



Top Takeaways of “**Best Practices for Developing, Implementing and Maintaining Clinical Privileges**”

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Thesis: Developing clinical privileges is a critical aspect of every Medical Staff Office which involves the collaboration between the Physician Leaders and Medical Service Professionals as the gatekeepers of patient safety, in coordination with the board of each hospital which has the responsibility for the overall care provided in the hospital. This session is designed to provide valuable information for new Physician Leaders and Medical Service Professionals that are challenged with developing new privileges, reviewing, and revising privileges and the elements of privilege development and the process for implementing them.

Learning Objective#1: Discuss the importance of clinical privileges reflecting current practices in healthcare organizations.

Key points:

<ol style="list-style-type: none"> 1. Key Terms and Definitions. 2. Regulatory and accreditation requirements. 3. Federal and State regulations. 4. Medical Staff bylaws. 	<ol style="list-style-type: none"> 5. Who must be privileged 6. Authorization granted to provide specific care, treatment and services.
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Learning Objective#2: Define three essential elements in the process for developing, implementing, and maintaining clinical privileges and distinguish the different statuses with privileging.

Key points:

<ol style="list-style-type: none"> 1. Developing and approving privileges, procedures, and criteria. 2. Privileging process and eligibility criteria. 3. General competencies for practitioners to support privileging, FPPE & OPPE. 4. Elements that should/should not be in privilege forms. 	<ol style="list-style-type: none"> 5. Process for proctoring 6. Red flags 7. Differences with privileging status
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Learning Objective#3: Discuss the role and responsibilities of the MSP and Physician Leader in the development, review and revision of clinical privileges.

Key points from this learning objective/section of your presentation:

1. Role of the Medical Service Professional	2. Role of the Physician Leaders
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**REQUEST FOR NEW OR REVISED PRIVILEGE
OPERATIONAL POLICY & PROCEDURE (SAMPLE)****PURPOSE**

To define the medical staff mechanism to review new procedure or treatment, which are not covered by an existing privilege delineation from and to establish a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified period of time to support each requested privilege.

POLICY

A new procedure or treatment, which is not covered by an existing privilege delineation form, may not be performed without prior determination by the relevant department, the Medical Executive Committee, and the Board of Trustees that the procedure or treatment would be appropriate to include among the services available to patients at **Facility / Healthcare System**. An application to perform a new procedure or treatment shall not be processed until minimum threshold criteria have been established defining the qualifications that an individual must possess to be eligible to request the clinical privileges in question.

PROCEDURE

- A. Prior to the establishment of a clinical privileges, the Medical Staff and the Hospital shall assure the following:
- Criterion has been developed defining current competence for practitioners who may request the privilege.
 - The setting in which the privilege may or may not be performed has been determined.
 - The privilege is within the scope of services provided by the organization.
 - The appropriate policies, when necessary, have been developed to support the privileges.
 - The organization has the appropriate equipment and supplies to support the privileges.
 - The organization has an adequate number of qualified staff to support the privilege.
 - The financial resources necessary to support the privilege have been committed.
 - The Medical Staff Services Department is informed regarding the potential new service in order to address clinical privilege development/revisions as appropriate.
- B. A practitioner who wishes to propose that a new procedure or treatment be approved, shall submit the following information to the chairman of the appropriate department prior to requesting the privilege(s) and shall submit Addendum "A" to include, but not be limited to the following:
- Description of the procedure or treatment, including the indications and contraindications for it.
 - Description of any new equipment or other resources that would have to be obtained and/or any special support staff training or orientation that would have to be provided in connection with the new procedure or treatment.
 - A description of the results, complications and other pertinent information reported in relevant scientific literature, with citations as appropriate.
 - A description of the background and training that should be required to qualify a practitioner for privileges to perform the procedure treatment, with reference to scientific literature and other sources of guidance as appropriate, including other specialties that might also request these privileges.
 - A proposed monitoring and quality review plan to assess this Medical Staff's overall experience with the new procedure or treatment for a reasonable period or number of cases after it comes into use, considering anticipated results, comparative data from other institutions, and other relevant factors.
 - A proposed set of proctoring requirements to verify the competence of individual.
 - Practitioners who are granted privileges to perform the new procedure or treatment.
- C. The department chair shall review and consider the privilege request and conduct such additional inquiries or proceedings as he/she deems appropriate. This may include, among other options, consultation with outside experts, additional literature review, and/or presentation for general discussion at the department level. The Department shall make a written recommendation to the Credentials Committee (if applicable) and the Medical Executive Committee, with relevant documentation.

