

Clinical Privileges Delineation Policy – SAMPLE

Subject: Clinical Privileges Delineation
Number: _____
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Approved by: _____
(Signature) _____ Date _____
Distribution: Medical Staff, Credentialing Manual, Medical Staff Office

I. STATEMENT OF PURPOSE

1. To establish hospital-specific mechanisms for granting and revising or renewing clinical privileges in accord with the policy directives of the medical staff bylaws as approved by the governing body.
2. To ensure compliance with accreditation agencies, such as The Joint Commission, NCQA, AOA and DNV/NIAHO, and any other applicable agencies and state and federal regulatory requirements.
3. To ensure uniform application of professional criteria to all applicants for delineated clinical privileges.

II. STATEMENT OF POLICY

To ensure that only qualified, competent practitioners deliver patient care at [*insert name of facility*] and that all licensed independent practitioners applying for delineated clinical privileges are subject to uniform professional criteria.

III. PROCEDURE

- A. Establishment of professional criteria:
1. Each clinical department makes recommendations to the medical staff regarding the professional criteria for clinical privileges.
 2. The professional criteria are designed to ensure the medical staff and the governing body that patients receive quality care.
 3. The professional criteria for clinical privileges are described to each applicant in the pre-application process.
 4. The professional criteria at a minimum pertain to the following:
 - a. Evidence of current state licensure;
 - b. Relevant training or experience;
 - c. Current competence;
 - d. Ability to perform the privileges requested; and
 - e. Any other criteria as specified by the hospital.

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5. All decisions on clinical privileges must consider criteria that are directly related to the quality of care.

B. Application for clinical privileges:

1. Each applicant must include a request for the specific clinical privileges that he or she seeks in his or her application for appointment or reappointment to the medical staff.
2. The clinical privileges include the limitations, if any, on an individual's privileges to admit and treat patients and direct the course of treatment for which the patient was admitted.
3. A mechanism is in place to ensure that individuals with delineated clinical privileges only provide services within the scope of privileges granted.
4. The privileges of practitioners providing services at the hospital under a contract have clinical privileges to admit and treat patients, as defined by the medical staff.
5. The granting of clinical privileges is handled in accordance with *[insert name of applicable policy]*. Each practitioner requesting clinical privileges must pledge to provide or arrange for continuous medical care for his or her patients and to obtain appropriate consultation or refer the care to another qualified practitioner when necessary.
6. Practitioners may request temporary privileges in accordance with the facility's *[insert name of applicable policy]*.
7. The granting of disaster privileges is in accordance with the medical staff bylaws, rules and regulations regarding disaster privileges.
8. If the hospital has no threshold criteria for a requested privilege, it will table the request until the necessary criteria are formulated by the governing body, after consultation with the credentialing committee and the medical executive committee.

C. Approaches to Delineating Privileges

[Insert name of facility] currently utilizes *[insert approach used at the facility]*. However, it is important to be familiar with privileging methods that may be used elsewhere.

1. Procedures and Conditions List – In this model, the delineated privileging form lists all the procedures that may be performed and conditions that may be treated within a specific department or specialty. The advantage of this method is that it is very specific about which privileges are requested and granted. The list may be very long and lack specific minimum eligibility criteria for each privilege. Also, applicants often simply select every item on the list without considering each privilege individually. Another challenge is keeping the list up to date with all the condition treated and procedures performed at the hospital.
2. Practitioner Specialty Core Privileges – In this model, privileges for each specialty are grouped together and the applicant applies for all of the privileges in the group or “core.” The core represents the procedures or conditions that the practitioner within the specialty or department should be competent to perform. A drawback of this system is that training programs are different, so everyone with the same specialty training may not have the

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competency to perform the same procedures and/or treat the same conditions. Also, this method may result in uncertainty regarding exactly which privileges are included in the core.

3. Combination of Core Privileges and Procedures List – In this model, the core privileges are determined for each specialty, along with a list of conditions that may be treated and/or procedures that may be performed. Minimum criteria are established for both the core privileges and each additionally listed privilege. The additional privileges are often referred to as “special” or “specific” privileges and include those procedures or treatments that require additional training, are high-risk and/or volume-sensitive, and/or may cross specialty lines.
4. Telemedicine – all telemedicine contracts will be consistent with this policy and spell out the granting of privileges to the originating facility's medical staff and other appropriate facility providers for participation in telemedicine referrals, consults, and direct care. In addition all distant (remote) providers participating in telemedicine referrals, consults, interpretation, diagnosis, and/or treatment (direct care) with your organization will be credentialed and privileged in accordance with this policy and the telemedicine contract.

Please refer to policies and procedures for initial appointment and renewal of privileges.

Reference:

Coverys Risk Management; Healthcare Facility Manual; Credentialing and Privileging Processes

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