# YUKON-KUSKOKWIM HEALTH CORPORATION

# POLICIES & PROCEDURES

| **POLICY:** Changes in Privileges | **POLICY NUMBER:** MS_017_ADM |
|---|---|
| **CATEGORY:** Medical Staff Policies and Procedures | **EFFECTIVE DATE: 7/20/2011** |
| **CHAPTER:** | **SUPERSEDES:** 03/26/2006 |

## I. Policy:

It is the policy of YKHC to allow practitioners to request a change in their privileges at any time during their affiliation.

## II. Purpose:

To ensure a safe standard uniform process for increasing or decreasing clinical privileges.

## III. Procedure:

A. Changes in Privileges do not take effect until after the Governing Body has approved the request.

   1. If your change needs to be immediate you will need to request temporary privileges per the Temporary Privileging policy and procedure.

B. Practitioner requests an increase in privileges

   1. The practitioner must fill out the Change in Privileges form (see attachment A) and include documentation of training/ experience with a letter of recommendation, and certificates to the Medical Staff Credentialing Office.
   2. The Medical Staff Credentialing Office will then verify current state licensure, and query the National Practitioner Data Bank.
   3. The appropriate Service Chief will review the request for appropriateness and make a recommendation.
   4. The Chief of Staff will review the file and make a recommendation.
   5. The Medical Staff Executive Committee will review the file and make a recommendation.
   6. The practitioner's file will be presented to the Hospital Governing Body, and they will approve, defer, or deny the request.
      a. If the request is approved, the practitioner should be notified in writing within five (5) working days of the approval date.
      b. If the request is denied, the practitioner is informed of the Hearing Process as noted in the bylaws, and given the opportunity to request the same. (Notification is via mail return, receipt, requested)
      c. If the request is deferred a notification is sent to the practitioner requesting more information.

C. Practitioners requesting an increase in privileges that require proctoring.

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1. The practitioner must fill out a Change in Privileges Request form and attach documentation of training/ experience to the Medical Staff Coordinator.
2. The Medical Staff Credentialing Office will verify current licensure, and query the NPDB.
3. The appropriate Service Chief will review the request and may recommend that the practitioner be given temporary privileges with proctoring as needed. (See Proctoring policy and procedure).
4. The Clinical Director and the Medical Staff President may issue temporary privileges according to the Temporary Privileges policy and procedure.


D. Practitioner requesting full privileges after being proctored.

1. The practitioner must fill out a Change in Privileges form (see attachment A) and submit it to the Medical Staff Credentialing Office.
2. The appropriate Service Chief must submit a recommendation for the practitioner recommending that he/ she is cleared from proctoring per proctoring policy and procedure.
3. The Medical Staff Credentialing Office or his/ her designee will verify current licensure and will query the NPDB.
4. The appropriate Service Chief will review the information and make a recommendation.
5. The Clinical Director will review the file and make a recommendation.
6. The MSEC will review the file and make a recommendation.
7. The practitioner's file will be presented to the Hospital Governing Body and they will approve, defer, or deny the request.
   a. If the request is approved, the practitioner should be notified in writing within five (5) working days of the approval date.
   b. If the request is denied, the practitioner is informed of the Hearing Process as noted in the bylaws, and given the opportunity to request the same. (Notification is via mail return, receipt, requested)
   c. If the request is deferred a notification is sent to the practitioner requesting more information.

E. Practitioner requests a decrease in privileges.

1. The practitioner fills out the Change in Privileges form (see attachment A), and turns it into the Medical Staff Credentialing Office.
2. The Medical Staff Credentialing Office or his/ her designee will verify current licensure and query the National Practitioner Data Bank.
3. The appropriate Medical Director will review the file and make a recommendation.
4. The Clinical Director will review the file and make a recommendation.
5. The Medical Staff Executive Committee will review the file and make a recommendation.
6. The practitioner's file will be presented to the Hospital Governing Body, and they will approve, defer, or deny the request.

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**ATTACHMENT A**

# YUKON-KUSKOKWIM HEALTH CORPORATION
### *"Working Together to Achieve Excellent Health"*

**Request for Change in Clinical Privileges**

***Practitioner Name:*** _____
                        Printed

I am requesting a change in my clinical privileges as follows:

_____    Decreased as follows: _____

         _____

         _____

         _____
         _____
         _____
         _____

_____    Increased as follows (provide documentation such as experience, training, certificates, proctoring forms,

         with a letter of recommendation): _____

         _____
         _____
         _____

         _____
         _____
         _____


_____          _____
Applicant's Signature                                            Date

| | |
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# YUKON-KUSKOKWIM HEALTH CORPORATION
### "Working Together to Achieve Excellent Health"

## Request for Temporary Privileges at YKDRH

I hereby request temporary privileges due to the following circumstances (please check):

\_\_\_     Locums Practioner                              \_\_\_     Application Pending

\_\_\_     Care of Specific Patients                     \_\_\_     Proctoring

\_\_\_     Other (please specify)_____

_____

I understand all conditions associated with this request as specified in the medical staff bylaws and policies and procedures.  I have read these documents and agree to be bound by the terms contained therein

_____           _____

Applicant's Signature                                           Date

_____

Printed Name

_____

**\*** Upon approved completion of this form temporary privileges shall become effective for a period not to exceed ninety-days, or until your application is acted on by the Hospital Governing Body, whichever comes first.

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# YUKON-KUSKOKWIM HEALTH CORPORATION
### "Working Together to Achieve Excellent Health"

## MEDICAL STAFF PROCTORING FORM FOR DOCUMENTATION OF PROCEDURE EVALUATION/ MONITORING OF PRACTITIONER

**Provider:** _____

Medical Record Number:_____
Date of Procedure:_____

Procedure Done: _____

Please rate the practitioner on the following:

| | Satisfactory | Needs Improvement | Unsatisfactory | N/A |
|---|---|---|---|---|
| **A. INDICATION** | | | | |
| Informed Consent | | | | |
| History Documentation | | | | |
| Pre-Procedure Lab | | | | |
| Clinical Judgement | | | | |
| **B. DIAGNOSTIC CORRELATION** | | | | |
| **C. TECHNIQUE** | | | | |
| Attention to anatomy | | | | |
| Surgical Skill | | | | |
| Use of time | | | | |
| Management of complication | | | | |

# _____ OF _____ REQUIRED

**CONCLUSIONS & EVALUATION OF CARE**

_____
_____
_____


_____        _____
Signature of Proctor                             Date

YUKON-KUSKOKWIM
HEALTH CORPORATION
YKHC

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Committee Approval:

JCAHO STANDARD REFERENCE: _____

Department Director Signature: _____ Date: _____

MSEC President's Signature:_____ Date: _____

Governing Body Chair Signature: _____ Date: _____

P&P Committee Signature:_____ Date: _____

Vice President Signature: _____ Date: _____

*If policy crosses divisions additional signatures needed.*

Vice President Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

Vice President Signature: _____ Date: _____

President/CEO Signature:_____ Date: _____