

**TAYLOR STATION SURGICAL CENTER
MEDICAL STAFF POLICY & PROCEDURE**

SUBJECT: EXPEDITED PRIVILEGING PROCESS

RESPONSIBLE

PARTIES: Board of Managers, ASC Administrator, Physicians' Advisory Council, Credentials Representative

POLICY: An expedited privileging process may only be implemented at the direction of the Board of Managers.

When the Board of Managers identifies a need to procure the services of an individual or specialty to meet the emergent need of the center to maintain the quality and safety of patient care, the Board may direct that an expedited privileging process for temporary privileges be implemented.

The granting of temporary privileges is only acceptable to fulfill an important, immediate patient care, treatment & service. To grant temporary privileges to meet the important needs of patients, there must be verification of current licensure and current competency.

PURPOSE: The intent of this policy is that it conforms to and be utilized in a manner consistent with applicable Joint Commission Standards.

PROCEDURE:

1. The pre application process required for new applicants to the Center's medical staff will be waived.
2. The Center Assistant Manager to the Director of Human Resource/Business Operations will send applicant copies of the following:
 - Application
 - Bylaws
 - Rules and Regulations
 - Integrity Plan Summary
 - Code of Conduct
 - Catholic Health Care Directives
 - Privilege Form
 - Specific to Specialty or Identified Need
3. The applicant is responsible for completing the application and providing the following information but not limited to:
 - Typed or legible, completed and signed application and privileges requests
 - Copy of current state license and where applicable DEA certificate
 - Copy of current professional liability insurance
 - Copies of certificate or letters confirming completion of an approved residency/training program or other educational curriculum

- ❑ Verification (copy of certificates or a copy of a letter from an appropriate specialty board) of Board status (i.e. board admissibility or board certification)
 - ❑ Letters of recommendations: 2 Total
 - ❑ Two letters of reference from persons who have recently worked with the applicant, directly observed his or her professional performance over a reasonable period of time, and who can and will provide reliable information regarding current ability to perform requested privileges, health status, ethical character and ability to work with others.
 - ❑ One letter of reference must be from either the chair of the applicant's training/residency program or if the applicant has not been in clinical training for a reasonable period of time, from the department chair of a health care organization with which the applicant is affiliated
 - ❑ Note: References must be from individuals practicing in a field similar to the applicant and may not be employees or family members.
 - ❑ Only one reference can be a current partner/associate
 - ❑ TB test within last 12 months and results
 - ❑ Any other information requested by Center at any time during the application process
 - ❑ Completed and signed Authorization and Release form.
 - ❑ Influenza Vaccine record if in season March 31- November 30.
4. If all the required information listed above is not submitted within 45 days of receipt of the application, the application will be considered void, and no further processing will take place. One reminder notice will be sent or verbally communicated to the applicant 20 days after receipt of the application.
5. Upon receipt of a completed application, the packet is sent to CCA and or other contracted review body for the required primary source and other verifications. The packet will also be given to Credential's Chair to initiate review.
6. The Credential's Chair acting on behalf of the Physician's Advisory Committee will review the completed information and verifications to prepare a recommendation for appointment and clinical privileges to the President of the Board of Managers. The recommendation for temporary privileges will be favorable when:
- The individual has successfully completed an accredited residency in the specialty for which privileges are requested, with a consistent and excellent record, with no disciplinary actions taken or conditions imposed during residency training.
 - The individual has not changed practice locations more than three times in the past 10 years;
 - All reference evaluations are completed; all references contain only favorable evaluations, including unqualified recommendations for appointment and clinical privileges.
 - The applicant's claims activity (including past malpractice claims, judgments and settlements) is reasonable in light of his or her specialty, and there has been no unusual pattern or excessive number of liability actions resulting in a judgment against the applicant; there are no current or previously successful challenges to licensure or registration.
 - There has been no involuntary termination; limitation, restriction, reduction, denial or loss of Medical Staff appointment or clinical privileges at any hospital or other entity.

- There has been no investigation into and no disciplinary action taken related to appointment or clinical privileges at any hospital or other entity; and no member of the Medical Staff has raised a question about the individual's qualifications.
 - The applicant meets the MEMBERSHIP QUALIFICATIONS under Article III of the Medical Staff Bylaws.
7. The President of the Board Managers shall review the report and recommendation made by the Credential's Chair. If the President of Board of Managers concurs with the recommendation, he/she may grant the individual temporary clinical privileges, for a period not to exceed 120 days.
 8. The individual will be notified in writing of the President of the Board of Managers' decision. The notification will include the specific clinical privileges the individual may exercise and any special conditions attached to the privileges. A copy of both the letter and the delineation of privileges form (DOP) will be included in the individual's file and a copy of the letter and the original DOP should be sent to Medical Staff Services.
 9. A new practitioner granted temporary privileges pursuant to this policy is not allowed to provide services at the center until an orientation is completed following Center policy.
 10. Information about the individual will be entered into the HST computer system including privileges granted.
 11. Prior to the end of the 120 day period, the application for the individual granted temporary clinical privileges will be further handled in accordance with Article V of the Medical Staff Bylaws. The Physician Advisory Committee will review the application and other relevant information including information related to the performance of the individual at the Center and make recommendation in writing to the Board of Managers. The Board of Managers will review the recommendations of the Physician Advisory Committee and make the decision to grant privileges and medical staff membership. The appointee will be notified in writing of the Board's decision. A copy of the letter will be included in the individual's file and sent to Medical Staff Services.
 12. A practitioner granted temporary clinical privileges shall be bound and governed by the Medical Staff bylaws and all center policy and procedures while holding such temporary clinical privileges.