	Administrative Policy	No. 1.007
	Title: MONITORING OF THE CREDENTIALING AND PRIVILEGING PROCESS FOR MEDICAL STAFF	Page: 1 of 3
		Effective Date: 08-01-08
		Retires Policy Dated: 12-21-06*
		Previous Versions Dated:

I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest of 50% or more; and (3) any hospital or healthcare facility in which Tenet Healthcare Corporation or an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Facility”) (collectively “Tenet”).

II. PURPOSE:

To define the process for credentialing and for privileging of medical staff members so that relevant and current data is used as the basis for decisions by the Medical Staff and Governing Board related to appointment, reappointment and delineation of privileges, in compliance with the requirements contained within the [Corporate Integrity Agreement](#) dated September 27, 2006 between Tenet Healthcare Corporation and the Office of Inspector General of the Department of Health and Human Services. The Governing Board has overall responsibility for the conduct and care provided by the organization.

III. POLICY:

The credentialing process will confirm the identity of the requesting practitioner, validate that the credentials are current and confirm that the applicant has the current competencies as requested.


IV. PROCEDURE:

A. Hospital Implementation

1. All Tenet hospitals will establish a credentialing and privileging process for physicians and appropriate allied health practitioners in conjunction with Joint Commission, Federal and State requirements and in conjunction with the Medical Staff Bylaws to ensure that only qualified members will provide patient care services.

2. The privileging process will be based upon the information gathered in the credentialing process and any additional information needed by the Medical Staff to confirm that the requesting practitioner has the documented competencies to perform the requested privileges. Privileges are not only granted based upon an applicant’s qualifications; the Medical Staff may also consider whether the requested service can be safely performed in the hospital or requested setting. Practitioners will only provide services within the scope of their privileges.

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3. The reappraisal process will consider the quality of the practitioner’s performance in relation to clinical skill and information from the hospital’s performance improvement data.

B. Corporate Implementation

1. Monitoring of the Credentialing and Privileging process will occur as part of Tenet’s Comprehensive Clinical Audit (CCA) Process. A review will be conducted of hospital credentialing and privileging processes during routine audits. The review will:

- a. Assess the hospital’s practice to Joint Commission, Federal and State standards and recommendations by specialty societies, such as the American College of Cardiology
- b. Review adherence to the hospital’s policy related to credentialing and privileging
- c. Identify opportunities for improvement
- d. Provide recommendations for improvement
- e. Consider prior performance improvement activities and outcomes


2. The findings of the CCA will be posted in the applicable electronic audit reporting system. All hospital action plans will be posted in the same reporting. Action plans will include:

- a. Actions to be taken by the hospital to correct identified issues
- b. Responsible position
- c. Date of completion

3. Upon receipt of the completed corrective action plan, a determination will be made regarding needed next steps. Some additional steps that may be considered include:

- a. Accept plan as written
- b. Require submission of supporting documents to confirm completion
- c. Return site visit to review implementation of the plan.

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4. Validation of corrective actions will occur during subsequent reviews for significant findings.

5. Significant issues identified during a Comprehensive Clinical Audit will be:

- a. Communicated on the Executive Summary List
- b. Entered into the Corporate Incident Tracking system (CITS)

It will be the responsibility of the Hospital Compliance Officer (HCO) to track and close all such CITS entries.

6. A CITS issue will also be entered for key concerns that continue to be identified during an audit and sustainable corrective action does not occur.

V. REFERENCES:

- [Corporate Integrity Agreement Between The Office Of Inspector General Of The Department of Health and Human Services And Tenet Healthcare Corporation, signed September 27, 2006](#)

- [Medicare Condition of Participation for Medical Staff, 42 CFR §482.22 \(b\)](#)

- Joint Commission MS.4.10, MS. 4.15 and MS.4.20

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