

1- Credentialing Process Discussion			
YES	NO	Credentialing Discussion – If no issues found in document review, begin meeting with the discussion of the credentialing process.	
<input type="checkbox"/>	<input type="checkbox"/>	Ask them to discuss the credentialing process – application, processing, role of department chair, Cred Comm, Medical Executive Committee, Governing Body. Basic steps must be in bylaws (See also: MS Bylaws Checklist for relevant EPs of MS.01.01.01) Privileges are granted for a period not to exceed 2 years. Practitioner is notified in writing of the decision Re: appointment, reappointment, privileges.	MS.02.01.01 EP8, 11 MS.06.01.03 EP4 MS.06.01.07 EP9 MS.06.01.09 EP1
<input type="checkbox"/>	<input type="checkbox"/>	Discuss how primary source verification (PSV) is performed for licensure, training, competence. Training and competence PSV in writing for privileges requested. Licensure at initial, renewal, and request for new privileges. (PSV for competency and training only on initial appt unless new/additional privileges requested.	MS.06.01.03 EP6
<input type="checkbox"/>	<input type="checkbox"/>	Evidence of Provider ID verification (Hospital or government-issued picture ID) DEA Registration, when required by MS, hospital, or state.	MS.06.01.03 EP5 LD.04.01.01 EP2 <i>Scored only if DEA has expired</i>
<input type="checkbox"/>	<input type="checkbox"/>	Are peer recommendations considered; how are "peers" defined and, if yes, did written peer recommendations include information regarding the medical/clinical knowledge, clinical skills, clinical judgment, interpersonal skills, communication skills, professionalism of the practitioner?"	MS.07.01.03 EP1-4
<input type="checkbox"/>	<input type="checkbox"/>	When are the National Practitioner Data Bank (NPDB) queries performed: Must be at least at initial/re-appointment and whenever new privileges are requested: Is there a statement regarding provider's health and ability to perform the requested procedures?	MS.06.01.05 EP7 MS.06.01.05 EP6
<input type="checkbox"/>	<input type="checkbox"/>	Is there a process for evaluation of identified red flags Re: voluntary or involuntary: licensure reductions/termination, reduced/revoked privileges, MS membership terminations, etc. at the same or previous organizations? This should be a credible process that involves MS leaders.	MS.06.01.05 EP9
<input type="checkbox"/>	<input type="checkbox"/>	Is there an expedited credentialing process? If so, are at least 2 voting Board members on the approving committee? Are there established criteria for ineligibility, and do they include an incomplete application and adverse MEC recommendation?	MS.06.01.11 EP1 MS.06.01.11 EP2
<input type="checkbox"/>	<input type="checkbox"/>	How are criteria for granting privileges determined and approved (<i>does the Governing Body approve?</i>) Do the criteria include licensure, training, evidence of current competency, peer recommendations, and information from other organizations, when applicable?	MS.06.01.05 EP2
<input type="checkbox"/>	<input type="checkbox"/>	Temporary privileges: Time periods must be defined in bylaw Must be no more than 120 Days. (See also box 3 below - file review)	MS.06.01.13 EP1
<input type="checkbox"/>	<input type="checkbox"/>	Telemedicine: How are these credentialed? They should all be granted privileges by the originating site but may do so in the usual way -OR- By contractual arrangement to accept the credentialing information from a Joint Commission Accredited or CMS certified Organization -OR- Joint Commission accredited or CMS Certified accept the privilege decision of distant site if all of these are met by the distant site <ul style="list-style-type: none"> and the privileges to be exercised are granted: List of privileges at distant site is provided FPPE, OPPE information is shared Provider is licensed in the originating site's state 	MS.13.01.01 EP1
<input type="checkbox"/>	<input type="checkbox"/>	CME: Requires that the MS sets priorities for CME topics EP2 Requires CME resources are related to the scope of services of the organization EP3 State CME should be related to outcomes of PI activities EP4 Requires documentation of CME; and EP5 Requires CME to be considered in the credentialing process	MS.12.01.01.EP2-5
2- FPPE/OPPE			
YES	NO	FPPE for all initial or New Privileges	
<input type="checkbox"/>	<input type="checkbox"/>	EP1 Implemented for all practitioners in all clinical sites and privilege specific (includes LIPs, PAs, APRNs, CRNAs, Dietitians granted privileges to write orders, pharmacists with prescriptive authority, telemedicine provider, etc., exercised in all settings- inpatient or outpatient-on-site or off-site within the scope of the organization's survey; is a focused direct evaluation of the requested/exercised privileges) EP2 The process including criteria is approved by the MS (evaluation should be qualitative and not just quantitative) EP3 The process is clearly defined (<i>i.e., written policy-required: criteria for conducting performance monitoring, method for establishing a monitoring plan specific to the requested privilege, method for determining the duration of performance monitoring, circumstances under which monitoring by an external source is required</i>) EP4 Applied consistently (<i>follow the same process step and documentation requirements for all evaluations</i>)	FPPE: MS.08.01.01 (Review CITE for interim scoring guidelines)
<input type="checkbox"/>	<input type="checkbox"/>	FPPE for Cause EP5 Triggers should be defined clearly (<i>i.e. in policy</i>) EP6 Decisions to initiate FPPE for cause should be based upon objective measures of current performance reflective of quality and/or safety concerns. EP7 Criteria are developed for type of monitoring to be conducted EP8 Measures/actions to address performance issues are defined EP9 These measures/actions are consistently implemented	MS.08.01.01 (Review CITE for interim scoring guidelines)

