transition Hand-off Communication	1/1/2024	6/30/2025	546	Erik Adolphson and TCM Committee	In-progress	50%
7 Standard Operating Procedures, Onboarding and Ongoing Education	7/1/2024	6/30/2026	729	Erik Adolphson and TCM Committee	In-progress	20%
8 Establish a DCT Policy on Guardianship Initiation	7/1/2024	12/31/2024	183	Erik Adolphson	Complete	100%
Advancing Equity						25%
1 Social Determinants of Health	7/1/2023	12/31/2025	914	Erik Adolphson	In-progress	25%
Enhancing Diversionary Efforts						67%
1 Transitions Team Improvements	7/1/2023	12/31/2024	549	Erik Adolphson	In-progress	75%
2 Developed standard process for MI&D diversions from community	7/1/2024	6/30/2025	364	Erik Adolphson and Jenny Carlstrom	In-progress	25%
3 Update CBS Remote PD Policies to align with MSHSATS	1/1/2024	6/30/2024	181	Erik Adolphson and Mark Brostrom	Complete	100%
Improving Technology						48%
1 Create SharePoint with resources directory	7/1/2023	12/31/2023	183	Erik Adolphson	Complete	100%
2 Deploy Admissions Letter across DCT FS and MHSATS Sites	7/1/2024	12/31/2024	183	Erik Adolphson	Need action	70%
3 Develop plan for ongoing sustainment of SharePoint	1/1/2025	6/30/2025	180	Transtions CI Project Manager	Future	0%
4 Explore options to improve efficiency with the referral process	1/1/2025	6/30/2025	180	Erik Adolphson and Greg Poehling	In-progress	20%
Customer Relations						48%
1 Create a directory of county and tribal contacts	7/1/2023	12/31/2023	183	Erik Adolphson	Complete	100%
2 Work with MHA to create a new Transitions Committee	1/1/2024	6/30/2024	181	Erik Adolphson and TCM Committee	Complete	100%

Professional Practice Evaluation (PPE)

There are 2 types of Professional Practice Evaluation for monitoring performance of Medical Staff: Focused PPE (FPPE) and Ongoing PPE (OPPE).

- Focused Professional Practice Evaluation (FPPE) is a time-limited evaluation of medical staff competence in performing a specific privilege, implemented for the following.
 - All initial/additional privileging requests (best practice is within 90 days following approval)
 - onboard or mentor an existing medical staff
 - A process of non-routine, event-based monitoring of a medical staff member's practice, and whenever a question arises regarding a medical staff member's ability to provide safe, high-quality client care
- Ongoing Professional Practice Evaluation (OPPE) – is a review of ongoing data collected for the purpose of routine monitoring and assessment of an active or associate medical staff member's clinical competence and professional behavior.
 - Used to periodically check practice to ensure ongoing quality of care (every 6 months)
 - OPPE is used in the evaluation of recredentialing

Please reference [DCT Professional Practice Evaluation Policy](#) for further information



Credentialing and Privileging

Definitions of Credentialing and Privileging

- **Credentialing:**

It is a foundational process of obtaining, primary source verifying and assessing the qualifications of an applicable licensed provider so that they may provide care or services in or for a healthcare organization. This is an important safety check to show the provider has the proper education, training, experience and licenses to care for our patients.

- **Privileging:**

The process whereby the specific scope and content of patient care services are authorized for a healthcare provider by a healthcare organization based on the evaluation of the individual's credentials, competence and performance of the requested privilege(s). This too is an important safety check to show the provider has the proper education and training to care for our patients.

Credentialing Process: What Is Reviewed?

- **Background and experience:**

- Education
- Post graduation education
- Board certification
- Licensure
- Sanctions, OIG, SAM, Medicare Opt Out
 - State
 - Federal
- Drug Enforcement Administration (DEA)

- **Ability to perform the work:**

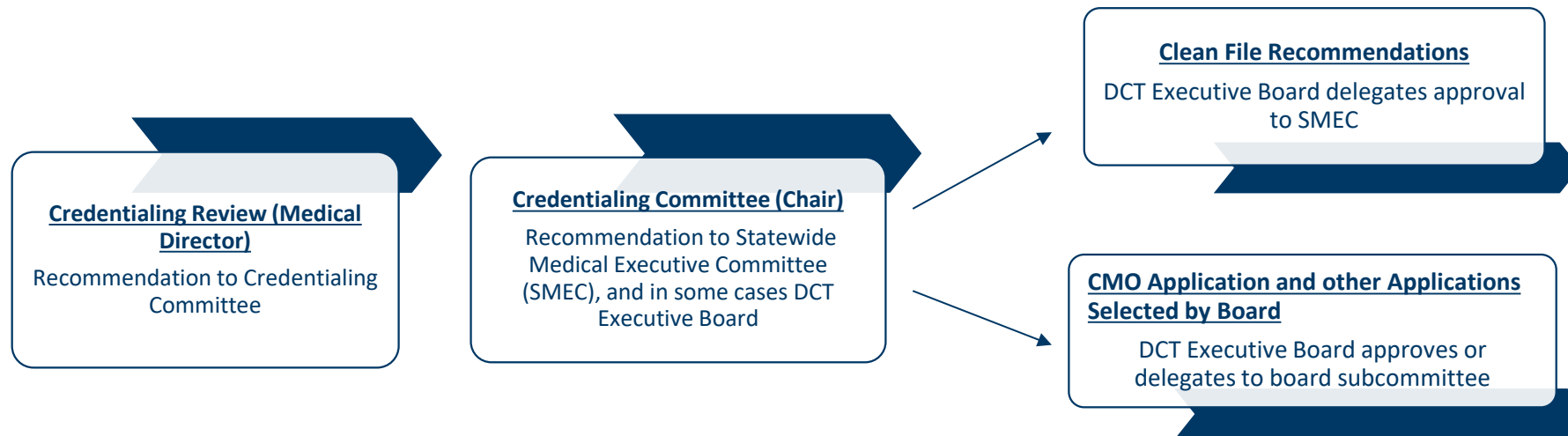
- Peer/professional references
- Clinical competence
- FPPE/OPPE

