POLICY: ESTABLISHING NEW PRIVILEGES RELATING TO NEW TECHNOLOGY/EQUIPMENT

I. PURPOSE

To establish a mechanism for approving a procedure, technique or treatment modality ("New Privilege") to be newly performed at SHC/LPCH and/or to be included on the privilege list of any Service that does not currently grant privileges to perform the New Privilege ("New Service(s)"). Any new technology or procedure may result in the requirement for a "new privilege" at SHC/LPCH. A new procedure or technology is defined as one which differs significantly from those already listed on a Service's privilege form, or one that requires additional education and training beyond a residency program. The "New Privilege" shall not be included on the Service's privilege list if the new procedure or new technology is a non-FDA approved drug or device, which is subject to prior IRB approval.

II. POLICY

Prior to a New Privilege being added to the privilege list of any Service, it must be approved by the Credentials Committee and the Medical Executive Committee upon recommendation of the Credentials Committee, in accordance with the process/procedure set forth below. An applicant wishing to perform the New Privilege at SHC/LPCH may submit his/her request after the New Privilege has received final approval from the Medical Executive Committee.

III. PROCESS/PROCEDURE

A. All requests for approval of a New Privilege to be included on the privilege list of any New Service shall be initiated by the appropriate Service Chief. The Service Chief shall be required to submit the request to the Credentials Committee, accompanied by at least the following:

1. A description of the New Privilege including location within the facility where the New Privilege would be performed and any special equipment which may be necessary;
2. Position statements of relevant educational institutions, trade associations and specialty boards regarding the New Privilege and the recommendations and requirements of those organizations for demonstrating current competence;
3. Identification of the category of specialists already performing the New Privilege at SHC/LPCH and/or at other Joint Commission-accredited hospitals;
4. Recommendation(s) of the Service Chief for minimum education, training and experience required for a practitioner to demonstrate current competence in the New Privilege;
5. A comparison of education, training and experience requirements of all specialties who perform the New Privilege at SHC/LPCH and/or at other Joint Commission-accredited hospitals;
6. Recommended proctoring requirements and protocols, qualifications of proctors, and number and type of proctored New Privileges necessary to establish current competence.

B. Upon receipt of the information specified in Section A above, the Credentials Committee may choose to appoint a multidisciplinary task force ("Task Force") to review and evaluate the request and supporting information. The Credentials Committee or Task Force shall conduct such reviews and interviews as it deems appropriate, including interviews with the relevant Service Chief(s),

and report its findings and recommendations to the Credentials Committee regarding:

1. Whether the New Privilege is appropriate to be performed at SHC/LPCH and/or to be included on the privilege list of any New Service;
2. The criteria for demonstrating current competence, including (a) type of required basic education (together with any CME courses that may be required); (b) type and years of formal training required; (c) type of training that would be required if a specialty's postgraduate residency program did not include training in the New Privilege; (d) the amount of recent direct or indirect experience required over the immediately preceding 12-24 consecutive months; (e) number and type of references required;
3. Proctoring requirements and protocols, qualifications of proctors, and number and type of proctored New Privileges necessary to establish current competence.

C. The Credentials Committee shall review the recommendations of the Task Force if the responsibility was delegated to a Task Force, conduct such additional reviews and/or interviews as it deems appropriate, and submit its recommendation to the Medical Executive Committee. The Medical Executive Committee shall review the recommendation of the Credentials Committee, conduct such additional reviews and/or interviews as it deems appropriate.

D. After the Medical Executive Committee has approved a New Privilege to be performed at SHC/LPCH and/or to be included on the privilege list of any New Service, and has approved the criteria and proctoring requirements and protocols for the New Privilege, SHC/LPCH may accept and process requests for the New Privilege.

E. Steps A through D are to be accomplished within one hundred eighty (180) days, or as soon as reasonably possible, after the receipt of a request regarding a New Privilege by the Credentials Committee. This timeframe is to assist those named in accomplishing their tasks, and shall not be deemed to create any right of any person to have the steps accomplished within this time period.

F. A decision not to approve a New Privilege to be performed at SHC/LPCH and/or to be added to the privilege list of any New Service shall not entitle any individual to the hearing rights set forth in Article Seven of the Medical Staff Bylaws. The foregoing provision to the contrary notwithstanding, nothing herein shall be construed to deny any individual the hearing rights set forth in said Article Seven for any action that would constitute grounds for a hearing under said Article Seven.

IV. RELATED DOCUMENTS

-- Stanford Hospital and Clinics and Lucile Packard Children's Hospital Medical Staff Bylaws, Rules and Regulations

V. DOCUMENT INFORMATION

A. Legal Authority/References

None

B. Author/Original Date

This Policy was authored by the Director, Medical Staff Services in February, 2001, 2009

C. Gatekeeper of Original Document

The Director of Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the Credentials & Privileges Policy and Procedure Manual, a copy of which is kept electronically in the Medical Staff Office.

D. Distribution and Training Requirements

The distribution and training requirements for this Policy will be handled through the Credentials Department.

E. Requirements For Review and Renewal

This Policy will be reviewed and/or revised every three years or as required by change of law or practice.

F. Review and Revision History

Revised 5/07, 3/09, 8/12. 4/15

G. Local Approvals

Credentials Committee 6/01, 6/07, 3/09, 8/12, 4/15

H. Board Approvals
Medical Executive Committee 7/01, 7/07, 4/09, 10/12, 5/15
Governing Board 7/07, 4/09, 10/12, 5/15

STANFORD HOSPITAL AND CLINICS
LUCILE PACKARD CHILDREN'S HOSPITAL
NEW PRIVILEGE REQUEST FORM

Name of New Privilege: _____

Specialty: _____

Brief description of New Privilege	
Specialties (if any) who may perform the New Privilege	
Service(s) in which New Privilege would normally be/may be performed	
Necessary equipment purchases or remodeling that would need to be done, including cost.	
Is the New Privilege currently being done at SHC/LPCH? If so, by which specialty and in which Service(s).	
What degree must a successful applicant have (MD, DO, DDS, DPM, Ph.D.)?	
How many years of approved postgraduate residency, fellowship training, or in-house training are required, and in what types of programs?	
Must an applicant be Board certified?	
How much recent direct or indirect experience in the New Privilege or in a related field (within immediately preceding 12-24 consecutive months) must an applicant demonstrate?	
How many and what type of references are required?	
Proctoring requirements and protocols, qualifications of proctors?	
Number and type of proctored New Privileges necessary to establish current competence.	
Other	

Submitted By: _____

Specialty: _____

Date: _____

Reviewed by Credentials Committee Task Force: Date: _____

STANFORD HOSPITAL AND CLINICS
LUCILE PACKARD CHILDREN'S HOSPITAL
NEW PRIVILEGE RECOMMENDATION

A Task Force of the SHC/LPCH Credentials Committee has reviewed the submitted documentation and makes the following recommendation:

Name of New Privilege/Privilege: _____

Specialty: _____

Recommended Criteria:

Education:

☐ MD ☐ DO ☐ DDS or DMD ☐ DPM ☐ PhD

☐ Other _____

Training:

Successful completion of Residency in: _____

Approved Fellowship training required: _____

Type of Program: _____

Board Certification/Eligibility required: _____

Experience:

Required number performed: _____ Time Frame _____

Additional specifications: _____

References:

☐ Required ☐ Not required

Specifications: _____

Proctoring:

Specifications of proctor: _____

How proctored:

Number of cases: _____

Type of cases: _____

Method of proctoring: _____

Chair of Task Force: _____

Signature: _____

Date: _____