Credentialing and Privileging Checklist (2002)

Ge	eneral	YES	NO
1.	Are procedures in place for appointment and reappointment of health	_	_
2	care providers? Are job descriptions available for all positions?		
	Is there a written credentialing and privileging process?		
	Can the procedural steps to appointments, reappointments, credentialing,	Ш	Ш
⊣.	and privileging be tracked in credentials files?		
5.	Do criteria for determining an applicant's ability to provide patient care	Ш	
	services include at least:		
	a. Current licensure?	П	
	b. Relevant education, training, and/or experience?		
	c. Current competence?		
	d. Ability to perform requested privileges?		
6.	Are peer recommendations from appropriate disciplines documented in		
	the credentials files and used for rationale in recommending appointment		
	and reappointment, for granting, renewing, or revising of clinical		
	privileges?		
	Are health care provider roles (requiring licensure, certification,		
	credentialing, or privileging) acknowledged and implemented both for		
	non-direct care and for direct care?		
8.	Are health care provider roles (requiring licensure, certification,		
	credentialing, or privileging) acknowledged and implemented both for		
	independently functioning and for supervised professionals?		
9.	Are all required documents for credentialing of professional health care		
	staff and for their currently granted privileges kept on file for review or		_
10	audit?		
10	Is all information pertaining to credentialing and privileging kept	_	_
11	confidential and maintained in secure archives? Is your process of credentialing and privileging rotated/staggered among		
11	health care staff in order to avoid potentially simultaneous loss of		
	currency of all?		
	currency of an:		
Cı	redentialing		
1.	Does each credentials file for licensed health care providers demonstrate		
	that criteria have been uniformly applied and verified from primary		
	sources?		
2.	Is current licensure confirmed with the primary source or by viewing the		
	applicants' current license at the time of reappointment and renewal or		
	revision of clinical privileges and is appropriate written documentation		
	of this confirmation kept on file?		

		YES	NO
	Does your organization obtain letters from authorititative sources regarding the applicant's actual clinical performance, satisfactory discharge of professional obligations as a health care provider, and acceptable ethical demeanor? With respect to the position to be filled, do referral letters for applicants address possession of required health care skills and demonstrated acceptable outcomes of similar health care situations managed by the	_	
_	applicant?		
5.	Is competency continually assessed, maintained, demonstrated, and improved?		
6.	At the time of reappointment, does your organization assess the individual's performance, clinical judgment, and technical skills?	_	
7.	Are the evaluation and approval/non-approval documented in each		
	individual's credentials file?		
	ivileging		
	Does your organization base granted privileges on consideration of the procedures and types of care the organization can provide? Does your organization evaluate each applicant's ability to perform in the		
	area in which he or she is seeking privileges?		
3.	Are the statements about the applicant's ability to perform requested privileges confirmed: a. (For new applicants) by the director of a training program, chief of services or chief of staff at a hospital where the applicant holds privileges, or a currently licensed physician designated by the		
	organization? b. (For <u>reappointment applicants</u>) by the countersignature of the		
4.	applicant's statement by an individual having the authority to do so? Do job descriptions of supervised health care providers delineate their		
5	clinical privileges? Are privileges granted according to and in consonance with documented/		
	demonstrated training/certification/licensure and job description?		
6.	Does your organization reappraise clinical privileges at least every two years?	П	П
7.	Do your organization's criteria for renewal or revision of clinical privileges include procedure outcomes and other results of performance-	Ш	Ш
	improvement activities?		
	Is specialty certification considered in your privileging process? Does your organization have a policy and procedure for handling		
	privileging appeals? Are health care providers given an opportunity for a fair hearing and		
	review in cases of adverse decisions on an application for reappointment or action to discontinue privileges?		