

Self-Assessment for Identifying Potential Challenges in Your Facility

Review Policy and Procedures

- Do facility policies and procedures address all aspects of the NCCHC standard? Make special note that NCCHC does not support the use of licensed personnel who have limitations placed on their licensure.
- Are there specific policies related to the use of agency staff and per diem staff to ensure they are credentialed?
- Does the policy and procedure cover how credential records are maintained at the facility or with the health services vendor?
 - If maintained by/with the health services vendor, does the policy indicate what the facility has access to and what the facility will maintain on site?
- If the health services vendor is performing all aspects of the credentialing process, does the facility have access to the credential file, get regular reports to verify licensure, and/or maintain copies onsite as needed?

Talk with Responsible Health Authority

Ask the responsible health authority (RHA) if they know the following:

- Do they understand the credentialing process? Have them describe it to you.
- What is their role, specifically for tracking documentation during the credentialing process?

- Does the facility maintain a personnel record and/or credential log on all licensed personnel, including doctors, RNs, LPNs, PAs, NPs, dental staff, mental health staff, EMTs, CNAs, agency staff, and per diem staff?
- How does the RHA know when a health care professional has completed the credentialing process?
- If the health services vendor conducts the credentialing process, what can the facility get reports on a frequent basis regarding the status of each pending credential file? How do they communicate credential information?
- During survey, can the health services vendor provide reports to the RHA to ensure compliance with standards?
- How does the RHA know when a provider is fully credentialed?
- Are DEA x-waivers present for all medication-assisted treatment providers?

Assess the Environment

- Ask to see the credentialing log/personnel files and spot check to see what information is missing in the file and find out when file will be completed.
- When reviewing the credentialing log or personnel file, spot check licensed staff and verify that they are not expired.
- Ask the RHA if any of the clinical staff are operating under restricted licensure as this is not permitted under NCCHC standards.

- Ask the RHA for their credentialing policy and procedure and ask questions related to how your facility conducts the credentialing process. Verify that it matches your policy.
 - Do you maintain any credentialing files onsite or just a log?
 - Do you have access to the details of each clinician when asked on survey?
 - Who verifies licensure with the state licensing board, and have you kept documentation to show this process was completed?
- Verify that either the health services vendor or facility staff responsible for credentialing are conducting a query in the National Practitioner Data Base.
- Is the health services vendor or RHA using credentialing software? If so, ask them to run a few reports to verify that licensure and the credential file are current.

Key Takeaways

- Any issues that come up during your discussions could include opportunities to enhance policy, procedures, or training curriculum.
- CQI process studies are a great way to understand specific root causes and can help to focus improvement efforts where needed.

Share what you learned with your custody staff and the healthcare team.