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COMPLIANCE IS MANDATORY

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Chapter 1. Credentialing and Privileging of Licensed Independent Professionals and Licensed and Non-licensed Support Health-care Personnel

1.1 Introduction

1.1.1 The credentials verification and privileging of health-care staff are necessary for ensuring the competence of all medical practitioners and health-care support personnel permitted to practice medicine by law and organization, and for the safety of employees, patients, and study volunteers.

1.1.2 NASA credentialing and/or privileging criteria described in this NPR will be required of all NASA civil servants, detailees to NASA, and NASA occupational health contractors who are licensed medical professionals or non-licensed health-care support personnel providing health care for NASA personnel, directed by NASA or under contract to NASA, receiving physician comparability allowance by NASA, or providing health care that is performed at a NASA facility or at an external site.

1.1.3 Health-care delivery is defined as the supervision, monitoring, or direct delivery of prevention, treatment, and management of illness and the preservation of mental and physical well-being through the supervision of, monitoring of, or the direct delivery of services offered by the medical, nursing, and allied health professionals. Health-care providers include licensed independent practitioners (e.g., medical, nursing, and allied health professionals who provide services without direction or supervision). Health-care support personnel include licensed personnel (e.g., nurses, pharmacists, dietitians, and other allied health professionals who provide services with direction or supervision) and non-licensed personnel (e.g., lab and x-ray technicians, emergency medical technicians (EMTs), dental assistants, strength and conditioning specialists, wellness counselors, and other personnel who provide services with direction or supervision).

1.1.4 These policy requirements establish uniform criteria for appointments to the clinical staff, maintenance of clinic privileges, and retention of knowledgeable, experienced, and competent health-care professionals.

1.2 Verification of Credentials

1.2.1 Initial verification and triennial verification of credentials, including primary source verification for all physician practitioners, should be required of all NASA licensed health-care providers. The core credentialing criteria are:

- a. Current state licensure that must be verified with the licensing entity;
- b. Relevant education, training, and/or experience (primary source verification is required at the time of initial employment and triennially thereafter);
- c. Review by the credentialing official of the National Practitioner Data Bank and other appropriate sources for previous adverse credentialing events. For a NASA non-contractor licensed health-care provider, if any adverse events are noted, the Center will forward the information to the Chief Health and Medical Officer (CHMO) for

determination of action;

d. Current competence; and

e. If not active duty military or U.S. civil servant, evidence substantiating the ability to perform requested privileges.

1.2.2 Initial verification and annual verification of credentials will be required of all NASA licensed health-care support personnel, including licensed personnel in management roles, and encompasses requirements for licensure, training, and certification. The core credentialing criteria are:

a. Current state licensure that must be verified with the licensing entity;

b. Current Basic Life Support (BLS)/Automated External Defibrillator (AED) training;

c. Current Advanced Cardiac Life Support (ACLS) certification for nurses, EMT-Ps, and pharmacists;

d. Current competence for nurses and EMTs. Baseline competence will be established by the hiring employer during orientation, then competency assessment and training will be accomplished and documented annually; and

e. Current Bloodborne Pathogen training.

1.2.3 Credentialing verification for licensed health-care providers will be required:

a. Prior to initial appointment and granting of initial clinical privileges;

b. When new privileges are requested; and

c. At triennial renewal of privileges for reappointment which is done in conjunction with that year's performance evaluation.

1.2.4 Some deviation from the core credentialing criteria may be warranted based on the degree of adaptation and customization found in the various health-care activities implemented at each NASA facility.

1.2.5. For the purpose of credentials verification of NASA health-care providers, NASA shall recognize three levels of medical care.

a. Direct patient/client care, counseling, or direct research monitoring will require both credentials verification and privileging, including:

(1) Evidence of the following credentials - proof of professional education, evidence of specialty training, board certification, if applicable, and current licensure to practice in a U.S. State. If the practitioner is detailed to a NASA Center, licensure to practice in any U.S. State or Territory will be accepted;

(2) When appropriate and based on the individual's function, maintenance of certification in ACLS, Cardiopulmonary Resuscitation (CPR/BLS), and the use of AED and the specific defibrillator(s) in their care location; and

(3) The ability to meet other specific privileging or certification required by the assigned function (e.g., Medical Review Officer (MRO), sigmoidoscopy, stress testing).

b. Practitioners in a supervisory or research monitoring role in a non-direct patient care setting will require credentials verification and in certain cases privileging, including:

(1) Evidence of the following credentials: proof of professional education, evidence of specialty training, board certification, if applicable, and current licensure to practice in a U.S. State or Territory;

(2) Maintenance of certification in ACLS or CPR/BLS and the use of AED and the specific defibrillator(s) in their care location;

(3) The ability to meet other specific privileging or certification required by the assigned function; and

(4) If functioning as an MRO for NASA, certification by a national certifying agency (e.g., American Association of Medical Review Officers or The Medical Review Officer Certification Council).

c. Physicians who are in management positions and are no longer actively practicing medicine (management positions without direct patient contact) do not require privileging or peer review activities but will require evidence of the following credentials:

(1) Proof of professional education, evidence of specialty training, board certification, if applicable, and current licensure to practice in a U.S. State. If the practitioner is detailed to a NASA Center, licensure to practice in any U.S. State or Territory will be accepted.

(2) Maintenance of certification in ACLS or CPR/BLS the use of AED and specific defibrillator(s) in their care location.

d. The above stipulations will not apply to personnel at non-NASA offsite facilities to which employees/patients may

be referred.

1.2.6 Current competence for initial clinical privileges for health-care providers shall consist of signed letters of informed opinion from specialty certification boards, peers of personal acquaintance, medical supervisors, academic program directors, or by demonstrated competency documented through peer review activities and outcome monitors that are part of the established medical quality assurance processes and system.

a. A search for any history of medical malpractice and of criminal record will be conducted, including a query of the National Practitioner's Data Bank and other appropriate sources.

1.2.7 All records containing credentialing information should be maintained in accordance with 5 U.S.C. 552a; the Privacy Act of 1974, as amended; NPR 1382.1, NASA Privacy Procedural Requirements; and the NASA records retention schedules as specified in NPR 1441.1D.

1.2.8 In the case of civil service personnel, records of health-care providers and support personnel credentials (initial and routine verification) and a list of privileges will be securely maintained by each Center credentialing office, the clinic in which the practitioner is privileged, or at the point of care.

1.2.9 In the case of onsite contractors, records of health-care providers' credentials verification and a list of privileges should be maintained and updated by the contractor with copies of the credential files kept at the NASA clinic location.

a. Additionally, relevant licensures will be provided by health-care providers initially and on license renewal.

1.3 Privileging

1.3.1 Privileging authorizes health-care providers to conduct those clinical tasks for which they must possess adequate skills in order to perform their responsibilities. For health-care support personnel, privileges are delineated by the scope of their licensure and the job description of the position for which they have been hired. Continuing education, relevant training, and skills utilization will be used to help maintain competence, provide continuous improvement in efficiency, and ensure effectiveness of health care.

1.3.2 Privileges for health-care providers should be delineated and granted in accordance with documented professional competence, scope of care, and facility support capability for not longer than three years without re-review.

a. For health-care support personnel, competence to continue to perform assigned job duties will be assessed and documented annually.

1.3.3 Upon request, NASA may privilege incumbent practitioners, who do not meet explicit credentialing criteria, on the basis of their record of experience in a particular setting with demonstrated proficiency in the procedure for which privilege is requested (grandfathering). After licensure verification, each case will be considered individually and decided by the appropriate NASA medical authorities. For licensed independent practitioners, the decision will be made by the Center Chief Medical Officer (CMO), and for those Centers without a CMO, by the NASA CHMO or designee.

1.3.4 Emergency credentialing and privileges may be transferred from one Center to another in times of emergency or disaster, such as emergent support for natural disasters (e.g., hurricane recovery). A transmittal letter from the NASA Center sending the credentialed providers will be sent to the Office of the Chief Health and Medical Officer (OCHMO) and the receiving institution. This transmittal letter will verify that the providers are licensed, credentialed, and privileged and will specify the estimated amount of time that the providers will be detailed to the receiving NASA Center. The scope and authority to practice will be commensurate with their originating institution.

1.3.5 NASA practitioners in the course of mission support may provide care that extends beyond their NASA Center or Federal property. NASA practitioners who provide patient care at locations of care other than their primary place of practice will be held to the same standard in regards to credentialing, privileging, and quality of care. The credentialing and privileging will be maintained at their originating facility. For these circumstances, credentials and privileges should be extended beyond their NASA Center for the purposes of mission and personnel support and include, but are not limited to:

- a. Flight surgeons, athletic trainers, nurses, or lab technicians supporting in Star City, Russia;
- b. Flight surgeons, athletic trainers, nurses, or lab technicians supporting launch or landing at another NASA Center;
- c. Flight surgeons or nursing staff supporting search, rescue, or recovery of astronauts at a location other than a NASA Center;
- d. Flight surgeons, athletic trainers, nurses, or lab technicians supporting in Moscow, Russia;
- e. Flight surgeons, athletic trainers, nurses, or lab technicians supporting launch or landing of a United States asset on an international partner vehicle in a foreign country; and

f. Flight surgeons or nursing staff supporting aero-medical transport of a patient across international or interstate boundaries.

