

<b>Manual/Library Name:</b> Administrative	<b>No:</b> ADO.06.02
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	<b>Effective Date:</b> 08/23/24
<b>Policy Title:</b> Monitoring of the Credentialing and Privileging Process for Medical Staff (AD 1.04)	<b>Previous Versions:</b> 06/15/22, 06/17/19, 09/27/11, 08/01/08, 12/21/06
	<b>Approved By:</b> Executive Leadership Team
	<b>Approval Date:</b> 08/21/24

## I. Scope

This policy applies to Tenet Healthcare Corporation, its subsidiaries and affiliates (each, an “Affiliate”), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a “Tenet Entity”) (collectively, “Tenet”).

## II. Purpose

To define the process for credentialing and for privileging of practitioners at licensed facilities having an organized medical staff (each a “Facility”) so that relevant and current data is used as the basis for decisions by each Facility’s medical staff and Governing Board related to appointment, reappointment, and delineation of privileges. The Facility’s Governing Board has overall responsibility for the conduct and care provided by the organization.

## III. Policy

The credentialing process will confirm the identity of the requesting practitioner, validate that the credentials are current, and confirm that the applicant has the current competencies as requested.

## IV. Procedure

- A. All Facilities will establish a credentialing and privileging process for physicians and appropriate allied health practitioners in conjunction with the accrediting body, federal and state requirements, and in conjunction with the medical staff bylaws to ensure that only qualified members will provide patient care services.
- B. Non-advance practice professionals will be credentialed following the Human Resources (HR) process for competency in the same manner and schedule as Facility employees.
- C. The privileging process will be based upon the information gathered in the credentialing process and any additional information needed by the medical staff to confirm that the requesting practitioner has the documented qualifications and competencies to perform the requested privileges. Privileges are not only granted based upon an applicant’s qualifications; the medical staff shall also consider whether the requested service can be safely performed in the hospital or requested setting. Practitioners will only perform services within the scope of their privileges, except as permitted by the medical staff bylaws.

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D. The reappointment process will consider the practitioner’s professional performance and conduct based upon available information, including the Facility’s performance improvement data.

## V. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

## VI. References

Centers for Medicare and Medicaid Services, Medicare Condition of Participation for Medical Staff  
 The Joint Commission Comprehensive Accreditation Manual for Hospitals, Medical Staff Standards