- **Also:**

- Disclosure questions and/or flags
- Identity verification
- Release and authorization to query others about the applicant
- Criminal background check
- Liability insurance coverage
- Malpractice claims history
- National Practitioner Data Bank query
- Continuing medical education attestation
- Affiliation and work history
- Required certifications (life support, training, etc.)

- **Red flags** are typically few and far between when reviewing disclosure questions on the application. If the applicant has an affirmative answer, and depending what it is, the credentialing specialist will:
 - Reach out to them if more information is needed beyond the explanation provided **then**
 - Consult with the chair of the committee if approval is needed to move forward **or** request a waiver of threshold criteria from the applicant which will be sent for Board approval prior to starting credentialing

Credentialing & Privileging Approval Workflow



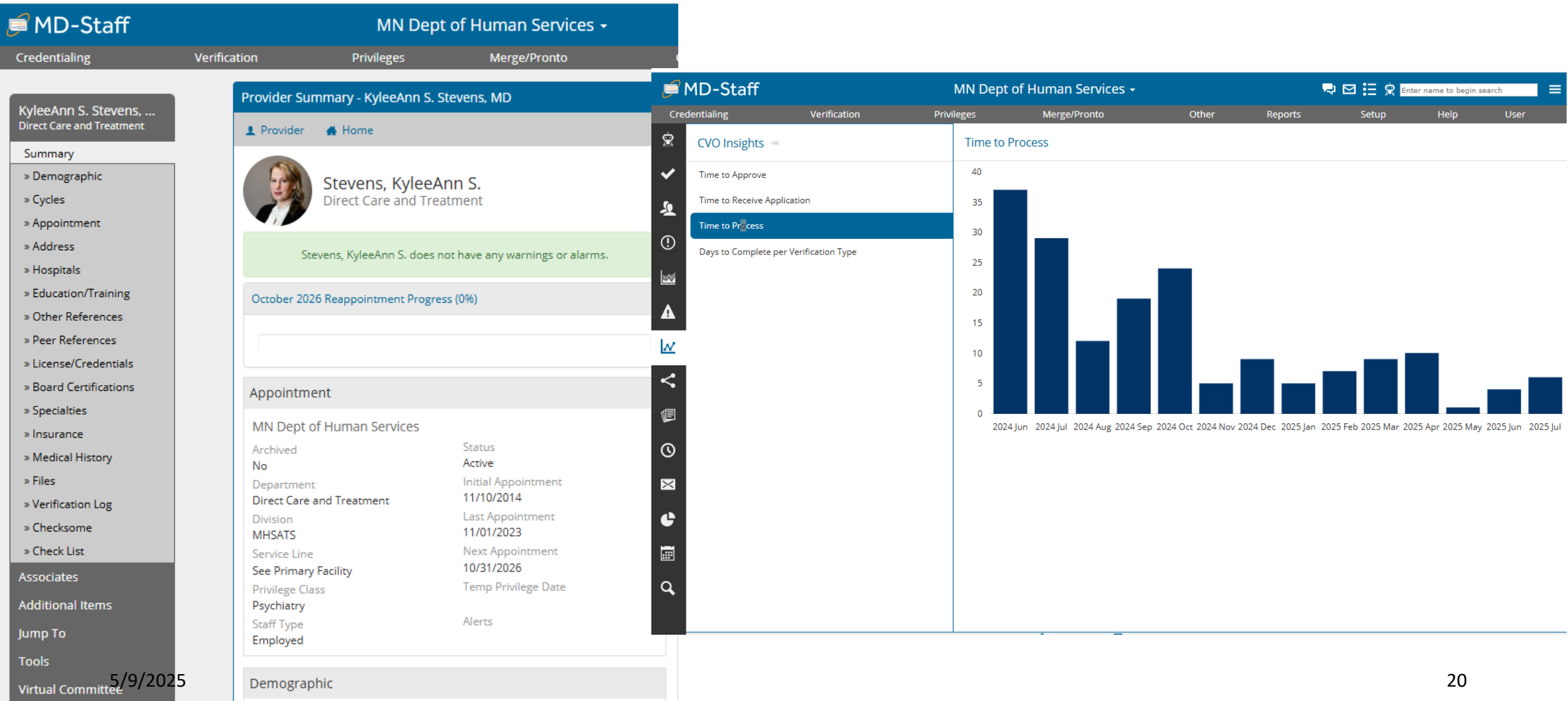
Example of Credentialing and Privileging Approval List

- **Document** - recommendations from Credentialing Committee forwarded to SMEC for approval (GB delegation)

DCT Credentialing Committee [date]

NAME/TITLE	LOCATION/DIVISON	APPROVED
	Initial Appointments until [1 year from approval date]	
	Re-appointments from [3-year intervals] [brought to committee 2 months prior to expiration]	
	New Privileges	
	Separations	

Recent Investments



5/9/2025

Questions?