1.4 Management of Impaired Providers

a. Medical conditions that prevent or reduce a health-care provider's or support personnel's ability to safely execute his or her responsibilities in providing health care will be considered impairment. Examples of impairment include but are not limited to alcohol or drug impairment, medical condition, severe personal or interpersonal stress or behavioral health disorder. Instances of impairment, or suspected impairment, can be reported by any patient or health-care provider to the appropriate supervisory medical personnel.

b. Health-care providers who may be impaired should be reviewed by the appropriate supervisory medical personnel to determine if their health status hampers their ability to deliver safe patient care. If the review determines that the condition does affect clinical practice, the health-care provider's privileges may be temporarily held in abeyance, suspended or permanently revoked, and the health-care provider may be removed from all or a portion of their patient care responsibilities.

c. Health-care support personnel who may be impaired should be reviewed by appropriate personnel from the employing company to determine if their health status hampers their ability to deliver safe patient care. If the review determines that the condition does affect clinical practice, the health-care support personnel's privileges may be temporarily held in abeyance, suspended or permanently revoked, and the health-care support personnel may be removed from all or a portion of their patient care responsibilities according to the employer's policy. Impaired providers in certain licensed disciplines (for example, nurses) must be reported to their licensing board for investigation and intervention.

d. A health-care provider or support personnel may voluntarily restrict their practice when a medical condition interferes with the ability to perform the full scope of duties. In the case of support personnel, concurrence of their supervisor is required.

e. For health-care providers, impairment status will be reviewed regularly by appropriate medical supervisory personnel (schedule to be determined on a case-by-case basis) to determine when and if any restriction on medical privileges and the ability to perform patient care responsibilities should be suspended, revoked, or changed.

f. Impairment status of support personnel will be reviewed by the employee's supervisor on a recurring basis to determine when and if any restriction on privileges and the ability to perform patient care responsibilities should be suspended, revoked, or changed.

1.5 Responsibilities

1.5.1 The Chief Health and Medical Officer (CHMO) shall be responsible for:

a. Establishing policy for the credentialing and privileging process for all NASA licensed health-care providers.

b. Ensuring that all NASA medical clinics and organizations appropriately implement the Agency credentialing and privileging process for all NASA licensed health-care providers.

c. Delegating authority to each NASA Center's Chief Medical Officer/Medical Director (where appropriate) to develop a specific credentialing plan and process that:

(1) Ensures an effective credentialing and privileging process for all NASA independent licensed health-care providers;

(2) Provides for granting of medical privileges consistent with these requirements at each NASA Center and facility with a process of triennial review; and

(3) Reviews impaired provider cases to determine when restrictions of clinic privileges should be imposed or rescinded.

d. Reviewing any reported cases of medical incidents or questions of standard of care.

1.5.2 Center Chief Medical Officers/Medical Directors (where appropriate), in collaboration with NASA Center Occupational Health Contracting Officer Technical Representative (COTR) or the appropriate official that serves as that COTR, and in the case of the Johnson Space Center, the Clinical Services Branch Chief, shall be responsible for:

a. Ensuring appropriate medical credentials reviews of all NASA civil service and detailee licensed medical professionals and NASA civil service and detailee non-licensed health-care support personnel and, assuring that the same criteria are stated for health-care providers in all statements of work for contracts procuring health care or human research services;

- b. Providing the CHMO with a summary Center credentialing and privileging report on all NASA health-care providers annually;
- c. Notifying in writing (e.g., letter and/or e-mail) the CHMO of cases of impaired providers and actions taken as they occur; and
- d. Report to the CHMO in writing (e.g., letter and/or e-mail) any medical incidents or questions of medical standard of care.

1.5.3 No individual will approve or review his/her own credentialing or privileging. The privileging authority for NASA Center CMOs is the CHMO. Privileging authority for contracted Medical Directors at NASA Centers is delegated to contract entities through the mechanism described in section 1.5.2.a.

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