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# Ascension

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**Applicability:** Affinity Health System  
 Affinity Medical Group  
 Mercy Medical Center  
 St. Elizabeth Hospital

## Request for and Development of New Medical Staff Privileges

### Summary:

To establish the Affinity Health System (AHS) process for the proposal, evaluation and approval of requests by Affinity Medical System Staff Members/Applicants for acquisition of technologies presently not available within AHS and for the granting of privileges to perform new procedures.

### Statement

Based upon the Affinity Health System (AHS) values of creativity, service and stewardship, the Centralized Credentials Committee (CCC) promotes a culture whereby AHS Medical Staff Members/applicants consistently seek opportunities to improve their work, strive for excellence in all they do, promote a work environment that supports risk taking, idea sharing and innovation in order to anticipate, understand and respond to individual, organizational and community needs. When the CCC receives a request from an AHS Medical Staff Member/Applicant for a privilege that is entirely new to AHS, relatively new to the practice of medicine or is a new or unique application within the practice of medicine for which there is no privileging criteria, the CCC will follow the procedure outlined below. For new privileges requiring new technology, the CCC will collaborate with the Affinity Administrative Leadership as outlined in this policy.

### Procedure

Unless accounted for in the Affinity Strategic Plan, the burden of proof to provide information about a new procedure or technology is placed upon the Medical Staff Member/Applicant requesting the new privilege. He or she will provide all the information appropriate and necessary for the CCC to make an informed decision. Information shall be obtained from pertinent and reputable resources that may include, but are not be limited to:

- I. Published peer-review research - product literature
- II. FDA reviews
- III. BCBS Technology Assessment Center (TEC)
- IV. HAYES Rating Assessments

- V. Risk/benefit and cost/benefit analysis
- VI. Evidence based medicine reviews such as Cochrane reviews
- VII. Clinical White Papers
- VIII. Physician education materials and/or information from other hospitals, practitioners and practice sites using this procedure/technology.

This information must be summarized by the requesting Medical Staff Member/Applicant on the, "New Technology Procedure Briefing" form. All questions on the form are required to be completed before the request can be forwarded for processing.

The Medical Staff Member/Applicant is required to provide documentation of training, experience, and outcomes of the new procedure or technology. Training may be formal, informal or self-directed. If the latter, the self-directed training literature should be included. Experience is to be verified by the "primary source", such as the directing, training or supervising physician whom observed or proctored the Medical Staff Member/Applicant. "Primary source" contact information for the directing, training or supervising physician must be provided to the CCC.

A reasonable request, as determined by the medical staff leadership for any new procedure or technology along with any information on projected utilization, will be forwarded to the appropriate administrative leadership (Hospital President, VPMA or designee) for further evaluation. A pro forma will be developed with the assistance of the requesting Medical Staff Member/Applicant for any new procedure or technology which will include an assessment of the financial, technical and patient care support services needed. Nursing leadership will be apprised of the proposal and asked to comment on the nursing, staffing and training issues. After review of the completed pro forma and discussion with medical staff leadership, the Hospital President, VPMA and/or designee, within the limits established by the Affinity Board, will determine if the new procedure or technology costs will be included in the present or future budgets. New technology purchases will be done through the established Affinity purchasing process.

Necessary supporting medical staff will be identified and contacted by the Medical Staff Member/Applicant to verify staff's ability to provide any support or backup necessary.

The chair(s) of the department whose Medical Staff Member/Applicant is bringing the request for a new procedure or technology forward is responsible for developing and recommending criteria that will be used to privilege this provider and future requestors of this privilege. Guidelines for granting new privileges can be drawn from other hospitals who currently grant this privilege. Guidelines for granting privileges should be developed in conjunction with other departments within AHS that may have members qualified to perform this procedure. Guidelines for privileging should address criteria categories to include experience, training (formal and informal), self-education, outcomes, and board certification in an associated and appropriate specialty and measures of continuing competence. AHS Medical Staff Bylaws for credentialing and privileging presently in place and used throughout the system always apply and as necessary supercede any rules listed in this policy as necessary.

The CCC is then presented all information for review, discussion, and recommendation to the Medical Executive Committee (MEC). Recommendation will include:

- I. Whether or not a new procedure or technology should be done at AHS, i.e. is there

adequate financial support, clinical equipment or sufficient medical staff available to support this new procedure addressed on Form A.

- II. Whether or not the Medical Staff Member/Applicant has presented evidence of sufficient training, experience and outcomes to be granted the privilege (additional privilege to the applicant's existing privileges), addressed on Form B.
- III. Whether or not the criteria recommended by the department chair(s) is approved or denied, addressed on Form C.

The CCC recommends approval or denial of privilege in question. If the CCC recommends approving the privilege, this recommendation proceeds to the MEC and Professional Activities Committee (PAC). If approved, the Medical Staff Member/Applicant requesting the new procedure or technology will be informed by formal communication letter. The Credentials Coordinator will assure that the AHS practitioner privilege search is updated and appropriate hospital personnel are notified of the addition of the new privilege, procedure or technology in a timely fashion. If the recommendation for the new privilege, procedure or technology is denied by the CCC, a formal communication letter will be sent to the requesting Medical Staff Member/Applicant. Recommendations against the establishment of the new procedure or technology are not subject to the Fair Hearing Process. Recommendation by the CCC or any other higher level Committee against establishing a new procedure or technology does not preclude the procedure from being considered on a patient-by-patient basis for the purpose of Compassionate Care under the guidance of the Ethics Committee and the Investigative Review Board (IRB) where appropriate.

For new procedures or technologies adopted as part of an AHS Board, MEC or Affinity Executive Team (AET) decision, the departmental chair(s) will recommend criteria. The CCC will consider the recommendations of the department chair(s) when recommending privileging criteria to the Medical Executive Committee(s).

## Definitions:

- I. FDA Review: [www.fda.gov](http://www.fda.gov)
- II. BCBS Technology Evaluation Center: [www.bcbs.com/blueresources/tec](http://www.bcbs.com/blueresources/tec)
- III. HAYES Rating Assessment is a rating system developed by Winifred S. Hayes, Inc., that reflects the strength of the evidence regarding efficacy and safety of a health technology, its impact on health outcomes, indications for use, patient selection criteria, medical consensus and the comparison to alternative technologies. [www.hayesinc.com](http://www.hayesinc.com)
- IV. Cochrane reviews are written by the Cochrane Collaboration, an international, independent, non-profit organization, which produces and disseminates systematic reviews of healthcare interventions and promotes clinical trials. [www.cochrane.org](http://www.cochrane.org)
- V. Clinical privilege white papers outline sample privileging criteria and background research for a wide array of medical specialty areas, procedures and new technologies, and Allied Health Professionals.

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## Attachments:

[New Technology/Procedure Briefing](#)