New: December 2020

Last updated: updated: 12/02/20

<input type="checkbox"/>	<input type="checkbox"/>	<p>OPPE:</p> <p>EP1 There is a clearly defined process: e.g. a written policy, bylaw, or Rules and Regulations. The data collection and review must be “ongoing,” i.e., more than annually. The annual process would be considered periodic and not ongoing. Could be every 8-9 months or more frequently pursuant to the policy. Process includes all practitioners in all clinical sites and includes methodology of data collection and who/how the data is reviewed and acted upon.</p> <p>EP2 The process requires that the data to be collected is approved by the individual departments and the MS(MEC) or just the MEC there are no departments:</p> <ul style="list-style-type: none"> Aggregate (quantitative) or trended quality metrics are encouraged - e.g., SSI rates, complications, BUT: Qualitative or chart review data may be used The data must be RELEVANT to the specialty or privileges granted Review of data that occurs only when triggered by an incident is NOT acceptable When there are situations in which there is no other way to collect data or assets, then peer recommendations may be used (<i>low or no volume providers</i>) Data must be from the organization except for low volume providers who have available data from other accredited or CMS certified organizations. However, any data obtained must be supplemental and cannot be used in lieu of a process to attempt to capture ‘local’ performance data Use of quantitative (raw) data may be used, however, it cannot be the only type of data used to evaluate performance <p>EP3 The data collection, review, and analysis must be used to inform the credentialing process, i.e., it must be used in the process of determining whether to continue, reduce, or otherwise modify a provider's privileges. This review process should be consistent and documented. This review process should be ongoing, i.e., - reports reviewed when they are produced - not just at the time of the 2-year reappointment</p>	<p>MS.08.01.03 (Review CITE for interim scoring guidelines)</p>
3- FILE REVIEW - (see additional file review tool) - THIS SECTION IS FOR SURVEYOR SAG, NOT FOR ORGANIZATIONS			
YES	NO	<p>Files to Review - Suggestions and Recommendations</p> <ul style="list-style-type: none"> Providers are high-risk procedures, moderate sedation, hospitalists, providers identified during tracers Review Surgeon/Proceduralist File Look for Criteria and documentation of meeting MS-established criteria for appt. & reappointment, special privileges (e.g. <i>Moderate Sedation</i>), etc. <p>(Note: There is not a requirement that the MS have numerical criteria; but, if present, criteria should be met or addressed if not met)</p>	<p>MS.06.01.05 EP2</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Review a file of a current member who requested and was granted new privileges -- look for:</p> <ul style="list-style-type: none"> Criteria, meeting criteria National Practitioner Databank, License check and FPPE for the new privilege 	<p>MS.06.01.05 EP2 MS.06.01.05 EP7 MS.08.01.01 EP4</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>Medical Directors or Department Chairs or Review:</p> <ul style="list-style-type: none"> Diagnostic Imaging: must be a credentialed radiologist – full or part time Psychiatric services if present: board eligible psychiatrist – full or part time Emergency, Anesthesia, Respiratory, Nuclear Medicine Medical Directors check that they are qualified MD or DO physician Other Dept Chairs – review one or two – are they board certified – if not, has the MS defined “equivalent qualifications” (Should be in bylaws per EP 36) 	<p>MS.06.01.03 EP9 MS.06.01.03 EP7 LD.04.01.05 EP6,7 MS.01.01.01 EP36</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>FPPE & OPPE:</p> <p>Check the reviewed files to be sure that FPPE and OPPE as described above in Box 2 is being performance and documented consistently pursuant to MS policies.</p> <p>If FPPE and/or OPPE is missing for providers, score at these standards:</p>	<p>FPPE: MS.08.01.01.EP4 OPPE: MS.08.01.03 EP1</p>
<input type="checkbox"/>	<input type="checkbox"/>	<p>APPs: NPs, PAs: other credentialed non-LIPs:</p> <ul style="list-style-type: none"> Review one or two of these files for appointments and reappointments to be sure of meeting all the requirements listed above. (Apply appropriate standard and EP above) Is CRNA supervision, when required, clearly defined and meeting state and fed regulatory requirements? 	<p>PC.03.01.01 EP10 – applies to admin of anesthesia only</p>

