

SUBJECT: CREDENTIALING AND PRIVILEGING PROCESS - GENERAL GUIDELINES	REFERENCE
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DEFINITIONS:

- Credentialing: The collection, verification and analysis of a healthcare practitioner's qualifications within three (3) areas:
 - Current licensure
 - Education and relevant training
 - Experience, ability and current competence to perform a requested privilege(s)
- Privileging: The process where a specific scope and content of patient care services, i.e., clinical privileges, are authorized for a healthcare practitioner by the hospital based upon an evaluation of the individual's credentials and performance.

POLICY:

- Reeves County Hospital District shall collect information regarding each practitioner's current licensure status, training, experience, competence and ability to perform requested privileges.
- Reeves County Hospital District shall follow a clear, standardized process for credentialing and privileging practitioners.
- The organized medical staff shall review and provide input into the credentialing and privileging process.
- The credentialing process shall be approved by Reeves County Hospital District's Governing Body.
- The credentialing process shall be outlined in the medical staff bylaws.

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- In general, Reeves County Hospital District’s credentialing process shall include:
 - Verification of Current Licensure:
 - Verification of current licensure ensures that applicants have a legal right to practice within the organization, as required by state and/or federal law
 - Verification of license is completed before granting initial privileges, re-privileging and when the practitioner’s professional license expires
 - Verification of Education and Relevant Training:
 - Verification of education and relevant training provides the organization with insight into an applicant’s background and clinical skill set. Primary source verification, that is, verifying the information provided by an applicant from the source that conferred the qualification upon the applicant, is considered the best method to confirm education and training.
 - Primary Source verification will be done through The National Practitioner Data Bank and the AMA.
 - In instances when primary source verification is not possible, organizations may use a reliable secondary source. Reliable secondary sources include another hospital that has documented a primary source verification of an applicant’s credentials or a designated equivalent source.
 - Designated equivalent sources are agencies that have been determined to maintain specific items of credentials information that is identical to the information from the primary source. Designated equivalent sources include:
 - ◆ The American Medical Association (AMA) Masterfile for verification of a physician’s United States and Puerto Rican medical school graduation and residency completion
 - ◆ The American Board of Medical Specialties (ABMS) for verification of a physician’s board certification

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- ◆ The Educational Commission for Foreign Medical Graduates (ECFMG) for verification of a physician's graduation from a foreign medical school
- ◆ The American Osteopathic Association (AOA) Physician Database for pre-doctoral education accredited by the AOA Bureau of Professional Education; post-doctoral education approved by the AOA Council on Postdoctoral Training; and Osteopathic Specialty Board Certification
- ◆ The Federation of State Medical Boards (FSMB) for all actions against a physician's medical license
- ◆ The American Academy of Physician Assistant (AAPA) Profile for physician assistant education and National Certification Commission (NCCPA) certification
- ◆ Other
- Verification of Experience, Ability and Current Competence:
 - Healthcare organizations must verify a practitioner's experience, ability and current competence in performing any requested privilege, that is, any care, treatment or service that a practitioner may perform.
 - Reeves County Hospital District bases privileging decisions on the six (6) areas of general competencies adapted from the joint initiative of the Accreditation Council for Graduate Medical Education (ACGME) and the American Board of Medical Specialties (ABMS):
 - ◆ Patient Care:
 - Practitioners shall demonstrate the ability to provide patient care that is compassionate, appropriate and effective for the treatment of health problems, and the promotion of health, prevention of disease and end-of-life care, including:
 - ◇ Effectively communicate and demonstrate caring and respectful behaviors when interacting with patients and their families

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- ◇ Gather essential and accurate information about patients
 - ◇ Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgment
 - ◇ Develop and carry out patient management plans
 - ◇ Counsel and educate patients and their families
 - ◇ Use information technology to support patient care decisions and patient education
 - ◇ Perform competently all medical and invasive procedures considered essential for the area of practice
 - ◇ Provide healthcare services aimed at preventing health problems or maintaining health
 - ◇ Work with healthcare professionals, including those from other disciplines, to provide patient-focused care
- ◆ Medical/Clinical Knowledge:
- Practitioners shall demonstrate the knowledge of established and developing biomedical, clinical and social sciences, and be able to apply that knowledge to patient care and the education of others, including:
 - ◇ Possessing an investigatory and analytical thinking approach to clinical situations
 - ◇ Understand and apply the basic and clinically supportive sciences as relevant and appropriate to their discipline

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- ◆ Practice-Based Learning and Improvement:
 - Practitioners shall be able to utilize scientific evidence and scientific methods to investigate, evaluate and improve patient care practices, including:
 - ◇ Analyzing practice experience and performing practice-based improvement activities using a systematic methodology
 - ◇ Utilizing evidence from scientific studies and applying that evidence to their patients' health problems
 - ◇ Obtaining and using information gleaned from their own population of patients and the larger population from which their patients are drawn
 - ◇ Applying knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
 - ◇ Using information technology to manage information, access on-line medical information and support their own education
 - ◇ Facilitating student and other healthcare professionals learning

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- ◆ Interpersonal and Communications Skills:
 - Practitioners shall be able to demonstrate interpersonal and communication skills such that they are able to establish and maintain professional relationships with patients, families and members of the healthcare team, including:
 - ◇ Creating and sustaining therapeutic and ethically sound relationships with patients and families
 - ◇ Using effective listening skills, and elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
 - ◇ Working effectively with others as a member or leader of a healthcare team or other professional group

- ◆ Professionalism:
 - Practitioners shall be able to demonstrate a commitment to continuous professional development, ethical practice and understanding of diversity in a manner that is respectful and responsible towards patients, the profession and society at large, including:
 - ◇ Demonstrating respect, compassion and integrity, as well as a responsiveness to the needs of patients and society that takes precedent above self-interest
 - ◇ Demonstrating accountability to patients, society and the profession; and a commitment to excellence and ongoing professional development
 - ◇ Demonstrating a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
 - ◇ Demonstrating sensitivity and responsiveness to patients' culture, age, gender and disabilities

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- ◆ Systems-Based Practice:
 - Providers shall be able to demonstrate a “big-picture” view and responsiveness toward the larger context and system of healthcare, as well as demonstrate the ability to effectively and efficiently utilize system resources to provide the highest quality and value to patients, including:
 - ◇ Demonstrating an understanding of how their patient care and other professional practices affects other healthcare professionals, the healthcare organization and the larger society, and how these elements of the system affect their own practice
 - ◇ Demonstrating knowledge of the different types of medical practice and delivery systems and how they differ from one another, including methods of controlling healthcare costs and allocating resources
 - ◇ Practicing cost-effective healthcare and resource allocation that does not compromise quality of care
 - ◇ Advocating for quality patient care and assisting patients in dealing with system complexities
 - ◇ Knowing how to partner with healthcare managers and healthcare providers to assess, coordinate and improve healthcare, and know how these activities can affect system performance

REFERENCE:

National Association Medical Staff Services (NAMSS). (February 2014). *The Ideal Credentialing Standards: Best Practice Criteria and Protocol for Hospitals*. Retrieved from <http://www.namss.org/Portals/0/Regulatory/NAMSS%20Roundtable%20Credentialing%20Best%20Practice%20Criteria%20White%20Paper.pdf>