- D. The Medical Executive Committee (MEC) shall review the recommendations from the department and determine whether to recommend the new procedure/treatment to the Board of Trustees. If the MEC decides to recommend the new procedure or treatment, it shall develop minimum threshold credentialing criteria based on the information provided and any additional research or consultation with experts, including those on the Hospital's Medical Staff and those outside the Hospital. Based thereon, the MEC shall develop recommendations regarding:
- The minimum education, training, licensure, experience, and ability to perform the technique/procedure or service.
 - The extent of monitoring and supervision that should be required if privileges are granted.
 - The criteria and/or indications for when the technique/procedure or service is appropriate.

The MEC shall then make a written recommendation to the Board, which shall make a final decision.

Following the Board's approval of a new procedure or treatment, requests for privileges to perform it may be submitted by individual practitioners and processed in accordance with the Medical Staff Bylaws and supporting documents.

REQUEST FOR NEW OR REVISED PRIVILEGE
SAMPLE WORKSHEET

(Please be aware that any suggested changes will require the approval of each affected department)

Date:	
Requesting facility/department:	
Is this a new technology? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credentialing Criteria (Required for new privilege requests and/or for revision of existing criteria):	
Example: Evidence of training (certificate)/Licensure/Experience/Ability to perform privileges.	
Privilege Form(s) affected:	
Applicable to additional privilege forms? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list additional forms.	
A mockup sample of the revision must be attached for Committee review	
Supporting documentation attached (e.g., American College/Society publications, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
If this is a revision to a current privilege and/or form? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A What is the rationale for the revision? Please state all reasons applicable to request:	
Request received the approval of other departments affected at this site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, list departments.	
Comments:	
Accepted Date:	If not approved, date Referred back to Department(s):
Applicable to the following facilities:	
<input type="checkbox"/> Facility x <input type="checkbox"/> Facility x <input type="checkbox"/> Facility x <input type="checkbox"/> Facility x <input type="checkbox"/> Facility x <input type="checkbox"/> Facility x <input type="checkbox"/> Facility x <input type="checkbox"/> Facility x	

Facility/Healthcare System
Evaluation of Resources to Support Medical Staff & Advanced Practice
Professional's Privileges (Sample)

TJC - MS.06.01.01

Prior to granting a privilege, the resources necessary to support the requested privilege are determined to be currently available or available within a specified time frame.

EP1: There is a process to determine whether sufficient space, equipment, staffing and financial resources are in place or available within a specified time frame to support each requested privilege.

Directions: (1) Medical Staff Office completes section when privilege list is developed, reviewed or revised. (2) Medical Staff Office forwards form to Hospital Administration for evaluation of resources. (3) Member of Hospital Administration completes section B and returns the form to the Medical Staff Office. (3) Medical Staff Office attaches evaluation, including Addendum A, to the privilege form as part of submission to the appropriate Medical Staff Department/Committee. (4) Medical Staff Office places evaluation on the appropriate Department/Committee agenda. (5) Medical Staff Office documents acceptance/rejection of evaluation in meeting minutes and follows up pursuant to Medical Staff bylaws and Policies. **(Attach all supporting documentation with this form)**

Section A	Title of Privilege List:
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Section B	Availability?	Resource available	Resource not available	* Will be available within specified time frame	* Date resource(s) will be available to support granting of privilege and other comments
	Resource				
	Space				
	Equipment				
	Staffing				
	Finances				

 Name/Title of Hospital Administration Representative
 Evaluating resource availability

 Signature of Hospital Administration Representative
 Evaluating resource availability

 Date completed

FACILITY / HEALTH SYSTEM HEADER

ESTABLISHING NEW PRIVILEGE CRITERIA - Addendum A (Sample)

