

TITLE: Locum Tenens (LT) Policy

Effective Date: 2/2014

Locum Tenens (LT) practitioners are defined as those who temporarily fulfill the duties of another. Requests for LT must come from a group whose practitioners are on staff at the hospital or to fulfill a hospital-based service.

LT Screening

The attached screening tool should be used by the entity recruiting the LT. Any * items will render the applicant ineligible for LT privileges.

Qualifications

LT applicants complete the same application process as applicants for full staff privileges. The practitioner must have a 'clean' file to be considered for LT privileges. If at any point in the processing of a LT application, data is received which disqualifies the file as being 'clean', a member of the Credentials Committee, Chief Medical Executive, Department Chair, or Division Chief may halt the processing of the application. This is necessary because the time sensitive nature of LT processing does not allow the normal credentialing time span which includes a thorough vetting of discrepancies and concerns.

'Clean' is defined as all credentialing elements verified and

- a. No current or previously successful challenge to licensure or registration.
- b. No involuntary termination of medical staff membership at another organization.
- c. No involuntary limitation, reduction, denial, loss of clinical privileges, or special reviews for quality of care concerns.
- d. No reference less than satisfactory based on practice within the past four years.
- e. No history of disruptive behavior.
- f. No unusual history of liability claims or settlements.
- g. No material omissions on the application.

DEA

- LT must have a DEA registered in the State of Washington to be able to prescribe controlled substances. [One exception would be a hospital-based provider (ED, anesthesia, hospitalist, etc.) who may use the hospital's DEA registration. In this instance the pharmacy must assign to the hospital's DEA a suffix specific to the individual, and maintain this record.]
- If the LT will be administering, dispensing, storing, or handling controlled substances, s/he must have a DEA registration at the local site.

Board Certification

- Board certification in the specialty being practiced must have been achieved within three years of the highest level of post-graduate training. If the LT has been boarded and has allowed board certification to lapse, based on experience and current verification of competency the physician may be considered for special exemption for 5 years from the date of board expiration. This exemption must be requested from the Department and Credentials Chair in advance of consideration of the application.

Status

Locum tenens (LT) providers are not members of the Medical Staff and privileges may be rescinded at any time by the Chief Medical Executive, Division Chief, Medical Staff President, Credentials Chair, or Department Chair. As LT are not members of the medical staff, LT do not have rights to a Fair Hearing regarding any termination of services.

Proctoring

LT should not be granted privileges for which there are special proctoring requirements, unless proctoring is arranged as part of the application process.

Time Period for Appointment

Locum tenens are approved for a maximum of 120 days. A new Medicare attestation statement must be completed at each renewal, as well as NPDB, GSA, OIG, State license verification, and DEA verification.

LT who leave and return for repeat assignments after 60 days from last date of a prior assignment will have their files updated with an additional fee (\$200).

If the LT practitioner has performed either continuous service or regular recurring assignments beyond a year, s/he may be considered for appointment to the Associate Staff on a case-by-case basis. These practitioners will be designated as (Associate Staff – Recurring Locum Tenens).

Use of Epic

Healthstream assignments must be completed prior to arrival for assignment (If an experienced Epic user, the provider may complete only the proficiency exam).

Orientation

Medical Staff Services and the entity bringing the locum tenens will coordinate orientation.

- Medical Staff Services will
 - Provide orientation materials
 - Submit the physician to the Epic identity and access management team
 - Check ID and approve the LT practitioner for a badge
- The entity bringing the locum tenens will
 - Arrange with the clinical informatics or the Epic training team to both train and assure appropriate Epic access (two week notice is required from the time a complete application is received)
 - If Meditech is needed, completion of request for Meditech access is the responsibility of the physician or group which has recruited the practitioner.
 - Provide orientation specific to the hospital before the practitioner may work independently; this is important to provide safe and coordinated patient care for the procedures being requested. This may include the sponsor or a group member performing a specified number of procedures with the LT, as recommended by the Department or Credentials Chair.

Sponsor Exit Evaluation

Each LT will have an assigned physician sponsor, who is usually a member of the group which has recruited the LT. That practitioner is responsible to complete an Exit Evaluation/Focused Professional Practice Evaluation for the LT (see attached form). .

Completion of Medical Records

Complete and timely completion of Medical Records is essential prior to completing the assignment. The group practice bringing in the LT is obligated to complete any outstanding records outstanding within 7 days after the end of the LT assignment. Health Information Management will be queried regarding returning LT's. Based on that evaluation, those with outstanding record completion may not be approved for a return LT assignment, or the LT may be required to bring all records current prior to beginning the repeat LT assignment.