<input type="checkbox"/>	<input type="checkbox"/>	<p>Temporary Privileges: Review at least one of these files. Should meet one of the two following criteria: EP 1 Temporary privileges may be granted to meet an important patient care need and may be renewed, if permitted by the bylaws. EP 2 Licensure and competency have been verified. EP 3 For new privileges: A "clean", verified application waiting for committee approval (no licensure, registration challenges past or current; No involuntary reductions, terminations/reduction/denial/reduction/limitation of privileges or membership - past or present. Temporary privileges cannot be renewed for newly requested privileges, such as waiting for GB to meet. <i>(In all cases EP 6 temp privileges must be time-limited & not to exceed 120 consecutive days)</i></p>	MS.06.01.13 EP1-3, 6 (see also: MS.01.01.01 EP14)
<input type="checkbox"/>	<input type="checkbox"/>	<p>Telemedicine: Review one or two files, if applicable. Determine if the bylaws, rules, and regulations policies re: telemedicine policies/standards are followed. Determine which option the organization uses to credential these providers. If distant site credentialing information or distant site privileging decisions are used, the contract should be reviewed to assure credentialing is addressed appropriately.</p>	MS.13.01.01 EP1
<input type="checkbox"/>	<input type="checkbox"/>	<p>FPPE for Cause: Review a file in which a provider was placed on FPPE for cause since last triennial survey. See that their policy appropriately is followed and documented.</p>	MS.08.01.01, EP5-9 (Review CITE for interim scoring guidelines)
4- Other items to review/confirm prior to or during the system tracer meeting			
YES	NO	Does the Medical Staff (MEC) approve the Dietary Manual for the hospital? Frequency: MS approval should be a part of the usual periodic review of the policy and whenever the manual is substantively amended.	PC.02.02.03, EP22
<input type="checkbox"/>	<input type="checkbox"/>	The Medical Staff Approval by the radiology, nuclear medicine medical director or MEC are acceptable options to approve the qualification of the radiology and nuclear medicine technical staff Frequency: MS approval should occur initially and be a part of the usual periodic review of job descriptions and qualifications or whenever there is a substantive amendment or change in these qualifications	MS.03.01.01 EP 16,17
<input type="checkbox"/>	<input type="checkbox"/>	Is there a process for education of providers in antimicrobial stewardship? Is there a process for education of providers in pain management and safe use of opioid medication? <i>(These standards require evidence of process, but does not have to be documented in individual credentialing files)</i>	MM.09.01.01 EP2 LD.04.03.13 NPSG.06.01.01 EP4 EM.02.02.07 EP8
<input type="checkbox"/>	<input type="checkbox"/>	Disaster Privileges This may be addressed in document review of the Disaster Privileges policy which must comply with all EPs Note: Bylaws document review should confirm that the individuals who may grant disaster privileges is specified in the Bylaws	EM.02.02.13 (see also: MS.01.01.01 EP14)