

**STANFORD HOSPITAL AND CLINICS
LUCILE PACKARD CHILDREN'S HOSPITAL**

Credentialing and Privileges Department
Policy and Procedure Manual

MEDICAL STAFF AND ALLIED HEALTH PROFESSIONALS (AHP) CREDENTIALS FILES

I. PURPOSE

To establish a mechanism for maintaining credentialing and performance improvement information for the members of the Medical Staff and AHP for Stanford Hospital and Clinics and Lucile Packard Children's Hospital.

II. POLICY STATEMENT

All practitioners on the Medical Staff at Stanford Hospital and Clinics (SHC) and Lucile Packard Children's Hospital (LPCH) will have a confidential credentials file which contains verification documentation, as well as a separate quality file that contains quality assurance information (specific to each facility), which will be stored in a locked, password protected area within the Medical Staff Services Department. These files are protected from discovery by Section 1157 of the California Evidence Code. Documents in these files may not be reproduced or distributed, except for confidential peer review and credentialing purposes consistent with Section 1157 and the policy on Confidentiality of Medical Staff/ AHP Records. Files are purged periodically and the purged documents are kept in storage. Files for resigned, retired, or expired physicians are also kept in storage. These files will be kept on a continuous basis and cannot be destroyed.

III. PROCESS/PROCEDURE:

When an application for Medical Staff membership is received, a credentials file is prepared which will contain all the information relevant to that practitioners request for membership and subsequent requests for reappointment. There will be one (1) file per provider that will contain all credentialing documentation for Stanford Hospital and Clinics and Lucile Packard Children's Hospital. Within the consolidated file there will contain two (2) separate quality assurance files storing information separately, specific to each facility. There will be separate approval forms and clinical privilege forms for each facility and stored within the consolidated file.

- A. The credentials file is sectioned and contains all documents sent by provider; all documents gathered in the verification process; any correspondence to, from or about the provider; and the proctoring reports.
- B. A separate quality file will be maintained containing the following:
 - Reports of disciplinary action taken by other hospitals and/or managed care organizations and the outcome of those actions
 - Any detailed reports received from the NPDB (National Practitioner Data Bank)
There will be a separate NPDB query specific to each facility.

- Results of internal and health plan quality management review, member complaints, patient satisfaction surveys, utilization management reports, quality indicators and Quality Coalition study findings.
- California Medical Board report on any State sanction activity (805 reports)
- Performance Improvement/Care Improvement reports
- Clinical activity reports
- Any supplemental information or documentation regarding quality of care issues
- Any and all Background investigation report

C. File Review

The credentials file is open to review by contracting health plans. The credentials file may be reviewed by the provider as outlined in the policy on Confidentiality of Medical Staff/Allied Health Professional (AHP) Records. These files or any portion of the credentialing file may not leave the Credentialing Office or be reproduced and must be reviewed with a Credentialing staff member present.

D. File Storage:

Credentialing files that pertain to the current active medical staff members for both SHC/LPCH will be stored at Stanford Hospital & Clinics within the Medical Staff Service department. Reappointment applications that are beyond 4 years (or 2 reappointment cycles) will be stored off site. An accumulative database will be maintained for all documents that are stored off site for ease and efficiency of retrieval. Resignations that occur on a monthly basis will be stored off site.

IV. RELATED DOCUMENTS

- Stanford Hospital and Clinics Medical Staff Bylaws, Rules and Regulations
- Lucile Packard Children's Hospital Medical Staff Bylaws, Rules and Regulations
- Credentials Policies and Procedures

V. DOCUMENT INFORMATION

A. Legal Authority/References

None

B. Author/Original Date

This Policy was authored by the Director, Medical Staff Services in April, 2000.

C. Gatekeeper of Original Document

The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Services Office.

D. Distribution and Training Requirements

These requirements will be handled through the Credentials Department.

E. Requirements For Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Review and Revision History

6/00, 7/03, 9/06

G. Local Approvals

Legal Review – June, 2000
Credentials Committee – 6/03, 7/03, 10/06
Medical Board – August, 2003, 11/06

H. Board Approvals

7/00; 2/02; 8/03; 11/06

This document is intended for use by Stanford Hospital and Clinic and Lucile Packard Children's Hospital staff personnel and no representations or warranties are made for outside use.
Not for outside production or publication without permission.

Direct inquiries to:
Director, Medical Staff Services, (650) 497-8920
SHC and LPCH