Delineation of Clinical Privileges/Temporary Privileges

I. PURPOSE

The IU Health North Hospital Board of Managers has the responsibility to ensure that all members of the Medical Staff are qualified for the privileges they exercise in treatment of patients at IU Health North Hospital.

II. SCOPE

This policy applies to all physicians and dentists and Allied Health Practitioners (AHP) requesting clinical privileges at IU Health North Hospital.

III. POLICY STATEMENTS

A request for privileges shall be submitted with the application for appointment and application for reappointment to the Medical Staff for each section in which privileges are requested.

A). Privileges shall be recommended by the section chair based on criteria established within the section and subsequently reviewed by the Credentials Committee with recommendations to the Executive Committee and final action by the Board of Managers.

In an emergency, any medical staff member who has clinical privileges is permitted to provide any type of patient care necessary as a life-saving measure or to prevent serious harm regardless of his/her medical staff status or clinical privileges as long as the care provided is within the scope of the individual’s licensure.

B). The section chair or specialty advisor will review the application, current licensure, relevant training and/or experience, current competence, health status, and performance improvement activities as appropriate. The section chair will also review, for each section in which privileges are requested, these privileges, make recommendations, and indicate whether any special conditions apply.

C). Clinical privileges shall be approved at the time of initial appointment and re-evaluated every two years. Section chairs or specialty advisors will also review
D). Clinical privileges may be denied by the Credentials Committee for reasons that are not based upon the competence or professional conduct of a physician or dentist and therefore are not reportable to the Data Bank. Reasons for such denial may include, but are not limited to:

1. the lack of need for the physician’s/dentist’s services (i.e., closed medical staff or an exclusive contract)
2. eligibility issues (i.e., does not meet application criteria);
3. failure to meet new threshold requirements (i.e., board certification) or lapse in a requirement for membership; or
4. failure to meet clinical activity requirements.

E). Clinical Privileges for New Procedures

Requests for clinical privileges to perform either a procedure not currently being performed or a new technique to perform an existing procedure (“new procedure”) shall not be processed until a determination has been made that the procedure shall be offered by the Hospital and criteria for the privilege have been adopted. The individual seeking to perform the new procedure shall submit a report to the Credentials Committee addressing the following:

1. Minimum education, training, and experience necessary to perform the new procedure safely and competently;
2. Clinical indications for when the new procedure is appropriate;
3. Whether there is empirical evidence of improved patient outcomes with the new procedure or other clinical benefits to patients;
4. Whether proficiency for the new procedure is volume-sensitive and if the requisite volume would be available;
5. Whether the new procedure is being performed at other similar hospitals and the experiences of those institutions; and
6. Whether the Hospital currently has the resources, including space, equipment, personnel, and other support services, to safely and effectively perform the new procedure.

The Credentials Committee shall review this report, conduct additional research as necessary, and make a preliminary recommendation as to whether the new procedure should be offered to the community.

1. If the preliminary recommendation is favorable, the Credentials Committee shall then develop threshold credentialing criteria to determine those individuals who are eligible to request the clinical privileges. In developing the criteria, the Credentials Committee may conduct additional research and consult with experts, as necessary, and develop recommendations.
2. The Credentials Committee shall forward its recommendations to the MSEC, which shall review the matter and forward its recommendations to the Board for
F). Clinical Privileges That Cross Specialty Lines:
1. Requests for clinical privileges that previously have been exercised only by members in another specialty shall not be processed until the steps outlined in this section have been completed and a determination has been made regarding the member’s eligibility to request the clinical privilege(s) in question.
2. The individual seeking the privilege shall submit a report to the Credentials Committee that specifies the minimum qualifications needed to perform the procedure safely and competently, whether the individual’s specialty is performing the privilege at other similar hospitals, and the experiences of those other hospitals. The Credentials Committee shall then conduct additional research and consult with experts, as necessary.
   (a) The Credentials Committee may or may not recommend that individuals from different specialties be permitted to request the privileges at issue. If it does, the Committee may develop recommendations.
   (b) The Credentials Committee shall forward its recommendations to the MSEC, which shall review the matter and forward its recommendations to the Board for final action.

G). Temporary Privileges
The IU Health North Hospital will only consider granting temporary privileges to physicians in the following situations: on a one-time basis to meet an important patient care need and/or pending application for membership, when a “clean” application is awaiting approval by the Medical Executive Committee and the Board of Managers.

