

# Module 2

## CBAHI standards

## **CBAHI standards ...**

HR.5 The hospital has a process for proper credentialing of staff members licensed to provide patient care.

- HR.5.1 The hospital has a written policy describing the process used for the verification of credentials.
- HR.5.2 The hospital gathers, verifies, and evaluates the credentials (license, education, training, certification and experience) of those medical staff, nursing staff, and other health professionals licensed to provide patient care.
- HR.5.3 Credentials are verified from the original source.
- HR.5.4 Job responsibilities and clinical work assignments/ privileges are based on the evaluation of the verified credentials.
- HR.5.5 The hospital ensures the registration of all healthcare professionals with the Saudi Commission for Health Specialties.

## | CBAHI standards ...

**HR.5** The hospital has a process for proper credentialing of staff members licensed to provide patient care.

- **HR.5.6** Staff licensed to provide patient care must always have and maintain a valid license to practice only within their profession.
- **HR.5.7** The hospital maintains an updated record of the current professional license, certificate, or registration, when required by laws, regulations, or by the hospital for every medical staff, nursing staff and other healthcare professionals.
- **HR.5.8** When verification of credentials is conducted through a third party, the hospital must request for a confirmatory documentation.
- **HR.5.9** Verification process applies to all clinical staff categories (full time, part time, visitor, and locum).



## | **CBAHI standards ...**

MS.3 The hospital has an effective process that supports the professional communication and coordination of care amongst medical staff.

MS.3.4 The medical executive committee reviews all relevant reports of other hospital committees for prioritizing the services needed and guiding the credentialing and privileging process

## CBAHI standards ...

MS.5 The credentialing and privileging of the medical staff is based on an informed group decision.

- MS.5.1 The hospital has a credentialing and privileging committee chaired by the medical director or a designee.
- MS.5.2 The credentialing and privileging committee provides oversight on the credentialing and privileging processes.
- MS.5.3 The credentialing and privileging committee ensures that only qualified physicians and dentists are appointed and granted privileges.
- MS.5.4 Applicants for initial appointment submit a complete set of documents required for the credentialing and privileging process , including:
  - MS.5.4.1 Curriculum vitae, detailing the professional history of the applicant.
  - MS.5.4.2 Education, training, certificates, courses, experience, published research, and other relevant credentials.
  - MS.5.4.3 List of references.
  - MS.5.4.4 List of the privileges requested for approval

## | CBAHI standards ...

- MR.1 The Health Information Management (Medical Records) department has adequate qualified staff
  - MR.1.2 The department director is credentialed in health information management through formal training as per the national/international guidelines.
  - MR.1.4 Staff working in the department are credentialed in health information management through formal training as per the national/international guidelines .
  - MR.1.5 Clinical coding staff working in the department are credentialed/certified in clinical coding through formal training as per the the national/international guidelines.
  - MR.1.6 The department has one or more staff members who are credentialed in Clinical Documentation Improvement (CDI) through formal training as per the national/international guidelines.