

**SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT PROCEDURE**

**CREDENTIALS AND PRIVILEGES OF HEALTH PROVIDERS**

Title 15, Section 1404; NCCHC

**Purpose:**

To ensure all qualified health care professionals who provide services to youth in the Juvenile Detention and Assessment Centers (JDACs) and Treatment Facilities (TFs) are credentialed and provide services consistent with the licensure, certification, approved privileges, and registration requirements of the State of California.

**Definitions:**

Credentials: Professional licensure, certification, clinical experience, preparation for specialty practice, and registration for physician/providers.

Privileges: The authorization to provide specific patient care services in accordance with the standards of care.

**Responsibilities:**

- I. Chief Medical Officer / Chief Psychiatric Officer or Designee:
  - A. Ensure initial and periodic credentials and privileges are verified for physician/providers according to their licensure, certification and registration requirements within the State of California.
  - B. Conduct clinical performance enhancement activities to evaluate the appropriateness of the physician/providers services, Correctional Nurses, Licensed Vocational Nurses (LVNs) and Clinicians and list the following items on the peer review form:
    1. Name of the individual being reviewed.
    2. Date of the review.
    3. Name and credentials of the person doing the review.
    4. Review the findings with the physician/provider.
    5. Summary of findings and corrective action.
  
- II. Health Service Manager/ Juvenile Justice Program Manager II:
  - A. Maintain verification of current credentials in compliance with California state law and facility regulations for physician/providers.
    1. Appropriate credentials shall be accessible and periodically reviewed to ensure they are current.
  - B. Maintain written record of performed peer reviews of physician/providers, Correctional Nurses, LVNs and Clinicians.
  - C. Implement an independent review when there is a serious concern about any individual's competence.
  - D. Implement procedures to improve an individual's competence when such action is necessary.

**Guidelines:**

- A. Health care providers will not perform tasks beyond those permitted by their credentials.
- B. Physician/providers with a restricted license that limits practice is not in compliance with this procedure.
- C. Credentialing and reviews of credentials of physicians/providers will be performed in a manner consistent with Arrowhead Regional Medical Center (ARMC) policies and procedures or the Department of Behavioral Health where applicable.
- D. All credentialing deficiencies determined by the Chief Psychiatric Officer will be reported to the Responsible Physician within 72 hours.

E. All peer review findings by the Department of Behavioral Health will be submitted to the responsible physician annually.

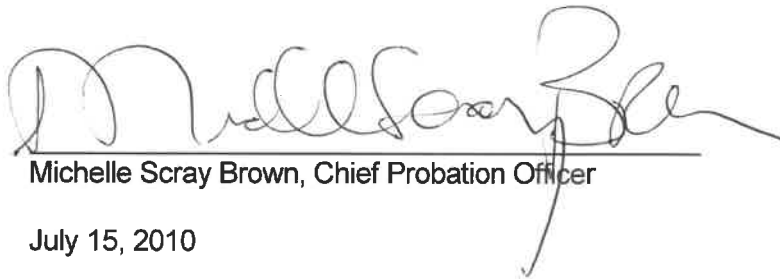
**Inspections:**

Refer to the Policy and Procedure Inspection Matrix.

**Foundation:**

Minimum Standards for Juvenile Facilities-Title 15, 2014, Section 1404  
Standards for Health Services in Juvenile Detention and Confinement Facilities,  
National Commission on Correctional Health Care (NCCHC)

Issued by:

  
Michelle Scray Brown, Chief Probation Officer

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