|  |  |  |
| --- | --- | --- |
| **Figure 4.4** | **Policy for Dissemination of Privileging Information** | |
| SUBJECT: Dissemination of Privileging Information | | |
| SECTION/DEPT.: Medical Staff Affairs | | POLICY #: |
| REFERENCE: Medical Executive Committee Minutes | | |
| REVISIONS:  Approved: | | |
| 1. **PURPOSE**   To ensure that information regarding each practitioner’s scope of privileges is disseminated and made avail- able to all appropriate internal persons or entities and updated as changes in clinical privileges are made.   1. **DEFINITIONS**   Practitioner privileges outline the specific scope and content of patient care services (clinical privileges) authorized for a given healthcare practitioner.   1. **POLICY**   The medical staff services department will continuously update and maintain privileging data to reflect grant- ing, modification, or restriction of privileging for all credentialed practitioners and will notify appropriate hospital staff of these decisions.   1. **PROCEDURE**    1. When hospital staff do not recognize a practitioner or are unsure whether the practitioner has the appro- priate credentials and/or privileges, staff will ask for a name and confirm that the practitioner has privilege and practice prerogatives by doing the following:       1. Searching the practitioner privileges on intranet       2. Calling the medical staff services department at ext.       3. Calling the house supervisor weekends and evenings at ext. or cell:    2. If the practitioner does not have privileges/membership, staff will inform the individual that he or she may not care for the patient.    3. If there is no privileged practitioner caring for the patient, the patient will be sent to the emergency de- partment for initial treatment and referral.    4. The staff person involved will document such an occurrence on an incident report form. | | |