

## **Guideline: Nursing Credentialling**

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### **Purpose**

This guideline outlines the process for nurse credentialing. Nursing credentialing focuses on a process by which an individual Registered Nurse, Enrolled Nurse, Nurse Assistant or Clinical Support Worker (as per position description) are granted privileges to perform a particular procedure or clinical service that is outside their identified scope of practice.

It does not include credentialing of a department.

### **Responsibility**

This guideline applies to Registered Nurses, Enrolled Nurses, Nurse Assistants or Clinical Support Workers.

Credentials obtained from another country or District Health Board or hospital will involve credentialing in accordance with CMDHB requirements. Counties will not take responsibility for credentialed privileges transferred to other organisations outside CMDHB.

The Nursing Credentialling Committee will manage the process.

#### **Credentialling Committee**

The Nursing Credentialling Committee will manage the process. Meetings will be held two monthly and minutes maintained.

The committee consists of the Clinical Nurse Directors, Nurse Leader for Education, Nurse Co-ordinator PDRP and Professional Development, Maaori and Pacific Nurse Leaders.

Ex officio members will be utilised when the committee is formally credentialling: Legal, External Reviewer, Consumer representation, Chief Medical Officer, Director of Nursing and Director of Allied Health.

Divisions will present to the Committee, this includes the following persons: Lead person – nominated by area, Nurse Manager/Charge Nurse Manager, Medical Clinical Leader or Director of Service and Nurse Educator.

The committee will:

1. Identify nursing practice that is beyond the specifications of the scope of normal practice, including that which is outlined by positions descriptions and organisational requirements, which will require a credentialling process. This includes new practices or the reallocation of activities to nurse or clinical support workers.
2. Authorise the required components of; knowledge and/or expertise derived through experience, education and competency assessments to ensure that individuals have the required clinical competence thereby

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| <b>Guideline Number:</b>                      | CB-48001-040A                        | <b>Version:</b>           | 1.0        |
| <b>Department:</b>                            | Nursing Service                      | <b>Last Updated:</b>      | June 2008  |
| <b>Document Owner:</b>                        | Clinical Nurse Director – Kidz First | <b>Next Review Date:</b>  | June 2010  |
| <b>Approved by:</b>                           | Director of Nursing                  | <b>Date First Issued:</b> | 1 May 1999 |
| <b>Counties Manukau District Health Board</b> |                                      |                           |            |

minimising risk to patients within CMDHB and professional practice requirements.

3. Endorse appropriate documentation required to determine competence, included in this will be audit requirements, in some cases clinical measures and reporting lines.
4. Ensure consultation has occurred with other relevant health professionals.
5. Endorse Standing Orders that are presented to the committee for approval. The process for [preparing a standing order](#).
6. Maintain a central register of credentialed of individual's privileges and areas of practice.
7. Review and evaluate annually all privileges awarded to determine whether the activity is now within normal scope of practice or position description and not longer will require credentialling.
8. Enable applicants to have the right of appeal to the Director of Nursing.
9. Report to Clinical Board (as per timetable) all approved credentialed privileges.

### External Assessor

With the focus on credentialling of individuals the role of the External Assessor within the nursing framework is to audit the privileging process (not individuals) on an annual basis.

### Documentation and Reporting

Minutes are maintained of all credentialling committee meetings.

A six monthly report on achievement of credentials will be circulated to the Director of Nursing, Clinical Board and Charge Nurse Managers/Team Leaders.

Individual nurses and clinical support workers may choose to keep copies of their individual reports but should be aware that such documentation will be discoverable.

Under no circumstances shall any credentialling information about any individual be conveyed to any person or authority outside Counties Manukau DHB without the permission of the individual.

### Links to other Processes

All nursing and clinical support worker staff has an annual performance plan and review meeting with their manager which incorporates assessment of clinical competence.

