



Organizational Excellence

UNIVERSITY OF SOUTH CAROLINA

Office of Organizational Excellence Improvement Project Report: Student Health Credentialing and Privileging Process Student Health and Well-Being

EXECUTIVE OVERVIEW

Student Health is responsible for credentialing and privileging clinical providers before they can begin delivering care. Credentialing verifies a provider's qualifications, while privileging authorizes them to perform specific procedures or services. Both steps are essential to patient safety, compliance, and provider readiness.

Although the process fulfilled an important function, it had become manual, fragmented and difficult to manage consistently. The process often began too late, new providers did not always understand what was required, and Student Health staff had limited visibility into where each provider stood in the process.

The project team redesigned the process to help Student Health start credentialing and privileging sooner, move providers through the process faster, and clear more providers on time. The team clarified the trigger point, identified area points of contact, simplified the credentialing and privileging forms, and created a clearer review workflow.

As a result of the team's improvements:

- The process can start **within five business days** of written offer acceptance.
- Total turnaround time will be reduced to an estimated **two to six weeks**.
- On-time credentialing and privileging is expected to increase from **less than 40%** toward the team's target of **100%**.

Together, these improvements give Student Health a clearer, simpler, and more predictable process for helping providers complete required steps before their start date and begin delivering care on time.

PROJECT BACKGROUND

Student Health credentials and privileges health care providers across its medical and counseling departments. Credentialing verifies a provider's qualifications, such as education, licensure, and certifications, while privileging grants approval to perform specific procedures and is renewed on a two-year cycle. Both must be completed before providers can begin delivering care.

The previous process was manual, fragmented, and inconsistent. Staff relied on Word documents, PDFs, email exchanges, Excel spreadsheets, and delayed triggers from HR systems. New hires often believed their documentation was complete when Student Health had not yet received required materials. These gaps could cause onboarding delays, prevent providers from practicing on their first day, and increase administrative burden.

Student Health recently appointed a dedicated staff member to oversee credentialing and privileging, creating a timely opportunity to redesign the process and improve timeliness, provider experience, coordination, and transparency.

Scope

This project focused on the process that begins when a new health care provider accepts an offer of employment and ends when all Student Health-required credentialing and privileging steps are completed and the provider is cleared to practice.

Goals

1. Improve timeliness and reduce onboarding delays
2. Simplify the provider experience
3. Improve coordination and transparency throughout the process

Improvement Approach

The project followed a structured improvement methodology with three phases: Discovery, Possibility, and Planning. The project team used process mapping, data analysis, and facilitated working sessions to identify root causes of inefficiencies, explore improvement options, and develop a focused implementation plan.

Project Team

Sponsor: Stacy Fritz, Chief Health Officer and AVP for Student Health & Well-Being

Team Lead: Misha Baker, Administrative Assistant to the Chief of Staff of SHWB and Credentialing Coordinator

Members: Damian Bridges, Chief of Staff
Asia Singleton, Administrative Manager
Michelle Gough, Senior Director of Clinical Operations
Brian Lusk, Executive Director of Mental Health
Ciara Robinson, Quality Improvement Graduate Assistant
Jason Stacy, Interim Medical Director and Director of Sports Medicine

Facilitator: Maegan Gudridge, Office of Organizational Excellence

PHASE 1: DISCOVERY

The Discovery phase focused on understanding the current-state process, identifying pain points, and determining where delays, confusion, and unnecessary work were occurring.

Current-State Overview

The credentialing and privileging process begins when a new provider accepts an employment offer in writing. When the credentialing coordinator learns of a new provider, she adds the provider to an Excel spreadsheet, sends a welcome email, receives and reviews completed materials, follows up when documentation is incomplete, verifies required elements, uploads the packet to PowerDMS, and initiates review workflows. Peer reviewers and senior leaders then review the packet and enter decisions. Manual reminders are sent as needed, and additional review may be required if questions arise. Once approved, the packet is published in PowerDMS, an Outlook reminder is set for the six-month follow-up, and documents are uploaded to shared drives for internal filing.

The project team identified several important current-state data points:

- Approximately 50 new providers move through the process each year.
- Turnaround time from outreach to clearance ranges from two weeks to two months or more.
- Fewer than 40% of new providers were fully credentialed and privileged before their start date.

What Worked Well

The team identified several strengths to preserve:

- Strong commitment to patient safety, compliance, and provider readiness
- Dedicated ownership of the process through the credentialing coordinator role
- Experienced reviewers who understand provider qualifications and practice requirements
- Willingness across Student Health to improve the process and reduce frustration for new providers and current staff

Causes of Inefficiency

Through process mapping and review of current materials, the team identified recurring conditions that created delays and administrative burden.

1. Delayed and unclear trigger
The process often began too late because the Student Health credentialing coordinator did not receive timely notification that a provider had accepted an offer or that hiring was moving forward. New hires also did not receive Student Health-specific instructions until late in the onboarding process.
2. Fragmented communication
Providers received HR onboarding information separately from credentialing and privileging instructions. This created confusion, with some providers believing all required paperwork

was complete when they had not yet received or submitted Student Health-specific materials.

