

Measurable Elements of SQE.06.00

1. ① 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. ② 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.

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.