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## Associated Documents

Other documents relevant to this guideline are listed below:

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| <b>NZ Legislation</b>                        | Health Practitioners Competency Assurance Act (2003)  |
| <b>CMDHB Clinical Board Policies</b>         | Policy: Credentialling – General Principles 2007  |
| <b>NZ Standards</b>                          | <u>Human Resource Standards 2 and 3</u><br>New Zealand Nursing Council Competencies for Registered Nurses Scope of Practice 2005        |
| <b>Organisational Procedures or Policies</b> | Policy: Nursing Education Framework Policy 2006<br>PDRP Operational Manual 2007<br>Standing Orders for Delegated Medical Authority 2008 |
| <b>Other related documents</b>               | None  |

## Guideline

This guideline outlines the process of nursing credentialling.

| <b>Step</b> | <b>Action</b>  |
|-------------|--|
| 1.          | New activity, new procedure (or the reallocation of activities to nursing or clinical support worker) is identified for nursing that is potentially beyond the specifications of the scope of defined normal practice, including that which is outlined by position descriptions and organisational requirements, which will require credentialling process. |
| 2.          | Discuss feasibility of identified nursing activity with clinical leaders of the service. This ought to include but not exclusive to: the Charge Nurse Manager/Team Leader, Medical Clinical Leader or Director of Service and Clinical Nurse Director.   |
| 3.          | Prepare proposal on credentialling committee template (hyperlink): <ul style="list-style-type: none"> <li>▪ Review current literature, best practice and legislation</li> <li>▪ Create levels of competence required</li> <li>▪ Develop credential including strategies for training,</li> </ul>   |

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|     | assessment and any key performance/quality indicators.   |
| 4.  | Proposal sent to credentialling committee to be put on committee agenda.   |
| 5.  | Credentialling committee send meeting date, time and venue to service submitting proposal.   |
| 6.  | Division including: Lead person – nominated by area, Nurse Manager/Charge Nurse Manager, Clinical Leader, Director of Service and Nurse Educator present proposal to credentialling committee.   |
| 7.  | <p>Credentialling committee:</p> <ul style="list-style-type: none"> <li>▪ Confirm whether the practice proposed requires credentialling.</li> <li>▪ Perform risk benefit analysis with a focus on the patient, health professional, service and organisation.</li> <li>▪ Review the proposed educational training including assessment, quality measures and sustainability.</li> </ul> <p>Determine which of the following is required:</p> <ul style="list-style-type: none"> <li>▪ Legal review</li> <li>▪ External review</li> <li>▪ Consumer review</li> <li>▪ Consultation with equivalent services</li> </ul> |
| 8.  | Proposal for credential is approved or declined and provided in writing to service within a negotiated time frame.   |
| 9.  | In some circumstances alternations may be requested by the credentialling committee. These will be required to be resubmitted.   |
| 10. | All credentials that are supported by an educational work book must follow the process as outlined by the FEDS framework within CMDHB.   |
| 11. | Draft standing orders are sent to MAC for approval.  |
| 12. | Credential as outlined and approved by the credentialling committee and is completed by the service.   |
| 13. | Credentialed on individual's privileges and areas of practice are entered on central register by chair person of the credentialling committee.   |
| 14. | Applicants have the right of appeal to the Director of   |

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|     | Nursing.  |
| 15. | A report of all approved credentialed privileges is prepared by the Chairperson and presented to the Clinical Board (as per timetable). |

## References

Deutsch, S.K, Mobley, C.S., (2006). *The Credentialling Handbook*. USA: Jones & Bartlett.

Swansbury, R.C. (1995). *Nursing Staff Development: A Component of Human Resource Development*. London: Jones & Bartlett.

ICN Fact Sheet. *Nursing Matters: Credentialling*. Retrieved September 2007 from [http://www.icn.ch./matters\\_credentialling](http://www.icn.ch./matters_credentialling).

## Definitions

Terms and abbreviations used in this document are described below:

| Term/Abbreviation | Description   |
|-------------------|---|
| Competence        | Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse (NCNZ).  |
| Credentialling    | Individual credentialling is the establishment of the range of activities which health workers can undertake in disciplines where specialised knowledge and skill is required.<br><br>Nursing practice that is identified to be beyond the specifications of the scope of normal practice, including that which is outlined by positions descriptions and organisational requirements, which will require a credentialling process. |

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