



**INTRODUCTION OF A NEW PRIVILEGE OR A NEW PRIVILEGE FOR A SPECIFIC DEPARTMENT OR SPECIALTY** **MS 117**

<i>Manual</i>	Medical Staff	<i>Effective Date</i>	07/31/2007
<i>Policy #</i>	MS 117	<i>Date Revised</i>	03/28/2017
<i>Responsible Person</i>	Director, Medical Staff Administration	<i>Next Scheduled Review</i>	03/28/2023

**PURPOSE**

As technology changes, the types of services provided by the Medical Staff also change. As technology changes, the groups of practitioners within the Medical Staff providing a specific clinical service or procedure may also change. The purpose of this policy is to define the procedure for introducing a new privilege into the Medical Staff or introducing a new privilege into a specific department or specialty.

**POLICY**

All practitioners who provide clinical services at Santa Monica-UCLA Medical Center & Orthopaedic Hospital (SM-UCLA) must be competent to perform the services they provide. When members of different services or specialties exercise the same privilege, there must be an equivalent comparable standard for the granting of the same clinical privilege in each service or specialty.

Prior to introducing a new privilege into the Medical Staff or introducing a new privilege into a specific department or specialty, the resources necessary to support the requested privilege are determined to be currently available, or available within a specified time frame.

Experimental procedures performed under an approved IRB protocol by investigators approved by the IRB do not require explicit delineation by the Medical Staff; however, the investigators involved must hold medical staff privileges. Once the procedure is no longer experimental, the investigator must follow Medical Staff Policy #117: Introduction of a New Privilege to add the procedure to his department’s privilege delineation form.

**PROCEDURE**

**A. Introducing a new procedure to SM-UCLA**

1. If a practitioner or group of practitioners (collectively referred to as “Medical Staff Member”) wishes to exercise a new privilege at SM-UCLA, the Medical Staff Member shall submit the request for the new privilege in writing to the Department Chair.
2. The Medical Staff Member’s request for a new privilege (Attachment #1) should include the following information:
  - a) A detailed description of the privilege.
  - b) Recommendations for specific training and education necessary to be granted the new privilege.
  - c) Recommendations for specific experience and current competence necessary to be granted the new privilege.

(Education, training, and experience can be demonstrated in one or more of the following ways:

- For procedures developed at SM-UCLA: animal experience, clinical experience with a related procedure, or completion of an IRB approved protocol.
  - For procedures developed elsewhere: completion of a non-UCLA approved IRB protocol, courses, animal experience, off-site education with or without hands-on experience, performance of clinical privileges elsewhere, or on-site proctoring at SM-UCLA by an outside physician granted temporary privileges.
- d) Recommendations for proctoring requirements to the new privilege.
- e) Recommendations for the number of times the privilege must be exercised or performed during a two- (2) year reappointment cycle in order to maintain current competence.
3. If the new privilege is an update or replacement of an existing privilege and no new additional credentialing criteria are required, this information shall also be submitted to the Department Chair.
4. The Department Chair shall review the information submitted and make a recommendation to the Credentials Committee regarding the addition of the new privilege, and if addition of the privilege is recommended, a recommendation also shall be made regarding criteria for the new privilege. The Department Chair's recommendation shall address items A2 (b-e) described above and include a copy of all relevant supporting documents.
5. The Department Chair will determine if the resources necessary to support the requested privilege are currently available, or available within a specified time frame.
- a. facilities
  - b. equipment
  - c. staffing and support services
6. The recommendation of the Department Chair shall also include submission of Attachment — "Criteria for New Privilege Delineation" that includes a statement acknowledging the availability of the resources necessary to support the requested privilege.
7. The Credentials Committee shall review the recommendation of the Department Chair and shall submit a recommendation to the Medical Staff Executive Committee regarding whether the new privilege should be introduced at SM-UCLA and, if so, the specific credentialing criteria to be utilized.
8. The Medical Staff Executive Committee shall review the recommendation of the Credentials Committee and may request an interview with the Medical Staff Member requesting the new privilege. The recommendation of the Medical Staff Executive Committee regarding the new privilege, including the criteria for granting the new privilege, will be forwarded to the Governing Body for action.
9. Once a new privilege has been approved by favorable recommendation of the Medical Staff Executive Committee, practitioners who meet all applicable criteria may begin to apply for the new privilege. No new privileges will be granted, however, until the new privilege and associated criteria have been reviewed and approved by the Governing Body and appropriate organizational

and nursing policies and procedures have been developed and implemented as may be necessary to support the safe and effective performance of the new privilege.

**B. Introducing a new privilege in one department which is currently being granted by another department or specialty**

1. The Department Chair shall recommend to the Credentials Committee the addition of the new privilege to the Department privilege delineation form.
2. If the Medical Staff is not currently utilizing appropriate criteria for the privilege, the procedure described in Section A shall be followed to develop appropriate criteria. All departments or specialties that will be granting the privilege will be involved in the criteria development process. The recommendations of this interdepartmental group shall be submitted to the Credentials Committee for action.
3. If appropriate criteria for the privilege have already been developed, a meeting will be scheduled to include the Department Chairs and specialty representatives from each service in which the privilege is currently granted and those services who wish to grant the clinical privilege in the future. The interdepartmental group will meet to assure either development of single criteria that is applicable to all departments and specialties **or** development of multiple equivalent comparable criteria sets.
4. If multiple equivalent comparable criteria sets are designed, the interdepartmental group must assure that a single level of care is maintained relevant to granting of the privilege.
5. The interdepartmental group shall submit a recommendation to the Credentials Committee for action.
6. If the interdepartmental group is unable to arrive at consensus related to privilege criteria, the issue will be referred to the Credentials Committee for evaluation and action.
7. The Credentials Committee may recommend privileging criteria to the Medical Staff Executive Committee with or without the recommendation of the interdepartmental group.

**C. Medical Staff Executive Committee's Considerations**

1. In making a recommendation regarding the granting of a new privilege or extending an existing privilege to a new department or specialty, the Medical Staff Executive Committee shall consider the following:
  - a) Whether the new privilege may be performed safely using the hospital's available resources including facilities, equipment, support personnel, and support services.
  - b) Whether the current composition of the Medical Staff permits its members to appropriately monitor and review the competence of those who perform the new privilege or whether it is feasible to arrange to have other qualified physicians proctor performance of the new privilege.
  - c) Whether qualified physicians are available to provide continuous care in the event physicians performing the new privileges are unavailable or ill.

- f) Whether sufficient research has been conducted to determine the new privilege is safe and clinically efficacious.
  - g) Whether the performance of the new privilege poses any bioethical concerns.
  - h) Whether the benefits of the new privilege outweigh the consequences of not exercising the new privilege.
2. The Medical Staff Executive Committee shall also consider information available from other organizations currently performing the new procedure and/or other organizations that have extended the new privilege to additional departments or specialties.

**D. Quality Monitoring**

- 1. When the Medical Staff has added a new privilege or a new privilege has been added to a particular department or specialty, the Director of Quality Management shall be notified.
- 2. The Director of Quality Management shall work with appropriate Medical Staff representatives to determine if and how the new privilege shall be included in the organization's performance improvement program.
- 3. The Medical Staff Executive Committee, prior to granting the privilege to any Medical Staff Member, shall review issues regarding quality management monitoring related to the privilege.

**APPROVED**

Medical Staff Executive Committee      3/28/2014, reviewed with no revisions 3/28/2020

Governing Body                                      3/28/2014, reviewed with no revisions 3/28/2020