3. Manual tracking and reminders

Staff relied on Excel, email, and manual reminders to manage the process. This made it difficult to see provider status at a glance, identify stalled items, and ensure consistent follow-up.

4. Form burden and unclear requirements

Providers completed Word forms that were difficult to use and requested more information than necessary. The team questioned whether the forms were asking the right questions, collected only necessary information, and could be made clearer and easier to complete.

5. Review workflow limitations

PowerDMS is used to route packets for review, but the workflow is not functioning as intended and can stop after a single “no” vote. Reviewers’ notes, questions and justifications also are not visible to one another, so follow-up happens by email outside the system. This slows the review process and makes it harder to maintain a complete, transparent record.

PHASE 2: POSSIBILITY

During the Possibility phase, the team shifted from diagnosing problems to identifying practical changes that could improve timeliness, provider experience, and coordination.

The team evaluated potential improvement actions against three shared principles:

- Start the process earlier
- Make requirements clearer for new providers and current staff
- Ask only for information that is needed

The team recognized that immediate improvement did not depend on new technology or full automation. Instead, the team focused on changes that could be implemented immediately: improve the forms, clarify triggers and responsibilities, and use available tools more effectively.

PHASE 3: PLANNING

The Planning phase translated improvement ideas into a focused action plan to make the process clearer, more consistent and easier to manage.

The team prioritized the front end of the process, where earlier notification and improved forms were expected to make the most immediate and significant improvement. Strengthening the trigger point and simplifying the required forms are expected to reduce delays, prevent avoidable follow-up, and improve the provider experience before review begins.

Define and strengthen the process trigger

Lead: Misha Baker and Asia Singleton

Status: In progress / ready for implementation

Timeline: August 2026

The team identified the need for an earlier and more reliable trigger so credentialing and privileging can begin as soon as possible after offer acceptance. The redesigned process clarifies how the credentialing coordinator will learn about new providers, who is responsible for initiating the process, and what information must be shared at the start.

- Hiring managers or their designees, serving as area points of contact, will notify Misha and Asia within 5 business days of receiving a new provider's written offer acceptance.
- Points of contact have been identified for each area.
- Misha and Asia will provide communication, training, and support to hiring managers and area points of contact.

These improvements are intended to reduce delays caused by late notifications and prevent providers from arriving without having completed required steps.

Simplify credentialing and privileging forms

Leads: Michelle Gough and Jason Stacy, content; Misha Baker, format

Status: Content finalized / format updates in progress

Timeline: August 2026

The team identified opportunities to improve both the content and format of the credentialing and privileging forms so they are easier for providers to complete and for staff to review.

- The revised forms will remove unnecessary questions, clarify instructions, and collect only the information needed to verify qualifications, document requested privileges, and support required review.
- The team will move away from Word documents, which were difficult to manage and vulnerable to accidental formatting changes, and toward fillable PDFs.

These improvements are intended to reduce provider burden, improve completion accuracy, decrease follow-up caused by incomplete or confusing submissions, and create a clearer, more consistent process.

Redesign the review portion of the process

Lead: Misha Baker

Status: Redesign complete / implementation in progress

Timeline: Fall 2026

The team created a new process map that identifies each step of the redesigned review workflow, including planned automations. This map gives the team a clearer foundation for working with the vendor to adjust PowerDMS so the workflow better matches the process they want to implement.

- The redesigned workflow will clarify how packets should move through review.
- Planned automations will reduce reliance on manual follow-up.
- The team will work with the vendor to align PowerDMS routing with the mapped workflow.

These improvements are intended to make the review process clearer, easier to manage and more consistent while preserving appropriate clinical and leadership oversight.

RESULTS

The redesigned process is expected to help Student Health and Well-Being start credentialing and privileging sooner, move providers through the process faster, and clear more providers on time.

Measure	Current	Projected
Notification to credentialing coordinator	Inconsistent; sometimes after provider start date	Within 5 business days of written offer acceptance
Total turnaround time from outreach to clearance	2 weeks to 2 months or more	2–6 weeks
Providers fully credentialed/privileged by start date	Fewer than 40%	Target: 100%

Form revisions are a key driver of these expected improvements. The table below shows the reduction in response points and hands-on time per provider.

Form-Related Measure	Before	After	Change
Total response points	250	148	41% reduction
Estimated hands-on provider completion time	80–115 min	40–65 min	40–50 min saved
Estimated hands-on coordinator review time, per provider	50–80 min	25–45 min	25–35 min saved

Based on an average of 50 new providers per year, the changes are expected to save the credentialing coordinator 21-29 hours annually.

Together, these improvements give Student Health and Well-Being a clearer, simpler, and more predictable process for helping providers complete credentialing and privileging on time.