

<b>This policy applies to:</b> <i>Stanford Health Care</i> <i>Lucile Packard Children’s Hospital Stanford</i> <i>Stanford Health Care Tri-Valley</i>	<b>Last Approval Date:</b> April 2025
<b>Name of Policy:</b> Medical Staff And Advanced Practice Professionals (APP) And Allied Health Practitioners (AHP) Credential File Maintenance	<p style="text-align: center;"><b>Page 1 of 4</b></p>
<b>Departments Affected:</b> All Departments	

I. PURPOSE

To establish a mechanism for maintaining credentialing and performance improvement information for the members of the Medical Staff and Advanced Practice Professionals (APP) and Allied Health Practitioners (AHP) for Stanford Health Care, Lucile Packard Children’s Hospital Stanford and Stanford Health Care Tri-Valley.

II. POLICY STATEMENT

All practitioners on the Medical Staff at Stanford Health Care (SHC), Lucile Packard Children’s Hospital Stanford (LPCHS) and Stanford Health Care Tri-Valley (SHC TV) will have a confidential electronic credentials “file” which contains verification documentation, which includes any relevant quality information (specific to each facility). The electronic database is on a secured server with encryption and any staff with a business need may have a secure individual logon information in a designated security group to perform their job tasks. 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/APP/AHP Records.

III. PROCESS/PROCEDURE:

When an electronic application for Medical Staff membership is received, a credentials file is prepared, which will contain all the information relevant to that practitioner’s request for membership and subsequent requests for reappointment. There will be one (1) file per provider that will contain all credentialing documentation for SHC, LPCHS and SHC TV.

- A. The credentials file is set up based on database fields, images, and archived processes/reports. The file contains all documents sent by the practitioner; all documents gathered in the verification process; necessary correspondence to, from or about the practitioner; and the proctoring reports.
- B. The following information is maintained in the electronic file with various degrees of security established:

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- 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 as required by NPDB.
- Results of internal and health plan quality management review and, quality indicators.
- 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 practitioner as outlined in the policy on Confidentiality of Medical Staff/Advance Practice Professional (APP), Allied Health Practitioner (AHP) Records. These files or any portion of the credentialing file may not be printed, reproduced, duplicated in any way except for credentialing purposes. Reviews will be conducted via secured remote session or in person via secure electronic device and must be reviewed with a Credentialing staff member present. For delegation audits, the surveyor may be granted a secure logon with specific access relevant to the Health Plan audit to conduct the review remotely.

D. File Storage:

Credentialing files that pertain to the current active medical staff members for both SHC/LPCHS/SHC-TV will be stored via SHC’s secure, electronic database. Files are archived periodically within the database on the server. Historical files prior to the electronic database have been either scanned and archived or archived kept in secure off-site storage. Files for resigned, retired, or expired physicians are maintained as described above. These files will be kept on a continuous basis and cannot be destroyed.

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V. RELATED DOCUMENTS

- Rules and
- Stanford Health Care Medical Staff Bylaws, Rules and Regulations
  - Lucile Packard Children’s Hospital Stanford Medical Staff Bylaws, Regulations
  - Credentials Policies and Procedures

A. DOCUMENT INFORMATION

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, 3/10, 2/16, 6/16, 5/19, 8/19, 3,22

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G. Local Approvals

Legal Review – June, 2000

SHC and LPCHSS Credentials Committee – 6/03, 7/03, 10/06, 3/10,2/16, 6/16, 5/19, 03/22, 4/25

SHC-TV Credentials Committee – 3/22, 4/25

LPCHS Policy Committee – 3/10, 4/13, 2/16, 6/16,5/19, 8/19

SHC and LPCHS Medical Executive Committee – August 2003, 11/06, , 4/255/10, 4/13, 2/16, 6/16, 5/19, 9/19, 4/22, 7/22

SHC-TV Medical Executive Committee – 3/22, 4/25

H. SHC and LPCHSS Hospital Board Approvals

7/00; 2/02; 8/03; 11/06, 5/10, 4/13. 2/16, 6/16, 5/19, 9/19, 4/22, 7/22, 4/25

SHC-TV Hospital Board Approvals 4/22, 4/25

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**Direct inquiries to:**

**Director, Medical Staff Services, (650) 497-8920  
SHC and LPCHSS**