Sample bylaws language for special privileges

1.1 Temporary privileges

The CEO, or designee, acting on behalf of the board and based on the recommendation of the president of the medical staff or designee, may grant temporary privileges provided the medical staff office is able to verify the practitioner’s current licensure and competence. Temporary privileges may be granted only in two circumstances: 1) to fulfill an important patient care, treatment, or service need, or 2) when an initial applicant with a complete application that raises no concerns is awaiting review and approval of the MEC and the board. Temporary privileges may be granted as follows:

6.11.1 Non-applicants to fill a need.  The CEO, following consultation with the appropriate hospital service line chief, may grant temporary privileges for a period not to exceed 120 days to a practitioner who is not applying for staff appointment, when determined necessary to fill a patient care, treatment, or service need.  Examples include practitioners who will provide locum tenens coverage for a member of the medical staff and practitioners who will provide needed coverage or services to the hospital under contract or other arrangement on a temporary basis.

a. Minimum qualifications and verifications. Before granting temporary privileges to non-applicants, the hospital shall:

(1) Verify current [state] licensure and current DEA certification, if applicable

(2) Verify current professional liability insurance in amounts required for membership and privileges

(3) Verify current membership and privileges at another hospital or Joint Commission–accredited organization at least co-extensive with the temporary privileges being requested (may be waived in the case of dentists and podiatrists)

(4) Verify that the individual is not excluded from any federally-funded healthcare program

(5) Review the individual’s arrangements for continuous care of patients to be treated by such practitioner

(6) Verify that the individual meets the education and training requirements for membership and privileges

(7) Query the National Practitioner Data Bank and make follow-up inquiry as indicated

(8) Obtain one or more peer references for the individual to verify current core competency and ability to perform the privileges requested

b. Duration. The duration of temporary privileges for non-applicants shall be stated at the time they are granted and communicated to the practitioner. The maximum duration of initial temporary privileges for non-applications and any extensions is 120 days. All temporary privileges granted to cover a specific patient, practitioner, or absence, or hospital coverage or service need shall end when the particular patient is discharged or the practitioner or absence or hospital coverage or service ends.

6.11.2 Clean application awaiting approval. Temporary privileges may be granted for up to 120 calendar days when the new applicant for medical staff membership and/or privileges is waiting for review and recommendation by the MEC and approval by the board. Criteria for granting temporary privileges in these circumstances include the applicant providing evidence of the following which has been verified by the hospital: current licensure; education, training, and experience; current competence; current DEA (if applicable); current professional liability insurance in the amount required; malpractice history; positive references specific to the applicant’s competence from an appropriate medical peer; ability to perform the privileges requested; and results from a query to the National Practitioner Data Bank. Additionally, the application shall meet the criteria for Category 1, expedited credentialing consideration as noted in section 3 of this manual.

1.2.3 Special requirements of consultation and reporting may be imposed as part of the granting of temporary privileges. Except in unusual circumstances, temporary privileges shall not be granted unless the practitioner has agreed in writing to abide by the bylaws, rules, and regulations and policies of the medical staff and hospital in all matters relating to his/her temporary privileges. Whether or not such written agreement is obtained, these bylaws, rules, regulations, and policies control all matters relating to the exercise of hospital privileges.

1.2.4 Termination of temporary privileges. The CEO, acting on behalf of the board and after consultation with the president of the medical staff or applicable hospital service line chief, may terminate any or all of the practitioner’s privileges based upon the discovery of any information or the occurrence of any event of a nature which raises questions about a practitioner’s privileges. Additionally, if a person entitled to impose precautionary suspension believes that grounds for precautionary suspension exist, he/she may terminate temporary privileges. In the event of any such termination, the practitioner’s patients then shall be assigned to another practitioner by the CEO or his/her designee. The wishes of the patient shall be considered, when feasible, in choosing a substitute practitioner.

1.2.5 Rights of the practitioner with temporary privileges. A practitioner is not entitled to the procedural rights afforded in Part II of these bylaws (Investigations, Corrective Actions, Hearing and Appeal Plan) because his/her request for temporary privileges is refused or because all or any part of his/her temporary privileges are terminated or suspended unless the decision is based on clinical incompetence or unprofessional conduct.

**1.2.6 Emergency privileges.** In the case of a medical emergency, any practitioner is authorized to do everything possible to save the patient’s life or to save the patient from serious harm, to the degree permitted by the practitioner’s license, regardless of hospital service line affiliation, staff category, or level of privileges. A practitioner exercising emergency privileges is obligated to summon all consultative assistance deemed necessary and to arrange appropriate follow-up. Such emergency privileges/authority shall end as soon as a regularly privileged practitioner is ready/able to assume the patient care or when the emergency ends.

1.2.7 Disaster Privileges

a. If the institution’s Disaster Plan has been activated and the organization is unable to meet immediate patient needs, the CEO and other individuals as identified in the institution’s Disaster Plan with similar authority, may, on a case by case basis consistent with medical licensing and other relevant state statutes, grant disaster privileges to selected licensed independent practitioner. These practitioners shall present a valid government-issued photo identification issued by a state or federal agency (e.g., driver’s license or passport) and at least one of the following:

* A current picture hospital ID card that clearly identifies professional designation
* A current [state] license to practice unless otherwise directed by state or federal authorities
* Primary source verification of the license
* Identification indicating that the individual is a member of a Disaster Medical Assistance Team (DMAT), or Medical Reserve Corps (MRC), Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP), or other recognized state or federal organization or group
* Identification indicating that the individual has been granted authority to render patient care, treatment, and services in disaster circumstances (such authority having been granted by a federal, state, or municipal entity)
* Identification by a current hospital or medical staff member who possesses personal knowledge regarding the volunteer’s ability to act as a licensed independent practitioner during a disaster

b. The medical staff oversees the professional performance of volunteer practitioners who have been granted disaster privileges by direct observation, mentoring, or clinical record review. The organization makes a decision (based on information obtained regarding the professional practice of the volunteer) within 72 hours whether disaster recovery privileges should be continued.

c. Primary source verification of licensure begins as soon as the immediate situation is under control, and is completed within 72 hours from the time the volunteer practitioner presents to the organization.

d. Once the immediate situation has passed and such determination has been made consistent with the institution’s Disaster Plan, the practitioner’s disaster privileges shall terminate immediately.

e. Any individual identified in the institution’s Disaster Plan with the authority to grant disaster privileges shall also have the authority to terminate disaster privileges. Such authority may be exercised in the sole discretion of the hospital and shall not give rise to a right to a fair hearing or an appeal.

Source: William K. Cors. Reprinted with permission.