

This policy applies to: <input checked="" type="checkbox"/> <i>Stanford Health Care</i> <input checked="" type="checkbox"/> <i>Lucile Packard Children's Hospital Stanford</i>	Last Approval Date: Feb 2017
Name of Policy: HOSPITAL STAFF ACCESS TO PRIVILEGING AND PROCEDURE INFORMATION FOR MEDICAL STAFF AND ALLIED HEALTH PRACTITIONERS (MSOW Look up)	<p style="text-align: center;">Page 1 of 2</p>
Departments Affected: All Departments	

I. PURPOSE

It is the policy of LPCH S and SHC to provide ready access to credentials for medical staff members, including physicians and advanced practice providers.

II. POLICY

Employees at Stanford Health Care and Lucile Packard Children's Hospital Stanford will be authorized to have access to information via the Intranet on medical staff clinical privileges and advance practice professional procedure authorization, for the purpose of verifying credentials and privileges in the clinical areas.

III. PROCEDURE

Process

MSOW Look up (MSOnet) is a web portal that is accessible via the LPCHS or SHC intranet and provides information (i.e., providers' privileges) for authorized individuals to view in accordance with the Medical Staff Services policies and procedures.

If a staff member without access to the Intranet database has a question regarding whether or not a specific provider is credentialed at SHC or LPCHS, or what privileges that provider has been approved for, the staff member should contact his/her supervisor who can access the database for the information. It is expected that this process will be used whenever there is a question regarding a provider's membership and/or privileges. Any questions regarding the information available on the Intranet should be directed to Medical Staff Services.

IV. RELATED DOCUMENTS

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

V. DOCUMENT INFORMATION

A. Legal Authority/References

The Joint Commission

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B. Author/Original Date

This Policy was authored by the Director, Medical Staff Services in January, 2002

C. Gatekeeper of Original Document

The Director of Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Administrative Manual for both facilities.

D. Distribution and Training Requirements

The distribution and of this Policy will be handled through the Hospital Administration and Nursing.

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

05/06, 3/10, 4/13, Administrative Changes 7/14

G. Local Approvals

SHC and LPCH Credentials Committee – 11/06, 3/10, 3/13, 1/17
SHC and LPCH Medical Executive Committee – 12/06, 4/10, 4/13, 2/17

H. SHC and LPCH Hospital Board Approvals

12/06, 4/10, 4/13, 2/17

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