



PHC – Administrative Policy Privileging For New Procedures

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Approved by: PSHMC MEC (7/14), PHFH MEC (7/14), PSJH MEC (1/15), PMCH MEC (1/15)

Policy: It is the policy of Providence Health Care to fully evaluate new procedures and clinical programs to promote safe patient care by assuring appropriate training and competency of all involved staff, as well as all necessary resources.

Philosophy:

1. New scopes of service or procedures are first evaluated by the PHC senior executive leadership team to determine that the new service or procedure should be included in the scope of care provided by the specific PHC entity.
2. Enhancements to current procedures are encouraged as updated technologies become available.
3. New procedures are defined as those requiring a unique technical approach, a new or innovative treatment of a disease not previously performed within the entity, or an application of new technology, such as robotic surgery.
4. The Chief Medical Officer, Division Chiefs, and Medical Executive Committee (MEC) leaders provide input and recommendations during the consideration process.
5. Privilege development occurs through the organized Medical Staff structure before a new procedure is scheduled; this review is facilitated through the Medical Staff Services Department. Privileging requirements take a variety of forms. These include, but are not limited to, specialty courses or technical training, proctoring by physicians who are already credentialed, instruction by visiting physicians, manufacturer-required training, and city-wide educational programs.
6. All staff participating in care of the patient must be adequately trained prior to the procedure being performed.
7. Hospital departments monitor their schedules for new procedures. If questions arise with regard to privileging for new procedures, the Medical Staff Office is notified; MSO staff will work with the CMO or appropriate Division Chief to review the procedure and determine if it requires a review process.

Scope of Services Summary Development/Checklist

1.	Procedure/Service description	
2.	Physician/s proposing to perform the procedure	
3.	Location/s where procedure will be performed	
4.	Is the new procedure or technology pending FDA approval?	
5.	Is new or additional equipment needed to perform the procedure? Financial analysis completed and attached	
6.	Does physical plant/environment support the service, with or without modification?	
7.	What support staff are needed pre-procedure, during the procedure, and post-procedure, and what are the training requirements	
8.	What hospital departments should be involved in program development (pharmacy, dietary, etc.)?	
9.	What order sets should be in place prior to implementation?	
10.	What is projected start date	

Credentialing Criteria Development Process: Development of new privileging criteria is considered if any of the following conditions exist:

1. If additional training is required; OR
2. If nationally published privileging criteria exists; OR
3. If the equipment manufacturer requires additional privileging and/or training; OR
4. Other hospitals within the State or within Providence Health and Services are treating the procedure as an additional privilege or have established separate privileging criteria.

Privileging criteria are usually recommended at the specialty or service line level. Criteria are then forwarded to the appropriate medical staff department for review. Once approved by the appropriate department, criteria are forwarded to Credentials Committee. If more than one specialty/department or service line are affected by the privileges, the Credentials Committee Chairman may refer the matter to an ad hoc committee on cross-department privileges for recommendation to the Medical Executive Committee.

Privilege criteria receive final approval by the governing body.

The Joint Commission reference: M.S.06.01.01 'Prior to granting a privilege, the resources necessary to support the requested privilege are determined to be currently available, or available within a specified time frame.'