

The
Privileging
Quick

▶ *Reference* **Guide**

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Section one

Introduction

Privileging Quick Reference Guide



Introduction

Determining which procedures may be performed and which conditions may be treated by each medical staff appointee—commonly known as delineation of clinical privileges—is one of the most difficult tasks department chiefs and other medical staff leaders face. Most medical staff leaders find it daunting to create a reasonable system for delineating privileges. A successful system not only must ensure high-quality patient care, but also must minimize a hospital’s legal risk and reduce conflicts among medical staff members—some of whom are vying for the exclusive rights to be granted particular privileges. Therefore, a hospital and its credentials committee must fairly and consistently analyze whether each appointee’s education, training, experience, and clinical competence match the particular procedures the appointee wishes to perform and the conditions he or she seeks to treat. Further, with today’s constantly evolving medical technology and the proliferation of new subspecialty areas of medicine, the privileging process becomes ever more complex.

The “Laundry List” Approach

Many hospitals throughout the United States continue to use a “laundry list” to delineate clinical privileges. We believe that this approach is fraught with difficulties. First, it requires highly trained physicians to place check marks next to the most mundane clinical conditions or procedures for which they have been thoroughly trained and for which their qualifications are unquestioned. This wastes physicians’ time and bogs down the privileging process.

Maintaining an updated laundry list is a nightmare for both the administrative and the clinical staffs. New procedures and conditions require staff to continuously update the list. If time and attention are not dedicated to this function, the list quickly becomes obsolete. Many hospitals are tempted to write “other” at the bottom of their privilege request form, but doing so invites physicians to apply for privileges for which the hospital has no predefined criteria—or for

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services that the hospital does not provide. The JCAHO requires that clinical privileges must be hospital-specific.

The greatest failure of the laundry list approach to privileging is that it is rarely used in conjunction with predefined criteria, which creates complex legal issues. Ask yourself the following questions if you're currently using a laundry list to delineate privileges:

- 1) Does your institution critically review each applicant's prior education, training, and experience in each and every clinical area marked on the applicant's form, even when the request comprises over 60 check marks on the form?

- 2) If a physician fails to check a particular procedure on the list and then performs that procedure anyway, is your institution liable for corporate negligence?

The Core Privileging Approach

For these reasons and others, we do not recommend that institutions rely heavily on laundry lists for the delineation of privileges. Our alternative is to use predefined criteria in conjunction with clinically realistic, well-defined descriptions of "core" privileges for each specific clinical specialty or subspecialty treatment area. To determine competence, this system relies on the combination of an applicant's completion of an approved residency training program, recent direct or indirect experience, and references submitted from physicians who have had the opportunity to observe the applicant's practice.

We suggest the following for a successful privileging system:

- Predefined criteria for each specialty, subspecialty, and non-core privilege that outline specific education, training, and experience requirements

- Descriptions of clinical privileges that are accurate, detailed, comprehensive, and specific

- A system that is designed to avoid denials by clearly stating the minimum education, training, and experience needed to apply for specific clinical privileges

For each specialty area, medical staff (or an appropriate subcommittee) should determine the core set of clinical activities for which any appropriately trained physician with good references should be competent to perform. In addition to defining this core set, the medical staff should outline the special requests (non-core privileges) that would require individual application by a physician.

How This Guide Will Help

While many credentials committees understand the need to develop consistent criteria for delineating clinical privileges, most committee members and the medical staff services professionals who assist them lack the time needed to develop a comprehensive system. Add special privileging requests to this task and it becomes overwhelming.

The Privileging Quick Reference Guide contains samples of the following:

- A policy for processing clinical privilege requests
- An algorithm for processing privilege requests
- An algorithm for determining whether to develop privilege criteria
- A worksheet for developing privilege criteria

You can use these samples as a starting point for creating your own privileging system or for reviewing your existing system. Every institution is different, so tailor these samples to your particular needs. (See Section Two for these sample forms.)

Even if your institution is not ready to embrace the concept of core privileging, this guide will help you to develop threshold criteria for many of the most common (and controversial) special procedures. For each procedure, specialty, subspecialty, and allied health practitioner specialty in the guide, we provide threshold criteria for the minimum formal training and previous experience

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that should be required, as well as the criteria necessary for reappointment. Please note that the procedures are not limited to the acute care environment; many also can be performed in an ambulatory setting.

Our threshold criteria come from the *White Papers*, published by the *Credentialing Resource Center (CRC)*, and from *Core Privileges: A Practical Approach to Development and Implementation, Third Edition*, published by HCPro, Inc. Each *White Paper* is the result of extensive research into what practitioners, experts, professional associations, societies, consultants, academic groups, and government regulators state as their criteria for granting clinical privileges. We know of no other resource that brings together this information and distills it to offer specific advice on establishing threshold criteria. *The Privileging Quick Reference Guide* contains an index to the *White Papers* (see p. 171).

You do not need a CRC membership to take advantage of the wealth of privileging information in this guide. We have field-tested this guide in hospitals across the United States. Clients have found it particularly helpful in determining threshold criteria for more controversial procedures that cross specialty lines. If there are additional procedures you would like to see covered in future editions of this guide or as a subject of a new *White Paper*, we would like to hear from you.

For more detailed information on core privileges, refer to *Core Privileges: A Practical Approach to Development and Implementation, Third Edition*, published by HCPro. For more detailed information on credentialing allied health professionals (AHP), refer to *A Guide to AHP Credentialing, Second Edition*, also published by HCPro. For more information on *White Papers*, visit the CRC online at www.online-crc.com.

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