LT who do not complete all medical record requirements will have this reflected on subsequent verification letters.

Locum Tenens – Screening Questionnaire

Please answer all of the following questions. If your answer to any of the following questions is "Yes", provide details as specified on a separate sheet. *If you attach additional sheets, sign and date each sheet.*

A.	PROFESSIONAL SANCTIONS		
1.	Have you ever been, or are you now in the process of being denied, revoked, terminated, suspended, restricted, reduced, limited, sanctioned, placed on probation, monitored, or not renewed for any of the following? Or have you voluntarily or involuntarily relinquished, withdrawn, or failed to proceed with an application for any of the following in order to avoid an adverse action or to preclude an investigation or while under investigation relating to professional competence or conduct?		
	a. License to practice any profession in any jurisdiction	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
	b. Other professional registration or certification in any jurisdiction	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
	c. Specialty or subspecialty board certification	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
	d. Membership on any hospital medical staff	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
	e. Clinical privileges at any facility, including hospitals, ambulatory surgical centers, skilled nursing facilities, etc.	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
	f. Medicare, Medicaid, FDA, NIH (Office of Human Research Protection), governmental, national or international regulatory agency or any public program	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
	g. Professional society membership or fellowship	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	h. Participation/membership in an HMO, PPO, IPA, PHO or other entity	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	i. Academic Appointment	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	j. Authority to prescribe controlled substances (DEA or other authority)	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
2.	Have you ever been subject to review, challenges, and/or disciplinary action, formal or informal, by an ethics committee, licensing board, medical disciplinary board, professional association or education/training institution?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
3.	Have you been found by a state professional disciplinary board to have committed unprofessional conduct as defined in applicable state provisions?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
4.	Have you ever been the subject of any reports to a state, federal, national data bank, or state licensing or disciplinary entity?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5.	Are you currently under a hospital focused review for any reason?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
B.	CRIMINAL HISTORY		
1.	Have you ever been charged with a criminal violation (felony or misdemeanor) resulting in either a plea bargain, conviction on the original or lesser charge, or payment of a fine, suspended sentence, community service or other obligation?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
	a. Do you have notice of any such anticipated charges?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
	b. Are you currently under governmental investigation?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
C.	AFFIRMATION OF ABILITIES		
1.	Do you presently use any drugs illegally?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
2.	Do you have, or have you had in the last five years, any physical condition, mental health condition, or chemical dependency condition (alcohol or other substance) that affects or could affect your current ability to practice within your specialty with or without reasonable accommodation? If reasonable accommodation is required, specify the accommodations required. <u>If the answer to this question is yes</u> , please identify and describe any rehabilitation program in which you are or were enrolled which assures your ability to adhere to prevailing standards of professional performance.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D.	BOARD CERTIFICATION (board certification within 3 years of highest level of postgraduate training is an expectation for locum tenens applicants; maintaining current board certification is also an expectation.)		
1.	Have you either not been boarded, or have you allowed your boards to lapse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E.	LITIGATION AND MALPRACTICE COVERAGE HISTORY (If you answer "Yes" to any of the questions in this section, please provide complete details of each event.)		
1.	Have allegations or claims of professional negligence been made against you at any time, whether or not you were individually named in the claim or lawsuit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2.	Have you or your insurance carrier(s) ever paid any money on your behalf to settle/resolve a professional malpractice claim (not necessarily a lawsuit) and/or to satisfy a judgment (court-ordered damage award) in a professional lawsuit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3.	Are there any such claims being asserted against you now?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4.	Have you ever been denied professional liability coverage or has your coverage ever been terminated, not renewed, restricted, or modified (e.g. reduced limits, restricted coverage, surcharged)?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
F.	EDUCATIONAL HISTORY		
1.	Were you at any time placed on probation during medical school, residency, or fellowship?	YES <input type="checkbox"/> *	NO <input type="checkbox"/>
2.	Did you transfer schools during your medical school, your residency, or fellowship program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

I warrant that all the statements made on this form and on any attached information sheets are complete, accurate, and current. I understand that any material misstatements in, or omissions from, this statement will result in my application not being considered for locum tenens privileges.

Applicant's Signature: _____

Date _____

Type or Print name here _____

I:/Credentialing/Locum tenens screening attestation 1/13