



TAHOE FOREST HOSPITAL DISTRICT

POLICY/PROCEDURE

NO. _____

SECTION MEDICAL STAFF SERVICES

TITLE: CLINICAL PRIVILEGES FOR NEW
PROCEDURES OR TREATMENT AT TAHOE FOREST
HOSPITAL DISTRICT

P.O. Box 759 Truckee, CA 96160 (530) 587-6011
880 Alder Ave. Incline Village, NV 89451 (775) 832-3810

I. PURPOSE

To define the medical staff mechanism to review new procedure or treatment, which are not covered by an existing privileges delineation form and to establish a process to determine whether sufficient space, equipment, staffing, and financial resources are in place or available within a specified period of time to support each requested privilege.

II. POLICY

A new procedure or treatment, which is not covered by an existing privilege delineation form, may not be performed without prior determination by the relevant department, the Medical Executive Committee, and the Board of Directors that the procedure or treatment would be appropriate to include among the services available to patients within the Tahoe Forest Hospital District. An application to perform a new procedure or treatment will not be processed until threshold criteria have been established defining the qualifications that an individual must possess to be eligible to request the clinical privileges in question.

III. PROCEDURE

A. Prior to the establishment of a clinical privilege, the Medical Staff and the Hospital will assure the following:

1. That criterion has been developed defining current competence for practitioners who may request the privilege;
2. That the setting in which the privilege may or may not be performed has been determined;
3. That the privilege is within the scope of services provided by the organization;
4. That appropriate policies, when necessary, have been developed to support the privilege;
5. That the organization has the appropriate equipment and supplies to support the privilege;
6. That the organization has an adequate number of qualified staff to support the privilege;
7. That the financial resources necessary to support the privilege have been committed; and
8. That Medical Staff Services is informed regarding the potential new service in order to address clinical privilege revisions as appropriate

FORMULATED BY: Terri Schnieder, CPMSM, Director, Medical Staff
Services

EFFECTIVE DATE: 2/15/07

ADMINISTRATIVE APPROVAL:
Terri Schnieder, CPMSM, Director, Medical Staff
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B. A practitioner who wishes to propose that a new procedure or treatment be approved must submit the following information to the chairman of the appropriate department prior to requesting the privilege/s (use the attached form)

1. A description of the procedure or treatment, including the indications and contraindications for it.
2. A description of any new equipment or other resources that would have to be obtained, and/or any special support staff training or orientation that would have to be provided in connection with the new procedure or treatment.
3. A description of the results, complications and other pertinent information reported in relevant scientific literature, with citations as appropriate.
4. A description of the background and training that should be required to qualify a practitioner for privileges to perform the procedure or treatment, with reference to scientific literature and other sources of guidance as appropriate, including other specialties that might also request these privileges.
5. A proposed monitoring and quality review plan to assess this Medical Staff's overall experience with the new procedure or treatment for a reasonable period or number of cases after it comes into use, taking into account anticipated results, comparative data from other institutions, and other relevant factors.
6. A proposed set of proctoring requirements to verify the competence of individual practitioners who are granted privileges to perform the new procedure or treatment.

C. The department chair shall consider the proposal and conduct such additional inquiries or proceedings as he deems appropriate. This may include, among other options, consultation with outside experts, additional literature review, and/or presentation for general discussion at a department. The Department shall make a written recommendation to the Medical Executive Committee, with relevant documentation.

D. The Medical Executive Committee shall review the recommendations from the department and determine whether to recommend the new procedure/treatment to the Board of Directors. If the Medical Executive Committee decides to recommend the new procedure or treatment, it shall develop threshold credentialing criteria based on the information provided and any additional research or consultation with experts, including those on the Hospital's Medical Staff and those outside the Hospital. Based thereon, the Medical Executive Committee shall develop recommendations regarding:

1. The minimum education, training, and experience necessary to perform the technique/procedure or service;

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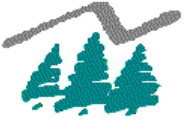
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- 2. The extent of monitoring and supervision that should be required if privileges are granted; and
- 3. The criteria and/or indications for when the technique/procedure or service is appropriate.

