TITLE: TEMPORARY PRIVILEGE PROCESS

REFERENCE: TJC MS 06.01.13; MS BYLAWS ARTICLE 4, AND 5.5 ; MSP-001

POLICY

Temporary clinical privileges are not automatically granted and must be specifically requested. Temporary privileges will be processed and approved in accordance with the Medical Staff Bylaws and the procedure outlined below. Temporary privileges may be granted to fulfill an important patient care, treatment, and service need or when an applicant for new privileges has a complete application that raises no concerns is awaiting review and approval by the Medical Staff Executive Committee and the governing body.

At all times, practitioners who have been granted temporary privileges shall agree to and be responsible for adhering to the policies of the hospital and the Bylaws, rules and regulations of the Medical Staff.

If the practitioner's license is not renewed, becomes revoked and/or restricted or if there is cessation of appropriate liability insurance coverage, temporary privileges shall cease immediately. Disaster Volunteer Staff privileges are addressed in the Disaster policy.

Temporary privileges for applicants for new privileges are granted for no more than 120 days.

PROCEDURE

1. Notice: Requests for an urgent patient care need must be made a minimum of three (3) working days (Monday – Friday) in advance of the date temporary privileges will be needed in order to allow for the required verifications to take place. A written request must be submitted to Medical Staff Administration, Monday through Friday, 8:00 a.m. to 4:30 p.m.
2. Required Information/Documents: Applicant must submit all required documentation as outlined in the Medical Staff Bylaws, Articles 4 and 5.5, and MSP-001, as applicable, in addition to the following:
   a. Justification form signed by Department Chair or Chief;
   b. Completed application with appropriate signatures (a temporary privilege application form will be utilized for practitioners applying to fulfill an important care need);
   c. Nonrefundable processing fees*:
      i. Urgent Patient Care Need: $200
      ii. Applications for Membership: application fee of $475, **plus**
         1. $200 for applications received within 45 to 90 days prior to requested start date, or
         2. $500 for applications received less than 45 days prior to the requested start date.
3. Verification Important Patient Care Need: Prior to temporary privileges being granted to meet an important patient care need, the following must be verified:
   a. Current CA licensure
   b. National Practitioner Data Bank Query and Response
   c. Office of the Inspector General
   d. The **System for Award Management** (SAM)
   e. Current competence, including verification of affiliation from at least one TJC hospital where the practitioner holds unrestricted privileges to include a copy of the practitioner's current privilege delineation form.
4. Verification for Applicants for Membership and Privileges: Prior to temporary privileges being granted, the practitioner must have a complete and fully verified application on file with Medical Staff Administration as

outlined in MSP-001. Once the practitioner's file has received a favorable recommendation by the Credentials Committee, temporary privileges may be granted while the file is awaiting final review and approval by the Medical Staff Executive Committee and Governing Body.

5. Additional Information Required: The Department Chair/Chief has the discretion to determine if additional information is necessary prior to granting temporary privileges. Such information may include, but not be limited to: case summaries or other documentation regarding performance of specific procedures, reference(s) from physician(s) currently on Staff, x-ray supervisor and operator certificate, etc.
6. Proctoring: Every practitioner granted temporary attending privileges shall have imposed the requirements for proctoring and monitoring, as outlined in the Bylaws, Rules & Regulations, Medical Staff Policies, and Delineation of Clinical Privileges. The Department Chair/Chief will specify the required proctoring for the applicant.
7. Approval:
   a. Temporary privileges are granted by Chief Executive Officer [or his or her designee, including Chief Medical Officer (CMO), or Chief of Staff (COS), or Credentials Committee Chair (CCC)] on the recommendation of: (1) the Chief of Staff; or (2) the Department Chair/Chief where the privileges will be exercised, or (3) Chief Medical Officer, or (4) Credentials Committee Chair, or their designee.
8. Notification:
   a. Approval - Medical Staff Administration will notify the physician, Department Chair/Chief, Information Systems, and the Department contact by either electronic mail or phone.
   b. Termination - Whenever the temporary privileges are terminated, the appropriate department chair or, in the chair's absence, the Chief of Staff shall assign a member to assume responsibility for the care of the affected practitioner's patient(s). The wishes of the patient and affected practitioner shall be considered in the choice of a replacement member
   c. PCIS database will be updated.

*** Please note, payment of fees for temporary privileges does not guarantee that responses will be received from references by the requested start date. Therefore, as outlined in the Medical Staff Bylaws, Article 4.2, A. it is the applicant's burden to produce accurate and adequate information for a thorough evaluation of their qualifications and suitability for the requested privileges.***

EMERGENCY

In an emergency, any medical staff member with clinical privileges is permitted to provide any type of patient care, treatment, and services necessary as a life-saving measure or to prevent serious harm regardless of his or her medical staff status or clinical privileges provided that the care, treatment, and services provided are within the scope of the individual's license.

DENIAL OR TERMINATION OF TEMPORARY PRIVILEGES

There is no right to temporary privileges. Accordingly, temporary privileges should not be granted unless the available information supports, with reasonable certainty, a favorable determination regarding the requesting applicant's qualifications, ability and judgment to exercise the privileges requested. If available information is inconsistent or casts any reasonable doubts on the applicant's qualifications, action on the request for temporary privileges may be deferred until the doubts have been satisfactorily resolved.

A person shall be entitled to the procedural rights afforded by Bylaws Article 12, Hearings and Appellate Reviews, only if a request for temporary privileges is refused based upon, or if all or any portion of temporary privileges are terminated or suspended for a medical disciplinary cause or reason. In all other cases (including a deferral in acting on a request for temporary privileges), the affected practitioner shall not be entitled to any procedural rights based upon any adverse action involving temporary privileges. A determination to grant

temporary privileges shall not be binding or conclusive with respect to an applicant's pending request for appointment to the Medical Staff.

Temporary privileges shall automatically terminate at the end of the designated period unless affirmatively renewed or earlier terminated. Temporary privileges may be terminated with or without cause at any time by the Chief of Staff, the responsible department chair, the Chief Medical Officer, or the Chief Executive Officer after conferring with the Chief of Staff or the responsible department chair.