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| Title: | Establishing Criteria to Support Requests for New Technology, Procedures and/or Privileges | | |
| Department: | Medical Staff Services | | |
| Approver(s): | Medical Executive Committee | | |
| Policy Number: | Medical Staff Policy MS 3-1 | | |
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**Section 1 - POLICY**

**1.1 Policy Statement**

The Medical Staff Credentials Committee will evaluate all requests from Medical Staff Members and Advanced Practice Providers for new technology, procedures, and/or privileges based on the following:

1. The hospital's available resources and personnel;
2. Ability to appropriately monitor and review the competence of the Medical Staff Member to perform the procedure;
3. Availability of qualified Medical Staff Members to provide medical coverage in case of the applicant's illness or unavailability; and
4. Quality of the training programs available.

**1.2 Definition**

A new procedure may be an invasive or interventional procedure or the use of a diagnostic or therapeutic modality not currently being performed at Hendrick Medical Center. In general, this policy will not apply to the introduction of new pharmaceutical agents which will be addressed through the policies and procedures of the pharmacy.

**SECTION 2 - COMMITTEE**

2.1 Requests for new technology, procedures, and/or privileges will be evaluated by the Credentials Committee.

A. Criteria will be developed for all new procedures except those procedures which are clinically or procedurally similar to existing procedures. The criteria will include requirements for focused professional practice evaluation (FPPE) for all initially requested privileges.

B. The applicant must complete the New Technology/Procedure Request form and provide clinical information along with a list of training programs and references.

C. When a procedure is likely to be performed by multiple specialties, criteria must be applied to all applicants consistently. Section Chairs of the relevant specialties may make recommendations to the Department Chair to assist in developing criteria.

**SECTION 3 – PROCEDURE**

3.1 Any Medical Staff Member who wishes to perform a new procedure, should submit the New Technology/Procedure Request form request to the Medical Staff Office for the Department Chair. The attached algorithm will be used by the Department Chair and the involved Medical Staff Member(s) as a guideline to determine whether or not new criteria should be developed.

3.1.1 Determination that a new procedure requires a new or additional privilege and the development of privileging criteria:

A. The first step of the algorithm requires that the procedure will be permitted by the organization. The requirements for this step are:

1. The equipment is available, will be purchased, or another acceptable arrangement to obtain the equipment has been agreed to by the Hospital;

2. Appropriate nursing and other support staff are available and have the necessary competencies, or appropriate training/in-servicing has been arranged.

B. If the requirements of the first step have not been met, but the Hospital has agreed to provide the necessary equipment and staff, the process of developing criteria may proceed. A positive recommendation by the Credentials Committee will not be given until the requirements have been satisfied.

3.1.2 Developing new privileging criteria:

A. When a procedure is likely to be performed by multiple specialties, the Department Chair will determine which specialties will be involved. Section Chairs of the relevant specialties may make recommendations to the Department Chair to assist with developing criteria. The requesting Medical Staff Member(s) along with representatives from any other involved specialties will be requested to develop proposed credentialing criteria for the approval of the Credentials Committee.

B. The criteria shall consider and/or include:

1. Basic education and training required

2. What, if any, specific residency or fellowship training may be required;

3. Whether two or more “tracks” for privileging are appropriate. (Recent residency training, for example, may be sufficient criteria, but for those not trained recently, a special course and, possibly, proctoring might be required);

4. What prior experience, if any, is required;

5. Any proctoring requirements that may be required and how such proctoring may be implemented;

6. The amount of quality monitoring which will be performed; and

7. Any relevant literature or professional society consensus statements that may apply. These may be used as a resource for developing criteria.

C. The proposed criteria, including requirements for FPPE for all initially requested privileges, will be submitted to the Credentials Committee for review and recommendation. The recommendation of the Credentials Committee will be transmitted to the Medical Executive Committee (MEC). The Credentials Committee may also request more information, the input of additional departments, or additional information from Nursing or other Hospital departments. The MEC will then recommend approval, further refinement, or disapproval. If approval is recommended, the criteria shall be forwarded to the Board of Trustees of the Hospital for final action. If disapproval or further refinement is recommended, the proposed criteria will be sent back to the Credentials Committee.

D. A Medical Staff Member may submit his/her request for privileges at the same time as the criteria are being considered, but such request can only be acted upon following the positive recommendation and approval of the criteria. In such a case, it is expected that the applicant(s) meet the requirements of the criteria that are subsequently approved.

E. FPPE for all initially requested privileges will be conducted under the auspices of the Credentials Committee.

**NEW TECHNOLOGY/PROCEDURE REQUEST FORM**

Practitioner Name:

Date:

What new technology/procedure do you plan to use?

Will the nursing staff or other staff need any special or additional education?

Will use of this technology/procedure require an operating room set-up that is different from the norm?

Please give us the names of three (3) hospitals that use this technology/procedure.

When would you like to begin using this technology/procedure?

Will this technology/procedure require the attendance of any continuing medical education courses prior to its use?

Please outline the qualifications needed by a practitioner to use this technology/procedure safely.

Please submit the following information:

1. Research concerning the proposed technology/procedure for review by the Credentials Committee;
2. Course materials;
3. Manufacturer's materials;
4. Food and Drug Administration approvals, if any.

