

Medical Staff Credentialing/Privileging Program Review Tool

| Requirements | Met | Not Met | Comments |
|---|-----------|------------|----------------------------|
| Stakeholders: President of the medical staff; Medical Director and Med | ical Staf | f Coord | inator, if applicable; and |
| medical staff credentials committee representatives | | | |
| OBJECTIVES | | | |
| • To learn about the process used to collect data relevant to | | | |
| appointment decisions, the process for granting and | | | |
| delineating privileges, and the structures that guide | | | |
| consistency of implementation (e.g., bylaw requirements) | | | |
| To evaluate the credentialing and privileging process for the | | | |
| medical staff and other physicians and licensed practitioners | | | |
| who are privileged through the medical staff process | | | |
| The surveyor requests specific credential files of physicians and other lic | | | |
| from tracers, from OR log, from the ICU and special procedures unit log | | | |
| requests are from high-risk specialties, non-physician specialties, non-pl | - | | - |
| moonlighters, hospitalists, practice outside the usual scope of specialty, | | v volum | e specialties. |
| Topics – For Discussion in Detai | <u> </u> | | |
| How your organization collects data used in making decisions on | | | |
| appointment, granting and delineating privileges | | | |
| Consistent implementation of the credentialing and privileging process | | | |
| for the medical staff and other licensed practitioners who are | | | |
| privileged through the medical staff process | | | |
| Processes for granting privileges and the delineation of privileges | | | |
| Whether physicians and other licensed practitioners practice within | | | |
| the limited scope of delineated privileges | | | |
| The link between peer review and focused monitoring to the | | | |
| credentialing and privileging process | | | |
| Potential concerns in the credentialing, privileging, and appointment | | | |
| process | | | |
| Education on antibiotic resistance and antibiotic stewardship (Note: | | | |
| surveyors will not review medical staff records related to antibiotic | | | |
| stewardship | | | |
| Medical Staff File Contents – see Medical Staff Credentialing | | | |
| Checklist | | | |

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Updated 8/2023

Applicable to the following Accreditation Programs: (X) Hospital (X) Critical Access Hospital (X) Behavioral Health (X) Ambulatory Care (X) Office Based Surgery () Disease Specific Certification (X) Staffing Certification