1. One Time Temporary Privileges may be requested on a case by case basis when there is an important patient care need that mandates an immediate authorization to practice, for a limited period of time. Examples would include, but are not limited to: a situation where a physician or Allied Health Practitioner becomes ill or takes a leave of absence and a licensed independent practitioner would need to cover his/her practice until he/she returns (locum tenens); a licensed independent practitioner has the necessary skills to provide care to a patient that a IU Health North Hospital staff member does not possess; or visiting physician or dentist. In these circumstances, temporary privileges may be granted by the President of the Medical Staff, Chief Medical Officer (CMO), or designee upon recommendation of the Section Chair. Temporary privileges are granted by the CEO or the authorized designee. All temporary privileges are granted with recommendation by the Section Chair for which privileges are sought or the recommendation of the Medical Staff President or the authorized designee. Temporary privileges are granted for no more than 120 days.
These privileges are extended only after a “Request for One-Time Temporary Privileges” form (Attachment B) and Authorization and Release form are received and the following information is obtained:

a) Verification of a current and valid medical/dental license for the State of Indiana;

b) Copy of current and adequate professional liability insurance;

c) Receipt of a professional reference questionnaire from the Chairman or Service Chief at the primary hospital where privileges are held by the physician or dentist.

d) The National Practitioner Data Bank (NPDB) must be queried at the time temporary privileges are requested.

The applicant and section chair will be notified by the Medical Staff Services Office when temporary privileges are approved. One-time temporary privileges shall be given for the period through discharge of the case for which the practitioner’s services are required or until coverage for another practitioner is completed, but not to exceed thirty (30) days.

2. Temporary Privileges Pending Application for Membership may also be assigned to applicants applying for membership to the IU Health North Hospital Staff by the CEO or designee with recommendation of the Section Chair for which privileges or sought or the recommendation of the Medical Staff President or authorized designee. In addition to a complete application the following are required:

a) Current licensure,

b) Relevant training or experience,

c) Current competence,

d) Ability to perform the privileges requested,

e) Other criteria required by the Credentials Committee Policies and Procedures and the Medical Staff Bylaws,

f) The results of the National Practitioner Data Bank query,

g) There are no current or previously successful challenges of licensure or registration,

h) Has not been subject to involuntary termination of medical staff membership at another hospital or health care organization, and

i) Has not been subject to involuntary limitation, reduction, denial, or loss of clinical privileges.

Temporary privileges may be granted by the CEO or designee with recommendation by the Section Chair for which privileges are sought or the recommendation of the Medical Staff President or authorized designee for a period of ninety (90) days, subject to one
extension that shall not exceed thirty (30) days. The applicant and section chair will be notified by the Medical Staff Services Office when temporary privileges are approved.

3. Request for Temporary Privileges and Application Fee
   The processing fee for temporary privileges is $150.00 per practitioner request unless an exception is made by the CEO, President of the Medical Staff, CMO, or designee. The fee must accompany the “Request for Temporary Privileges” form (Attachment A) or “Request for One-Time Temporary Privileges” form (Attachment B) returned to the IU Health North Hospital. Checks should be made payable to IU Health North Hospital Medical Staff Office.

4. Emergencies: In an emergency, any medical staff member who has temporary clinical privileges is permitted to provide any type of patient care necessary as a life-saving measure or to prevent serious harm regardless of his/her medical staff status or clinical privileges as long as the care provided is within the scope of the individual’s license.

H). Requests for Additional Privileges
   Additional privileges may be requested by a physician or dentist at the time of reappointment or between reappointment periods. The following procedures should be followed for either request:

1. At the time of reappointment:
   a. “Application for Reappointment” should indicate the additional privileges.
   b. The “Delineation of Clinical Privileges” form must include the additional privileges requested and be signed by the applicant and section chair.
   c. The application packet, along with documentation of training and/or experience for the additional privileges requested, must be sent to the Medical Staff Services Office for consideration by the section chair and Credentials Committee.

2. Between reappointment periods:
   a. The physician or dentist must submit in writing, to the section chair, his or her request for additional privileges, and the reason for the additional privileges.
   b. A new “Delineation of Clinical Privileges” form, along with documentation of training and/or experience for the additional privileges must be completed and signed by the applicant, submitted, reviewed, approved and signed by the section chair.
c. The request will be forwarded to the Medical Staff Services Office for consideration by the Credentials Committee. Newly requested privileges, whether requested at the time of reappointment or between reappointment periods, are subject to the same FPPE oversight by the section chair or specialty advisor.

