

Medical staff membership may not be granted if the hospital does not have the appropriate resources (that is, special medical equipment or staff) to support the professional practice of the individual. For example, a nephrologist seeking to provide dialysis services at the hospital may not be granted medical staff membership if the hospital does not provide such services.

Finally, when an applicant's licensure/registration has been verified from the issuing source, but other documents—such as education and training—have yet to be verified, the individual may be granted medical staff membership, and privileges may be identified for the applicant for a period not to exceed 90 days. Under such circumstances, these individuals may not practice independently and require supervision until all credentials have been verified. Supervision is clearly defined in hospital policy as to level and conditions and is not to exceed 90 days.

### **Measurable Elements of SQE.05.02**

1. Medical staff appointments are made consistent with hospital policy and are consistent with the hospital's patient population, mission, and the care, treatment, and services provided.
2. Appointments are not made until at least licensure/registration has been verified from the primary source, and the medical staff member then provides patient care services under supervision until all credentials required by laws and regulations have been verified from the original source, up to a maximum of 90 days.
3. ⑩ The method of supervision, frequency of supervision, and accountable supervisors are documented in the credential record of the individual.

---

## ***Medical Staff Appointment and Privileges***

---

### **Standard SQE.06.00**

The hospital has a standardized, objective, evidence-based process to grant or deny privileges for medical staff members and others permitted to practice independently.

#### **Intent of SQE.06.00**

*Privileging* is the validation of a medical staff member's current clinical competence by the health care organization for the determination of what scope of clinical services the medical staff member will be authorized to perform. Privileging is a critical process that protects the safety of patients and advances the quality of the hospital's clinical services. The hospital establishes a uniform process to manage the applications for the granting, renewal, or revision of medical staff clinical privileges to ensure that the expectations for the appointment of medical staff membership are consistently followed. Considerations for clinical privilege delineation at initial appointment include the following:

Decisions regarding a medical staff member's clinical competence and clinical privileges are based primarily on information and documentation received from sources outside the hospital. The sources may include the following:

- Specialty education programs
- Letters of recommendation from previous medical staff appointments and/or close colleagues
- Any quality data that may be released to the hospital

Sources of information, other than those from educational institutions such as medical specialty programs, are not verified from the source unless required by hospital policy. These sources are used to identify the areas of presumed competence. Ongoing professional practice evaluation validates the areas of presumed competence.

There is no one best way to delineate which clinical activities the new medical staff member is privileged to perform. Specialty training programs may identify and list the general competencies of that specialty in areas of



diagnosis and treatment—with the hospital assigning privileges to diagnose and treat patients in those specialty competency areas. Other organizations may choose to list out in detail each type of patient and treatment procedure. Within each specialty area the process of privilege delineation is uniform; however, this process may not be the same in all specialty areas. For example, the privileges will be different for general surgeons, pediatricians, dentists, or radiologists. The process for privilege delineation will be standardized within each specialty group. The privilege delineation identifies which “specialty” services can be provided by family practitioners, primary care practitioners, and others who provide a variety of general medicine, obstetrics, pediatrics, and other services.

The decision as to how clinical privileges are delineated in a specialty area is linked with other processes, including the following:

- Selection by the department/service leaders of what processes are to be monitored through data collection
- Use of those data in the ongoing professional practice evaluation process of the medical staff in the department/service
- Use of the monitoring data in the process of reappointment and the renewal of privileges

In addition to the privileges granted in relation to the individual’s education and training, the hospital identifies high-risk areas for which the medical staff member is explicitly granted such privileges or denied such privileges, including the following examples:

- Administration of chemotherapeutic agents
- Other classes of high-risk drugs
- High-risk procedures

The high-risk procedures, drugs, or other services are identified by each specialty area and evident in the privilege delineation process. Finally, some procedures may be high risk due to the instrumentation used, such as robotic and other computerized or remotely operated surgical or therapeutic equipment. Also, implantable medical devices require skills in implantation, calibration, and monitoring for which privileges should be specifically granted. Privileges are not granted if the hospital does not have the special medical equipment or staff to support the exercise of a privilege. For example, a nephrologist competent to do dialysis, or a cardiologist competent to insert stents, are not privileged for these procedures if the hospital does not provide such services. Finally, when an applicant’s licensure/registration has been verified from the issuing source, but other documents—such as education and training—have yet to be verified, privileges are identified for the applicant. However, these applicants may not practice independently until all credentials have been verified by the processes described above. Such supervision is clearly defined in hospital policy as to level, conditions, and duration.

Hospital policy, laws and regulations, and/or other documents may stipulate that, in an emergency, any medical staff member with clinical privileges is permitted to provide any type of patient care, treatment, and services necessary as a lifesaving measure or to prevent serious harm—regardless of their medical staff status or clinical privileges—provided that the care, treatment, and services provided are within the scope of the individual’s license.

The clinical privileges of all medical staff members are made available by printed copy, electronic copy, or other means to individuals or locations (for example, operating room, emergency department) in the hospital where the medical staff member will provide services. The medical staff member is provided a copy of their clinical privileges. Updated information is communicated when the clinical privileges of a medical staff member change.

## Measurable Elements of SQE.06.00

1. ⑩ The privilege delineation process used by the hospital meets the following criteria:
  - Standardized, objective, and evidence-based
  - Documented in hospital policies
  - Active and ongoing as the credentials of medical staff members change
  - Followed for all classes of medical staff membership
  - Effectiveness of the process can be demonstrated.
2. ⑩ The hospital establishes criteria that determine a medical staff member's ability to provide patient care, treatment, and services within the scope of the privilege(s) requested, including evaluation of the following:
  - Current licensure and/or certification, as indicated, verified with the primary source
  - The applicant's specific relevant training, verified with the primary source
  - Evidence of physical ability to perform the requested privilege
  - Data from professional practice review by an organization(s) that currently privileges the applicant (if available)
  - Peer and/or faculty recommendation
  - When renewing privileges, review of the medical staff member's performance within the hospital
3. The clinical privileges of all medical staff members are made available to those individuals or locations in the hospital in which the medical staff member will provide services.
4. Each medical staff member provides only those services that have been specifically granted by the hospital.
5. The hospital implements a process to respond to a patient's request for additional information about the medical staff member responsible for their care.

## Standard SQE.06.01

Hospital leaders grant temporary clinical privileges to medical staff for a limited period of time and for circumstances as defined by hospital policy.

### Intent of SQE.06.01

Temporary clinical privileges to a medical staff member may be granted by hospital leaders for specified reasons. These temporary privileges are for a limited time for circumstances defined by hospital policy and consistent with laws and regulations. There are two circumstances in which temporary privileges may be granted. Each circumstance has different criteria for granting privileges. The circumstances for which the granting of temporary privileges is acceptable are as follows:

- To fulfill a specific patient care, treatment, and service need
- When an applicant for new privileges with a complete application that raises no concerns is awaiting review and approval by the medical staff executive committee and the governing body

An applicant for new privileges is defined as an individual who meets the following criteria:

- Is applying for clinical privileges at the hospital for the first time
- Currently holds clinical privileges and is requesting one or more additional privileges
- Is in the reappointment/reprivileging process and is requesting one or more additional privileges

Hospital policy, laws and regulations, and/or other documents may stipulate that, in an emergency, any medical staff member with clinical privileges is permitted to provide any type of patient care, treatment, and services necessary as a lifesaving measure or to prevent serious harm—regardless of their medical staff status or clinical privileges—provided that the care, treatment, and services provided are within the scope of the individual's license.