MS.7.4 Temporary or emergency privileges are not granted for more than 90 days and are not renewable.

MS.7.5 When a new privilege is requested by a medical staff member, the relevant credentials are verified and evaluated prior to approval.

Standard Intent:

It mandatory that medical staff members are only allowed to practice within the privileges granted by the credentialing and privileging committee after verifying their relevant credentials. Medical staff clinical privileges are reviewed and updated every two years and as needed. The circumstances under which temporary or emergency privileges (not more than 90 days) are granted must be clearly defined. When a new privilege is requested by a medical staff member, the relevant credentials are verified and evaluated prior to approval

MS.8 The performance of the medical staff members is evaluated on an ongoing basis to ensure competency.

MS.8.1 The department head together with the medical director evaluate the performance and competency of medical staff members at least annually and when indicated by the findings of performance improvement activities.

MS.8.2 The hospital identifies the circumstances under which an unplanned review of the performance of a medical staff member may be initiated.

MS.8.3 The performance evaluation includes, but is not limited to, the following:

MS.8.3.1 Assessment of patients.

MS.8.3.2 Adverse events.

MS.8.3.3 Moderate and deep sedation.

MS.8.3.4 Quality of medical records.

MS.8.3.5 Medication errors.

MS.8.3.6 Sentinel events.

MS.8.3.7 Outcome of high-risk procedures and surgeries.

MS.8.3.8 Morbidities and mortalities.

MS.8.3.9 Blood and blood product usage.

MS.8.3.10 Discrepancies between pre and post-operative pathological diagnoses.

MS.8.3.11 Appropriateness of admissions from the emergency room and outpatient department.

Standard Intent:

The organization is responsible through the department head and the medical director to evaluate the performance and competency of medical staff members at least annually