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| **Figure 4.10** | **Temporary Privileges Policy** |
| Temporary privileges may be granted by the hospital CEO to a practitioner who meets one of the following circumstances and the minimum criteria as defined below:  **Important patient care need:** Temporary privileges may be granted on a case-by-case basis when an important patient care need or service mandates an immediate authorization to practice for a limited time— up to 120 days.  In special circumstances upon receipt of a written request, an appropriately licensed practitioner of doc- umented competence, who is not an applicant for membership or privileges, may be granted temporary privileges for the care of one or more specific patients. The following documentation is required for temporary privileges:  » Unrestricted license in the state of [X]  » Unrestricted federal Drug Enforcement Administration (DEA) license, if appropriate  » Current valid professional liability insurance coverage in a certificate form and in amounts satisfactory to [Hospital/Health system]  » Confirmation of current competence from primary practicing facility, if applicable  » National Practitioner Data Bank (NPDB) report (processed by the medical staff services department)  » A verbal or written reference that establishes current competency  **Pendency of a new application for medical staff membership and/or privileges:** Temporary clinical privileges may be granted to applicants seeking new medical staff membership and/or privileges, provided that the application is complete and the applicant has no current or previously successful challenge to profes- sional licensure or registration, no involuntary termination of medical staff membership at any other organiza- tion, and no involuntary limitation, reduction, denial, or loss of clinical privileges at any other organization. All required verifications and processes as outlined in appropriate medical staff credentials policies must be com- pleted and the application awaiting review and recommendation of the medical executive committee (MEC). Utilizing temporary privileges, a practitioner may only attend patients for a period not to exceed 120 days.  **Appointment of temporary privileges**  Temporary privileges shall be granted by [Hospital/Health system] CEO (or designee) acting on behalf of the board and based on a recommendation of the [chief of staff, credentials committee chair, or chief medical officer (CMO)]. Before temporary privileges are granted, the practitioner must first acknowledge in writing that he/she has been given access to and read copies of the medical staff bylaws and all other medical staff and hospital policies relevant to his/her performance of temporary privileges, and that he/she agrees to be bound by them. | |

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| **Figure 4.10** | **Temporary Privileges Policy (cont.)** |
| **Termination of temporary privileges**  On discovery of any information or the occurrence of any event of a nature that raises questions about a practitioner’s professional qualifications or ability to exercise any or all of the temporary privileges granted, the [chief of staff or hospital CEO, MEC chair, or CMO] may terminate any or all of such practitioner’s temporary privileges. Where the life or well-being of a patient is determined to be endangered by continued treatment by a practitioner exercising temporary privileges, the termination may be effected by any person entitled to impose Precautionary Suspensions under the medical staff bylaws. In the event of such termination, the patients of such practitioner then in [Hospital/Health system] shall be assigned to another practitioner by the chief of staff or designee. Where feasible, the wishes of the patient shall be considered in choosing a substi- tute practitioner.  **Procedural rights of practitioners holding temporary privileges**  A practitioner shall not be entitled to procedural rights because of the denial of any request for temporary privileges, or because of any termination or suspension of temporary privileges, whether in whole or in part, unless based on a determination of demonstrated incompetence or unprofessional conduct. Any procedural rights granted shall be those outlined in the medical staff bylaws or associated fair hearing plan. | |