**New Privileges/Procedure Policy**

**POLICY:** It is the policy of SBUH that requests for new clinical privileges/procedures will only be processed once it has been determined that the resources necessary to support the requested privilege are currently available, that the particular service will be offered to patients at SBUH, and that appropriate criteria has been developed to determine competency in performing this procedure.

**PURPOSE:** To provide a mechanism and define the processes for approving new privileges/procedures, or approving privileges/procedures for a service when the procedure has traditionally been exercised only by practitioners in another specialty/service.

**SCOPE:** Hospital Wide

**KEY WORDS:** Privileges  Credentialing  New technology

**FORMS:** NEW PRIVILEGE / PROCEDURE FORM

**POLICY CROSS REFERENCE:** N/A

**DEFINITION:** A new privilege/procedure is defined as any privilege/procedure that:

1. Involves a new clinical application of existing technology
2. Involves significant use of new technology
3. Will be performed by practitioners of a medical specialty or medical staff department other than the specialty or department that has traditionally been granted clinical privileges for the procedure or service.
4. Has never been performed at SBUH

**PROCEDURE:**

**Determination of Resources Form**
Completed by the requestor and submitted to the respective Chief of Service
Chief of Service reviews information and attests to the availability of these resources
Submit form to the Medical Staff Office for review and recommendation by the Medical Board and final approval by Governing body

**Required Training/Skills**
Completed by requestor and submitted for recommendation to:
Division Chief, if applicable, Departmental credentials committee Chief of Service.
Submit form to the Medical Staff Office for review and recommendation by the Hospital Credentials Committee, Medical Board and final approval by Governing Body.

**RELEVANT STATUTE:** Determination of Organizational Resource Availability JCAHO MS.4.00
Prior to granting of a privilege, the resources necessary to support the requested privilege are determined to be currently available, or available within a specified time frame.

**Rationale for MS.4.00**
Essential information, such as resources, equipment, and types of personnel necessary to support the requested privilege is gathered in the process of granting, renewing, or revising clinical privileges.

**Elements of Performance for MS.4.00**
1. There is a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified time frame to support each requested privilege.
2. The organization consistently determines the resources needed for each requested privilege.
NEW PRIVILEGE / PROCEDURE FORM
DETERMINATION OF RESOURCES

DESCRIPTION: Describe the program / procedure / privilege:

SPACE:
Procedure will be performed in: □ OR □ ASC □ Inpatient Unit □ Outpatient areas □ Other _____
Space is currently: □ Available □ Renovation will be required - Approximate cost $____

EQUIPMENT:
Requires equipment purchase: □ No □ Yes Delineate equipment needed and cost

STAFFING/PERSONNEL:
Additional staff is required: □ No □ Yes Delineate type of staff, FTE, salary source and salary

FINANCIAL RESOURCES:
Are financial resources required? □ No □ Yes Delineate financial resources required, source of resources, and approximate cost

TIME FRAME: What time frame is needed to implement this new procedure/program/privilege?

If this requires credentialing/privileging for a new procedure, pls complete the REQUIRED TRAINING/SKILLS form.

Submitted by: _________________________ __________
Name Date

I have reviewed the Determination of Resources and recommend approval:

______________________________ __________
Chief of Service Date
### NEW PROCEDURE/PRIVILEGE

#### REQUIRED TRAINING/SKILLS

<table>
<thead>
<tr>
<th>General Criteria</th>
<th>Required Qualification(s) For Clinical Privilege(s)</th>
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<tbody>
<tr>
<td><strong>Formal Training</strong> - Specify the type and extent of formal training, i.e., residency, fellowship or other training</td>
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<td><strong>Board Certification</strong> - Specify Board certification requirements</td>
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<td><strong>Experience</strong> - Specify the amount of practice experience (in the past 12-24 months) required</td>
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<td><strong>Number and types of references</strong> - Specify the number and types of references required to evaluate training, ability, judgment and current clinical competence.</td>
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<td><strong>Special Proctoring or Monitoring</strong> - Specify special proctoring or monitoring requirements. If procedure/privilege has not been performed at SBUH, what method will be used for proctoring/monitoring?</td>
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<td><strong>Maintenance of Privileges</strong> - Specify requirements to maintain privileges (i.e. number of procedures, CME, didactic/hands-on experience etc.)</td>
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<td><strong>Cross Services</strong>. Will this new procedure be performed by other clinical services? If so, pls delineate</td>
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<td><strong>Quality Assurance</strong>. What process and outcome measures will be utilized to determine quality?</td>
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_________________________  ______  □ Recommended ________________________  __________

Name of Requestor  Date  Division Chief  Date

□ Recommended ________________________  ______  □ Recommended ________________________  ______

Chief of Service  Date  Credentials Cmt  Date

2/13/07 Revised 4/12/07; Med Bd 6/07