

Eli's Rehab Report

Staffing Strategies: Avoid Turf Wars Between HR and Medical Staff Office

Sharing information is the best way to keep patients safer and avoid duplicating work.

It's hard enough to keep up with changing state or federal guidelines — not to mention Joint Commission and CMS requirements — for performing primary source verification (PSV) on a new hire's credentials. Don't let a lack of communication between the human resources and medical staff offices in a hospital make it even harder.

Whose responsibility? Typically, the area responsible for hiring the employee should conduct the PSV — either the medical staff or the HR department. For instance, if the person being hired is a physician assistant or physical therapist (PT) employed by the hospital, the HR department should do the credentialing. If the PA or PT is employed by a medical staff member, the medical staff office should do it.

That being said, there are no regulatory requirements for this. Hospitals are free to choose which department will do the credentialing. Also, the hospital may choose to hire a credentials verification organization to perform this service.

Cooperation Leads To Efficiency

Key: The PSV requirements make it advantageous for HR departments to form alliances with their medical staff offices. Depending on how your organization is set up, or how the medical staff office and the HR department are staffed, there could be some cooperation between the two departments when performing primary source verification functions.

The medical staff office personnel can provide the HR personnel with a lot of education on how all of this works. They are an internal resource that should be utilized — if not for actually doing the verification, then at least for supplying information and knowledge. Medical staff offices, for example, may already have access to subscription internet sites useful for PSV.

Streamline Your Process

HR departments and medical staff offices need to communicate to avoid duplicating work. For example, Joint Commission requirements that took effect as far back as in 2005 require that physician assistants and advanced practice nurses, who are not licensed independent practitioners, be credentialed through the medical staff or an equivalent process.

For those individuals who are being credentialed through the medical staff office, even if they are employees, there's no reason why HR would need to duplicate that primary source verification. If HR does the primary source verification initially in order to hire that person, they can share that information with the medical staff office. Or the medical staff office may do it for HR.

But the two offices will need to have some communication and some plan so that they don't end up duplicating those pieces of information. It's redundant, expensive, time-consuming and unnecessary.

Benefit: Another good reason to form this type of alliance is patient safety. Many hospitals struggle with the question of which department should be responsible for credentialing advanced practice nurses, physician assistants and therapists who provide services within the hospital. Often, this question turns into a battle between the medical staff office and the

human resources department. Regulatory and accreditation requirements continue to focus on patient safety and, regardless of how the hospital chooses to handle these providers, this should be the ultimate consideration in the hospital's decision-making process.