INFORMATION REQUIRED	INFORMATION SUBMITTED
SPECIALTIES INVOLVED:	
PROCEDURE/CONDITION/PRIVILEGE/ SERVICE REQUESTED:	
CRITERIA	
DESCRIPTION	Describe the procedure or treatment, including the indications and contraindications.
EDUCATION/LICENSURE/TRAINING ABILITY TO PERFORM PRIVILEGES (MINIMUM THRESHOLD CRITERIA/QUALIFICATIONS FOR VERIFICATION OF COMPETENCY) *See also template privilege form	Describe background and training required for qualifications to apply for this privilege (include any manufacturer guidelines, requirements and /or scientific literature and other sources of guidance as applicable). Check the following that apply. Hands on training _____ Didactic course _____ Special Certification _____ Board Certification _____ (If Board Certification required, complete the box below)
EQUIPMENT	List any new equipment required (if applicable):
ADDITIONAL RESOURCES	List any additional resources required (if applicable):
HOSPITAL STAFF	List any training required for hospital staff (if applicable):
OUTCOME DATA	Describe any results, complications and/or other pertinent information reported in relevant scientific literature, with citations or attachment as appropriate:
HOSPITALS PERFORMING THIS PROCEDURE	List any Organization/s performing this privilege:

FACILITY / HEALTH SYSTEM HEADER

ESTABLISHING NEW PRIVILEGE CRITERIA - Addendum A (Sample)

INFORMATION REQUIRED	INFORMATION SUBMITTED
IS THIS FDA APPROVED	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If no, please explain: _____
MONITORING/PROCTORING:	Describe review plan to assess overall experience once implemented for evaluation of anticipated results, comparative data, and other relevant factors, including attaching any relative literature:
CME REQUIREMENTS	CME information (if applicable) <input type="checkbox"/> Documentation confirming ____ hours of Category I CME activity during the previous ____ months/years on the specific procedure/service, <input type="checkbox"/> Attendance at specific CME program(s) Specifications: _____ _____ _____
REAPPOINTMENT/RE-PRIVILEGING REQUIREMENTS VOLUME REQUIREMENTS – VERIFICATION OF ONGOING COMPETENCY *See privilege form also	<input type="checkbox"/> 1) Confirmation of successful completion of ____ procedures/services with acceptable outcomes within the past 24 months as determined by medical staff peer review activities. <input type="checkbox"/> 2) Confirmation of ____ patients treated with a specific condition/service required with acceptable outcomes within the past 24 months as determined by medical staff peer review activities. <input type="checkbox"/> Other: _____ _____
HOSPITAL ASSESSMENT	Hospital CEO, CNO and CFO or designees have reviewed the request to perform this procedure or to provide this service, the suggested criteria and agree that: <input type="checkbox"/> Hospital has sufficient space. <input type="checkbox"/> Hospital has sufficient resource personnel appropriately trained. <input type="checkbox"/> Financial/reimbursement issues have been clarified. <input type="checkbox"/> Hospital can accommodate this new procedure – treatment – service.

NEW PRIVILEGE WORKSHEET (SAMPLE)

To be completed by the Hospital Department Director		YES	NO
Can this privilege be performed within the scope of services provided by the Organization?			
Does the organization have or commit to the equipment and supplies necessary to support the privilege?			
Does the organization have or commit to the appropriate # of qualified staff to support privilege?			
Has the cost benefit analysis been completed and/or have necessary financial resources been committed to support this privilege?			
Is administration aware of proposed privilege/treatment/service and supportive of implementation?			
Date service is expected to be implemented			
If any of above answer is "NO," please explain below:			
Determination by Section Chief/Department Chair			
Is this privilege considered part of an existing privilege/service not necessary to add to privilege listing? Yes [] No []			
If yes, check the appropriate box below:			
General privilege to be added to "Basic" privilege list which does not require additional training/education? Yes [] No []			
Special privilege (to be added as "special privileges" with defined criteria)? Yes [] No []			
If yes, define on Addendum "A" (Separate Attachment)			
Recommendation	Printed name	Signature	Approval Date
Department Director			
Section Chief (if applicable)			
Department Chair			
Committee Recommendation & Board Approval			
Credentials Committee	Approval date:		
Medical Executive Committee	Approval date:		
Delegated Committee of the board (if applicable)	Approval date:		
Board	Approval date:		