

Greenwich Hospital Greenwich, Connecticut 06830		<b>MEDICAL STAFF POLICY AND PROCEDURE</b>	
Title: <b>Credentialing and Privileging Process</b>			Policy #: <b>MS-1</b>
Date Issued: <b>11/07</b>	Date Reviewed/Revised: 1/10, 2/13, 12/29/14, 7/16	Approved By: Sr. VP Medical Services & Chief Medical Officer	Page 1 of
Contact: <b>Medical Executive Staff Committee</b>			

**PURPOSE:**

The process of credentialing and recredentialing involves diligently collecting , verifying, and evaluating data relevant to a practitioner’s request. The information obtained is evidenced base and includes, but not limited to, the applicant’s licensure, education, training, current competencies, and physician ability to responsibly provide care for patients.

**POLICY:**

Greenwich Hospital includes in the process of credentialing and recredentialing: 1) the six areas of “general competencies”; 2) focused practice evaluation, and 3) ongoing professional practice evaluation are utilized in the credentialing, re-credentialing, and privileging of practitioners and approved by the Board of Trustees.

**PROCEDURE:**

Privilege recommendations are based on, but not limited, to:

1. Current valid photo ID (driver’s license, passport)
2. Verified primary source or credentials verification organization of the following:
  - a. Current licensure, reviewed, and revision of privileges, licensure expiration
  - b. Applicant’s relevant training
  - c. Current competence
3. PEER recommendations

The SVP Medical Services reviews the application for completeness then forwards application to the specific Department Director / Section Head. He/she evaluates applicant-specific information, approves or denies a procedure list and completes a report of the department director/section head form. The Credentials Committee further evaluates this information and may request an interview with the applicant. At a minimum, the following are evaluated before recommending privileges:

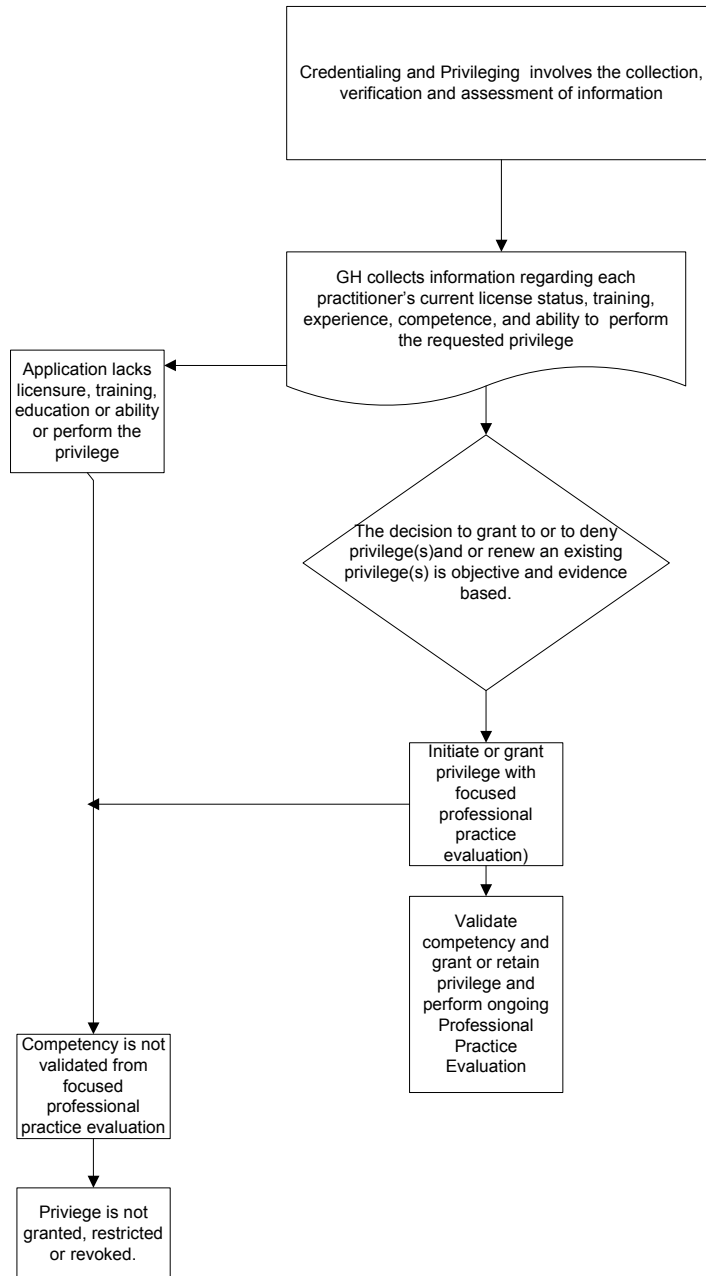
1. Challenges to any licensure or registration
2. Voluntary and involuntary relinquishment of any license or registration
3. Voluntary and involuntary termination of medical staff membership
4. Voluntary and involuntary limitation, reduction, or loss of clinical privileges
5. Unusual pattern or excessive malpractice cases
6. Applicant’s health status
7. Relevant practitioner specific data as compared to aggregate data when available
8. Peer Review data, when available
9. Review of ongoing, professional practice evaluation data
10. Areas of general competencies

When the application process is completed, the Credentials Committee forwards a written statement to the Medical Executive Committee (MEC). The MEC, after review of the application, will consider whether to recommend to the Quality/Safety Board of Trustees (BOT) to grant, limit, or deny a request for privileges. The Board of Trustees has the final authority for granting, renewing or denying privileges.

The overall process for privileging and re-privileging:

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## Process for Credentialing and Privileging



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**RESPONSIBILITY:****REFERENCES:**

The Joint Commission "Comprehensive Accreditation Manual", 2015, MS.01.01.01, MS.06.01.03, MS.06.01.05, MS.06.01.07, MS.06.01.11, HR.01.02.07

**RELATED POLICIES:**