The Medical Executive Committee shall then make a written recommendation to the Board of Directors, which shall make a final decision.

E. Following the Board of Directors' approval of a new procedure or treatment, requests for privileges to perform it may be submitted by individual practitioners and processed in accordance with this Policy.

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**REQUEST FOR NEW PROCEDURE OR TREATMENT
AT TAHOE FOREST HOSPITAL DISTRICT**

(Note that NO FDA approved experimental treatment or drug therapies are permitted at TFHD)

To be completed by requesting physician (may be typed or clearly handwritten)

1. Name of requesting physician/date: _____
2. New privilege to be considered: _____
3. SETTINGS - Note the care setting(s) within the hospital system where this privilege can be performed (include one or both hospitals in this description)

4. DESCRIPTION - Describe the procedure or treatment, including the indications and contraindications

5. EQUIPMENT - List any new equipment required, or circle **NA**

6. ADDITIONAL RESOURCES - List any additional resources required, or circle **NA**

7. HOSPITAL STAFF - List any training required for hospital staff, or circle **NA**

8. OUTCOME DATA- Describe any results, complications and/or other pertinent information reported in relevant scientific literature, with citations or attachments as appropriate.

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9. TRAINING - Describe background and training required for qualifications to apply for this privilege (include any manufacturer guidelines, requirements and/or scientific literature and other sources of guidance as applicable). Check the following that apply

Includes: _____ hands on training _____ didactic course _____ proctoring
 _____ special certification _____ board certification
 _____ demonstration of previous performance (supervised, numbers performed, outcome)

10. PREVIOUS EXPERIENCE – List any previous organization/s where you had this privilege

Name/Mailing Address/Contact Phone Number:

11. PROCTORING - Describe proposed proctoring or required proctoring (by some equipment manufacturers) to verify competence once practitioners are granted privileges to perform the new procedure or treatment; e.g., number of cases to be observed, retrospective review, etc. – please specify).

12. REAPPOINTMENT – Describe any requirements for privileging at reappointment that should be considered; e.g., minimum number to maintain competence over the

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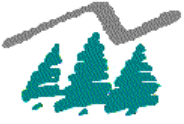
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past two years, CME, other

13. MONITORING/PERFORMANCE REVIEW – Describe review plan to assess overall experience once implemented for evaluation of anticipated results, comparative data, and other relevant factors, including attaching any relative literature.

To be completed by the Hospital Department Director

1. Can this privilege be performed within the scope of services provided by the organization? YES
NO
2. Does the organization have or commit to the equipment and supplies necessary to support the privilege? YES NO
3. Does the organization have or commit to the appropriate # of qualified staff to support privilege? YES NO
4. Have the cost benefit analysis been completed and/or necessary financial resources been committed to support this privilege YES NO
5. Is Administration aware of proposed privilege/service and supportive of implementation? YES NO

Date service is expected to be implemented: _____

If any of above answers is "NO," please explain below

NAME/SIGNATURE: _____ DATE: _____

To be completed by Medical Staff Department Chair

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Determination:

_____ Considered part of existing privilege not necessary to add to privilege listing.

If checked, part of what existing privilege: _____

_____ GENERAL privilege to be added to "Basic" privilege list which does not require additional training/education

_____ SPECIAL privilege (to be added as "Special Privilege" with defined criteria

_____ defined above _____ and/or the following:

Check one:

_____ I have reviewed all of the information for this privilege request, done any additional inquiries necessary, agree with the requirements stated with/without additional recommended criteria defined below and recommend approval of the privilege requested.

_____ I have reviewed all of the information for this privilege request, done any additional inquiries necessary, reviewed the requirements stated and **DO NOT** recommend approval of the privilege requested.

Reason for non-recommendation: _____

Signature: _____ Date: _____

Medical Executive Committee Action: _____ Date: _____

Board of Directors Action: _____ Date: _____

Medical Staff Services Action:

Incorporated into privilege listing: Date _____

Notified appropriate parties of action: Date _____

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