I). The Medical Staff Services Office will query the National Practitioner Data Bank. The Credentials Committee will review the request(s) and make recommendations to Executive Committee and the Board of Managers. Following action by the Executive Committee, the applicant will be notified by the Chief Medical Officer of his or her privileges.

J). Voluntary Deletion of Privileges
1. The voluntary surrender of staff membership or clinical privileges should include a statement that this action is not the result of a plea bargain with respect to an adverse action.
2. Privileges denied as a result of incompetence or improper professional conduct as determined through a peer review action will be reported to the National Practitioner Data Bank (NPDB).

IV. RESPONSIBILITY
   Medical Executive Committee
   Medical Staff Office

V. APPROVAL BODY
   Medical Executive Committee
   Board of Managers

APPROVAL SIGNATURES

__________________________________________ __________________
James Leland, MD, Chair                    Date
Credentials Committee

__________________________________________ __________________
Jack Keene, MD, Chair,                      Date
Medical Executive Committee
North Hospital

Paul Calkins, MD
Chief Medical Officer

Jonathan R. Goble, MHA, MBA, FACHE
President and Chief Executive Officer

Date

Date
REQUEST FOR TEMPORARY PRIVILEGES
(For applications in process only)

In 2001 the JCAHO clarified its stand on the granting of temporary privileges to include the granting of these privileges to be permitted in two situations.

1) When a “clean” application is awaiting approval by the Medical Executive Committee and Board;

2) To meet an important patient care need.

IU Health North Hospital will only consider granting temporary privileges to a physician in these two situations, adding to the definition of a “clean application” that an application must be rendered complete with all primary source verification completed; in addition to licensure verification; qualification under the Indiana Medical Malpractice Statute; NPDB query report and background check returned. Health evaluation must be completed or scheduled.

IU Health North Hospital will only consider granting temporary privileges to an Allied Health Practitioner in like manner, requiring that an application must be rendered complete with all primary source verification completed; in addition to licensure or certification verification; qualification under the Indiana Medical Malpractice Statute; NPDB query report (if applicable) and background check returned. Health evaluation must be completed or scheduled.

Prior to any temporary privileges being granted, the individual must agree in writing to be bound by the Bylaws, Rules and Regulations, policies, procedures and protocols of the Medical Staff and the Hospital.

The processing fee for temporary privileges is $150.00 per practitioner request. This fee must accompany your request form when returned to IU Health North Hospital. Checks should be made payable to IU Health North Hospital Medical Staff Office.

- Complete the attached request form in its entirety and return with the $150.00 processing fee to the IU Health North Hospital Medical Staff Office.

- Unless this is a medical emergency, approval for temporary privileges will require a minimum of 5-7 business days to process once the application is complete per above guidelines.

IU Health North Hospital Medical Staff Office
11700 N. Meridian St., B106B
Carmel, IN. 46032
Phone: 317-688-2810 FAX: 317-688-2873
iuhnhmedstaff@IUHealth.org
REQUEST FOR TEMPORARY PRIVILEGES
(For applications in process only)

Please allow 5-7 days for processing of a “clean” application after all documentation/verifications have been received.

~ APPLICANT INFORMATION ~

NAME & CREDENTIALS: __________________________________________________

PROFESSIONAL ADDRESS: ______________________________________________
___________________________________________________________________________

TELEPHONE #: __________________ OFFICE CONTACT: ______________________

APPLICANT DIRECT CONTACT / PAGER #: _________________________________

SPECIALTY/SUBSPECIALTY: ______________________________________________

START DATE REQUIRED FOR TEMPORARY PRIVILEGES: __________________

REASON FOR REQUESTING TEMPORARY PRIVILEGES: ____________________
___________________________________________________________________________
___________________________________________________________________________

PLEASE DEFINE AS SPECIFICALLY AS POSSIBLE THE SERVICES AND/OR PROCEDURE(S) YOU ARE REQUESTING TO PERFORM DURING THIS TEMPORARY PRIVILEGING PERIOD:

__________________________________________________________________________
__________________________________________________________________________

By applying for Temporary Privileges at IU Health North Hospital, I agree to be bound by the Bylaws, Rules and Regulations, policies, procedures and protocols of the Medical Staff and the Hospital. I acknowledge that these privileges, if granted, will be granted for a period not to exceed ninety (90) days from date of implementation, subject to one extension that shall not exceed thirty (30) days while my application is completing the credentialing process and has been given the approval of the Governing Body.

