



Policy /Procedure Document	
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Policy Owner:	Medical Staff
Required Approvals:	
Committee:	Medical Executive Committee
Leadership/Board:	Board of Trustees

TITLE:	Temporary Privileges
SCOPE:	This policy identifies the circumstances in which temporary privileges may be granted.
DOCUMENT TYPE:	N/A
PURPOSE:	To establish a systematic process for granting temporary privileges.
PHILOSOPHY:	N/A
DEFINITIONS:	N/A

Policy

Temporary Privileges may be granted for a limited period of time, up to a maximum of 120 days, under the following circumstances:

- To fulfill an important patient care, treatment and service need.
- When an applicant for new Privileges has submitted a complete application that raises no concerns and is awaiting review and approval by the Medical Executive Committee and the Board of Trustees.

Note: *“Applicant for new Privileges” includes an individual applying for Clinical Privileges for the first time; an individual currently holding Clinical Privileges who is requesting one or more additional Privilege(s); and an individual who is in the reappointment/recredentialing process and is requesting one or more additional Privilege(s).*

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 President of the Medical Staff or the Hospital President after conferring with the responsible Department Chief or Vice Chief, or Chairman of the Credentials Committee.

TEMPORARY PRIVILEGES Policy /Procedure Document

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.

Procedure:

Temporary Privileges for an Important Patient Care, Treatment, or Service Need.

1. **Notice:** Requests for an important patient care need must be made a minimum of forty-eight (48) hours (Monday-Friday) in advance of the time Temporary Privileges will be needed in order to allow for the required verifications to take place. A written request must be submitted to the Medical Staff Office Monday-Friday, 8:00 a.m. to 4:30 p.m.
2. **Required Information/Documents:** Applicant must submit a completed application for Temporary Privileges as well as all requested documentation. A non-refundable processing charge of \$100 must be submitted with the application and documentation.
3. **Verifications:** Prior to Temporary Privileges being granted for an important patient care, treatment, or service need, the following must be verified:
 - a. Current Indiana medical licensure
 - b. Education and training confirmed through the American Medical Association (AMA) Physician Master File, the American Osteopathic Associate (AOA) Physician Master File, or with the agency of document origin, as appropriate
 - c. Current competence, i.e., competency validation by a peer and verification of current affiliation from a JC accredited hospital where the Practitioner holds unrestricted clinical privileges.
 - d. National Practitioner Data Bank Query and Response
 - e. Office of the Inspector General (OIG)
 - f. The System for Award Management (SAM)

Temporary Privileges for Applicants for Membership and/or Privileges.

1. **Verifications:** Prior to Temporary Privileges being granted, the Practitioner must have a complete and fully verified application on file with the Medical Staff Office. Verifications include:
 - a. A complete application, i.e., all information requested on the application has been completed, all documents have been signed, and all requested documentation has been received.
 - b. Current Indiana medical licensure
 - c. Relevant training or experience confirmed through the American Medical Association (AMA) Physician Master File, the American Osteopathic Associate (AOA) Physician Master File, or with the agency of document origin, as appropriate
 - d. Current competence
 - e. Ability to perform the Privileges requested
 - f. National Practitioner Data Bank Query and Response
 - g. No current or previously successful challenge to licensure or registration
 - h. No subjection to involuntary limitation, reduction, denial or loss of clinical privileges
 - i. No subjection to involuntary termination of medical staff membership at another organization
 - j. Other criteria as required by the Medical Staff Bylaws and/or related manuals

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 Executive Committee and Board of Trustees.

TEMPORARY PRIVILEGES Policy /Procedure Document

The Department Chief has the discretion to determine if additional information is necessary prior to granting Temporary Privileges. Such information may include, but will not be limited to: cases summaries or other documentation regarding performance of specific procedures, references, etc.

Proctoring

Every Practitioner granted Temporary Privileges shall be subject to Departmental requirements for proctoring and monitoring.

Approval

Temporary Privileges are granted by the Hospital President or his or her designee upon the recommendation of the President of the Medical Staff or his or her designee.

Document Revision History:		
Revision Date:	Reviewed/Revised by:	Summary of Changes:
09/28/2017		Original Document
04/2018	Michael Blakesley, MD	No changes