

Credentialing and Privileging: Medical Staff

Name of Hospital: _____

Date: _____ Hospital Contact: _____

Medical staff credentialing is the process of validating a practitioner’s qualifications and health status for decision-making on initial medical staff appointment and subsequent reappointment. Clinical privileges are then granted for various activities through validation of the practitioner’s competence and performance using mechanisms outlined in the organization’s privileging criteria.

In order for a hospital to be deemed compliant with its own credentialing process, all of the requirements for medical staff appointment and reappointment, as well as for granting clinical privileges must be present in the written medical staff bylaws, rules and regulations, or other medical staff policies and procedures. A practitioner’s credentialing file must contain documentation that he or she meets the requirements.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Medical staff bylaws and rules and regulations outline the process for credentialing physicians.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Medical staff bylaws are in compliance with the Healthcare Quality Improvement Act of 1986 and applicable state laws, and criteria are impartially employed for all applicants and current medical staff members.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Reappointment occurs at least every two years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Medical staff bylaws or rules and regulations contain statements that a practitioner’s sex, race, creed, and national origin are not used in decision-making for granting or denying medical staff membership or clinical privileges.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Credentialing criteria are applied equitably and address clinical competence and clinical and quality indicators.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. The hospital has an access and storage policy in place for credentialing files that permits access only to those with a need to know and with appropriate authorization to review the files.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Sensitive, quality-related information (risk management files, quality assurance files, peer review files, “red-files,” etc.) is kept in a separate file from the credentialing information.

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Always/
Yes

Sometimes

Never/
No

N/A

Medical Staff Membership (Appointment/Reappointment)

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Applicants receive a copy of the current medical staff bylaws and rules and regulations with their application form. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Applicants sign an authorization and release from liability form that allows the hospital to collect information from references and to inspect records and documents that are pertinent to the applicant's licensure, specific training, current clinical competence, and health status. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Each applicant acknowledges any provisions in the medical staff bylaws or credentialing policies and procedures that release individuals involved in the credentialing process from civil liability and provide them with immunity when acting in good faith and in the interest of furthering quality care. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Applications include the applicant's signature attesting that the information he or she provides is accurate and complete. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Credentialing files are submitted to the governing body for review and approval in a completed format (e.g., all spaces are filled in, all information is verified, and all recommendations have been received). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. During the provisional period, each individual is evaluated for clinical competence and to ensure that he or she has adhered to the bylaws. (Evaluations performed during the provisional period should appear in the credentialing file.) |
| | | | | 14. For initial medical staff appointment applicants, primary source verification is obtained for all of the following information: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Current licensure. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Board certifications, if applicable. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Relevant experience and training, such as residencies and medical school. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Clinical competence/medical references (e.g., peer references). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Physical and mental health status in compliance with requirements of the ADA. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. National Practitioner Data Bank reports. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Current professional liability insurance. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. Malpractice history. |

