

Measurable Elements of SQE.06.01

1. Ⓓ Temporary privileges are granted to meet a specific patient care need for the time period defined in hospital policy.
2. When temporary privileges are granted to meet a specific need, the organized medical staff verifies current licensure and current competence.
3. Ⓓ Temporary privileges of applicants for new privileges may be granted while awaiting review and approval by the organized medical staff upon verification of the following:
 - Current licensure
 - Relevant training or experience
 - Current competence
 - Ability to perform the privileges requested
 - Other criteria required by applicable laws and regulations
 - A query and evaluation of any relevant medical staff data bank or platform information, if applicable
 - A complete application
 - No current or previously successful challenge to licensure or registration
 - No subjection to involuntary termination of medical staff membership at another organization
 - No subjection to involuntary limitation, reduction, denial, or loss of clinical privileges
4. Ⓓ All temporary privileges are granted by the designated hospital leader per hospital policy.
5. Ⓓ All temporary privileges are granted on the recommendation of the medical staff leader or authorized designee per hospital policy.
6. Temporary privileges for applicants applying for new privileges are granted for a maximum of 120 days.

Standard SQE.06.02

At minimum every three years, the hospital decides to grant, deny, and/or modify requested medical staff membership and clinical privileges.

Intent of SQE.06.02

The hospital determines if medical staff membership and clinical privileges are to continue with or without modification. Explanations of terms and expectations found in these standards are as follows:

Reappointment

Reappointment is the process of reviewing, at least every three years, the medical staff member's record to verify the following:

- Active licensure
- Medical staff member is not compromised by disciplinary actions of licensing and certification agencies.
- Record contains sufficient documentation for seeking new or expanded privileges or duties in the hospital.
- Medical staff member is physically and mentally able to provide patient care and treatment without supervision.

The information for this review is collected from the internal, ongoing professional practice evaluation of the medical staff members, as well as from external sources such as regulatory or professional organizations or agencies. Hospital policy identifies the individual (such as the leader of a specialty service) or mechanism (such as a medical staff or department office when a department/service leader is not present or accountable for this review), any criteria used to make decisions, and how decisions will be documented. The information in the credential record of a medical staff member should be reviewed on an ongoing basis.

For example, when a medical staff member presents a certificate of achievement related to an advanced degree or advanced specialty training, the new credential should be immediately verified from the issuing source. Similarly, when an outside agency investigates a sentinel event related to a medical staff member and issues sanctions, this information should be used promptly to reevaluate the clinical privileges of the medical staff member. To ensure that medical staff records are complete and accurate, the records are reviewed at least every three years, and a note in the record indicates any actions taken or that no action is necessary and the appointment to the medical staff continues.

Considerations for clinical privilege delineation at reappointment include the following:

- Medical staff members may be granted additional privileges based on advanced education and training. The education and training are verified from the source providing the education or training or issuing the credential. The full exercise of the added privilege may be delayed until the verification process is complete or when there is a required period of supervised practice prior to granting an unrestricted new privilege; for example, a required number of supervised cases of robotic surgery.
- Medical staff members may have their privileges continued, limited, reduced, or terminated based on the following:
 - o Results of the ongoing professional practice review process
 - o Limitations placed on the individual's privileges by an outside professional, governmental, or regulatory agency
 - o Hospital's findings from an evaluation of a sentinel or other event
 - o Health of the medical staff member
 - o Request of the medical staff member

Measurable Elements of SQE.06.02

1. The hospital determines if medical staff membership and clinical privileges are to continue with or without modification based on the ongoing professional practice evaluation of the medical staff member at least every three years.
2. ① Each medical staff member's personnel file contains evidence that all credentials are current.
3. ① Medical staff member personnel files contain any credentials obtained subsequent to initial appointment and include evidence of primary source verification prior to use in modifying or adding to clinical privileges.
4. Medical staff members and other clinical staff requesting privileges are notified regarding the granting decision. In the case of privilege denial, the applicant is informed of the reason for denial.
5. The hospital has implemented a process to disseminate all granting, modification, or restriction decisions to all appropriate internal and external persons or entities, as defined by hospital policy and applicable laws and regulations.
6. ① The renewal decision is documented in the medical staff member's credential record and includes the identification of the reviewer and any special conditions identified during the review.

Medical Staff Evaluations

Standard SQE.07.00

The hospital uses an ongoing standardized process to evaluate the quality and safety of the patient care provided by each medical staff member.

Intent of SQE.07.00

The information collected during the ongoing professional practice evaluation process is factored into decisions to maintain, revise, or revoke an existing privilege(s) prior to or at the end of the three-year renewal decision.