Applicant Signature: ___________________________________ Date:  _____________

Section Chair: ________________________________________   Date: _____________

Medical Staff President or designee

Date: ______________
Request for One-Time Temporary Privileges for a Specific Patient and/or Procedure

Please allow 5-7 days for processing of a “clean” application after all documentation/verifications have been received.

**Note:** One-time temporary privileges will not be considered without the following:

1. Copy of curriculum vitae
2. Copy of clinical privilege form at primary hospital (within last 2 years) and a recommendation
3. Copy of State of Indiana Medical License and CSR
4. Copy of Professional Liability Insurance Policy
5. Copy of Federal DEA
6. Authorization and Release Form
7. Details of procedure to be performed, IUH North Physician that will be listed as the attending and the name of the patient.

Physician Name: ______________________________ Date of Birth: ____ / ____ / ____
Medical/Dental School: ________________________________________________________________
Year of Graduation: __________________ Specialty: __________________________________________
Office Address: _____________________________________________________________________
City/State/Zip Code: __________________________________________________________________
Office Phone #: __________________ Fax #: __________________
State of IN Medical/Dental License Number: __________________ Expiration: ________________
State of IN CSR Number: __________________ Expiration: ________________
Federal DEA Registration Number: __________________ Expiration: ________________
Board Certification: __________________________ Status: ____________________________
Current Primary Hospital: ____________________________________________________________
Dept. Chairman/Service Chief Name: _________________________________________________
Chair/Service Chief Office Address: _________________________________________________
City/State/Zip Code: __________________________________________________________________
Office Phone #: __________________ Fax #: __________________

**PHYSICIANS GRANTED ONE-TIME TEMPORARY PRIVILEGES MAY NOT BE THE ATTENDING/ADMITTING PHYSICIAN**

Attending Medical Staff Member Name: _________________________________________________
Patient’s Name: __________________________________________________________________
Date(s) Temporary Privileges are requested: ____________________________________________
Description of Privileges/Procedures requested: __________________________________________
________________________________________________________________________________
________________________________________________________________________________

Requested by: __________________________ Date: __________________________
Request for One-Time Temporary Privileges Continued

For Physician Name: _____________________________________________________

RECOMMENDATIONS:

After review of the applicant’s credentials, we request approval of temporary privileges as indicated on the first page of this request:

Preceptor Physician Signature: _______________________________ Date: _________________
Preceptor Name (Print):___________________________________________________________
Section Chair: _____________________________________________ Date: _________________

Recommended By President of Medical Staff or designee:

_________________________________________________________ Date: ________________

Title:

Effective Date: ______________________  Expiration Date: ______________________

Note: One time temporary privileges shall be given through discharge of the case for which the practitioner’s services are required or until coverage for another practitioner is completed but not to exceed thirty (30) days.

MEDICAL STAFF OFFICE USE ONLY:

Date Rec’d______________ Signature of Credentialer________________________________

Attached Verifications:

☐ OIG
☐ Federal DEA Registration if applicable
☐ NPDB
☐ Indiana Department of Insurance Query
☐ Primary Hospital Privileges
☐ ABMS if applicable
☐ Acknowledgement from attending physician
☐ IN license/CSR

Notification date:_____________________ Method: ______________________________________

By:_______________________________________________________
AUTHORIZATION AND RELEASE
For One Time Temporary Privileges

TO WHOM IT MAY CONCERN:

Having filed a request for one time temporary privileges to Indiana University Health North Hospital, (to be known as "Hospital"), I hereby submit this authorization and release in order that my competency for consideration of one time temporary privileges may be verified.

I authorize the Hospital, its medical staff, and their representatives to consult with members of the management and members of the medical staffs of other hospitals or institutions with which I have been associated and with others, who may have information bearing on my professional competence, relevant training or experience, ability to perform privileges requested, character, and ethical qualifications.

I release from liability the Hospitals, their representatives, and medical staffs for their acts performed in good faith and without malice in connection with evaluating my request for one time temporary privileges and any credentials and qualifications.

I hereby release from liability any and all individuals and organizations that provide information to the Hospital or to members of its medical staff in good faith and without malice concerning my professional competence, training and experience, ability to perform privileges requested, ethics, character, and other qualifications for staff appointment and clinical privileges. I hereby consent to the release of such information.

A photocopy of this authorization and release from liability shall be as effective as the original when so presented.

By applying for Temporary Privileges at IU Health North Hospital I agree to be bound by the Bylaws, Rules and Regulations, policies, procedures and protocols of the Medical Staff and the Hospital.

Applicant Signature_______________________________________ Date____________________

Name Printed______________________________________________