

**Title: DEVELOPING CRITERIA FOR PRIVILEGES**

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Location: Saint Joseph Regional Medical Center (SJPMC)		Department: Centralized Credentials

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**POLICY:**

1. No request for clinical privileges will be processed unless the Medical Executive Committee has first determined that the particular procedure or service will be offered to patients in the hospital and criteria for the procedure or service have been developed.
2. In the event a request is made for which no criteria have been developed, the applicant shall be informed that the procedure or service is not currently being performed at the hospital, but that within a reasonable amount of time (six (6) months) the hospital will consider the request and will inform the applicant whether the procedure or service will be offered within the hospital and the criteria that will be required of applicants. The request shall be considered using the procedure outlined below.

**PROCEDURE:**

- A. When an applicant requests privileges for which no criteria have been developed, or whenever the Credentials Committee determines that criteria need to be developed, the following procedure shall be used:
  - 1) The Credentials Committee, or an individual designated by the Credentials Committee, shall prepare a report which outlines the following:
    - a) How requests for similar privilege(s) have been processed in the past (if applicable).
    - b) The specialists/subspecialists who are likely to request this clinical privilege.
    - c) The positions of specialty societies, certifying boards, etc.
    - d) The training available in residency training programs in the specialties likely to request this privilege.
    - e) In the case of new procedures, the training available outside of residency programs.
    - f) Criteria required by other hospitals with similar resources, personnel, etc.
  - 2) The report of the Credentials Committee shall be forwarded to the Medical Executive Committee for recommendation to the Board. Based on the report and the hospital's capability to perform the procedure or service, including support services and personnel, the Medical Executive Committee shall make a preliminary recommendation to the Board as to whether the procedure or service will be offered to hospital patients.
  - 3) If the Board's preliminary determination is to allow the procedure or service to be performed in the hospital, the matter shall be referred to the Credentials Committee to develop specific criteria for the procedure or service in question and the monitoring or supervision that should be required when the privilege is granted.
  - 4) The criteria developed by the Credentials Committee shall be forwarded to the Medical Executive Committee and Board for final approval and adoption.

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**References/Standards:**

- Policy Origin Date: April 2000
- Review Date: December 2009, December 2012, December 2015, December 2018
- Revised Date: December 2006
- Effective Date: June 2000
- Reviewed/Recommended By: Medical Executive Committee
- Policy 82

**Criteria for Privilege Review**

- A. One form should be completed for each area in which privileges are requested or granted (either by general surgery or specific privileges, i.e., internal medicine privileges, gastroscopies, acute myocardial infarction).
- B. When a privilege crosses specialty lines, this form should be completed by the chair of each relevant specialty and submitted to the Credentials Committee, which should then submit a recommendation to the Medical Executive Committee.
- C. All possible combinations of qualifications should be listed. For example, if four years of either general surgery or obstetrical/gynecological training are required to perform hysterectomies, both should be listed.
- D. If a particular category is not required, indicate with N/A (not application).

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Privilege in Question: \_\_\_\_\_

1. Education: M.D., D.O., D.D.S., D.P.M., Other

Special Course (specify) \_\_\_\_\_

2. Training: \_\_\_\_\_ years of approved postgraduate training in

\_\_\_\_\_

or \_\_\_\_\_

or \_\_\_\_\_

3. Fellowship In: \_\_\_\_\_

or: \_\_\_\_\_

4. Board Status: \_\_\_\_\_ Board Certified

In: \_\_\_\_\_

Or: \_\_\_\_\_

5. Experience: \_\_\_\_\_ during the past \_\_\_\_\_ months.

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Specifications: \_\_\_\_\_

6. Proctoring, if needed: \_\_\_\_\_

7. Current Competency at Reappointment: \_\_\_\_\_  
(if different than Experience)

8. Will equipment or materials need to be changed or purchased? \_\_\_\_\_

\_\_\_\_\_

9. Costs associated with equipment and material changes or purchases: \_\_\_\_\_

\_\_\_\_\_

10. Will staff need to be  
trained \_\_\_\_\_

\_\_\_\_\_

11. Which of the departments in the hospital will be affected by this new privilege? \_\_\_\_\_

\_\_\_\_\_