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Military history, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Current DEA certificate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Criminal background check.
				15. For medical staff reappointment applicants, primary source verification is obtained for all of the following information:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Changes to hospital privileges for other hospitals in the previous two years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Changes to insurance coverage in the previous two years.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Status of current medical malpractice claims and suits filed against the applicant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Status of board certification, if applicable.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Status of all current state licensures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Quality assessment and improvement findings.
				16. Primary source verification is obtained for all of the following additional information supplied by applicants for appointment or reappointment:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Work history.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Previously successful or pending challenges or voluntary/involuntary relinquishment of licensure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Previously successful or pending challenges or voluntary/involuntary relinquishment of DEA registration.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Voluntary or involuntary termination of medical staff membership or limitation, reduction, or loss of clinical privileges at another hospital or facility.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Information about training, education, and use of complementary and alternative medicine techniques (acupuncture, herbals, dietary supplements, hypnosis, etc.).
				Clinical Privilege Delineation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. There is a mechanism for determining if all individuals with clinical privileges provide services within the scope of privileges granted.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Surgery department policies and procedures or rules and regulations outline the actions to be taken in the event that a physician asks to perform a procedure that he or she is not privileged to perform.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Action is taken prior to scheduling or performing the procedure.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Podiatrists and oral surgeons must be granted privileges to perform history and physical examinations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Privilege logs on patient care units (which may be in an electronic or hard copy format) reflect a practitioner's current privileges. (These logs should be available in areas such as surgery, ambulatory surgery, radiology, emergency room, ICU/CCU, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Patient care unit staff members know where to find the privilege logs and how they are used.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. The privilege lists are specific to the individual hospital. (For example, if the hospital does not have a lithotripter, urologists who have privileges at the hospital do not have privileges to perform procedures such as lithotripsy.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Clinical privilege delineation includes any limitations on the practitioner's privileges to admit and treat patients. (Check credentialing files for any individuals on "limited privileges" status to see whether their limitations are specifically included in the file.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Family practitioners who have limited obstetrical privileges must consult an obstetrician on high-risk cases.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. When new procedures are added to physician privilege delineation lists, the governing body, after consultation with medical staff and specialty organizations, determines the level of preparation and type of training required for privileging.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. The hospital has a method of determining competency for procedures that have not been performed in recent years by the practitioner requesting the privileges.
				22. Health Care Quality Improvement Act:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The hospital notifies the appropriate licensing board of any professional review action that adversely affects clinical privileges for a period greater than 30 days.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. The report made to the appropriate licensing board follows the hospital's requirements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. The hospital notifies the appropriate licensing board when it has accepted a practitioner's surrender of clinical privileges while he or she is under investigation by the entity for incompetence or improper professional conduct or in return for not conducting such an investigation.

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. A policy has been developed regarding notification of the National Practitioner Data Bank and appropriate state licensing boards when payment has been made on a practitioner's behalf.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The hospital can provide documentation that payment has been made on behalf of a practitioner and that the appropriate report has been sent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Fair hearing rights are stipulated in the bylaws or credentialing policies and procedures and include the following provisions:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. The practitioner is notified of the proposed action and reason for the action.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. The practitioner is notified that he or she may request a hearing and is informed of the time frame for requesting a hearing (not less than 30 days).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. If a hearing is requested on a timely basis, the practitioner involved is given written notice stating the place, time, and date of the hearing (the date shall not be less than 30 days after the date of notice).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. If a hearing is requested on a timely basis, the practitioner involved is given notice naming any witnesses expected to testify at the hearing on behalf of the professional review body.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. If a hearing is requested on a timely basis, the hearing will be held before one of the following: an arbitrator mutually acceptable to the practitioner and the hospital, a hearing officer who is appointed by the hospital and who is not in direct economic competition with the practitioner involved, or a panel of individuals that is appointed by the hospital and is not in direct economic competition with the practitioner involved.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. The practitioner may have an attorney present, if he or she chooses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. The practitioner has the right to have a record made of the proceedings, and he or she can obtain copies by paying any reasonable charges associated with its preparation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. The practitioner has the right to call, examine, and cross-examine witnesses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. The practitioner can present evidence determined to be relevant by the hearing officer regardless of its admissibility in a court of law.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Upon completion of the hearing, the practitioner has the right to receive written recommendations from the hearing committee, officer, or arbitrator and the decision of the hospital in writing.

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Always/
Yes

Sometimes

Never/
No

N/A

Miscellaneous

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. There is a detailed policy and procedure addressing disruptive or inappropriate practitioner behavior. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. A policy is in effect that addresses the impaired practitioner and identifies and manages matters of physician health that are not part of the disciplinary process. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Current medical staff members receive copies of the bylaws, which include the process for appointment, reappointment, and granting clinical privileges. |
| | | | | 28. If a contracted credentials verification service is used, the following requirements are met: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. All documents obtained by the service on behalf of an applicant are provided to the hospital. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. The hospital reviews the application to ensure that the information is complete. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. The contracted service carries liability insurance coverage. |

This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each healthcare practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.