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- D. When collection of documentation and verification is completed, the Medical Staff Services Department submits the application and all supporting information to the Chiefs of Service for evaluation as per *Bylaws 6.1.4*. After the Chiefs of Service reviews are completed, the application is forwarded to the Credentials Committee. The Medical Staff Coordinator shall promptly notify the applicant of any further information required. This must be a special notice and must indicate the nature of the information the applicant is to provide within thirty (30) days. Failure without good cause to respond in a satisfactory manner by that date is deemed a voluntary withdrawal of the application.
- E. The recommendations of Chiefs of Service and Credentials Committee are forwarded to the Medical Executive Committee. Evaluation and actions will continue as outlined in the *Bylaws 6.2.16*
- F. Notice of Final Decision:  
The Chief Executive Officer provides written notice of the final decision to the applicant.  
A notice of decision includes:
  - 1. The clinical privileges the applicant may exercise
  - 2. Any special conditions attached to the appointment
- G. Documentation:  
The recommendations of the Chiefs of Service, Credentials Committee, Executive Committee, and the decision of the Governing Board shall be documented in the individual practitioner's file.

**TELE MEDICINE PROVIDERS:** With applicants seeking appointment with clinical privileges to the Medical Staff to perform telemedicine services, Jefferson Healthcare may request information from the telemedicine entity to make a decision to grant the practitioner privileges (shared approach).

Time Periods for Processing:

Applications shall be processed within the following time periods:

**Medical Staff Services Department/Credentials Verification Organization to collect and verify information:** Processing of verification to begin within 7 days of receipt of completed application.  
Verifications to be completed within 60 working days of receipt of completed application.

**Chief of Service:** 15 days from notification by Medical Staff Services of completed verified application.

**Credentialing Committee:** Refers to Medical Executive Committee

**Medical Executive Committee:** Next regularly scheduled meeting after receiving recommendation from Credentials Committee

**Governing Board:** Next regularly scheduled meeting after receiving recommendation from Executive Committee

These time periods are guidelines and do not create any rights for a practitioner to have an application processed within these precise periods. If the provisions of the Fair Hearing Plan (as defined in the Medical Staff Bylaws) are activated, the time requirements provided therein govern the continued processing of the application. If action does not occur at a particular step in the process within the time frame specified, and the delay is unwarranted, the next higher authority may immediately proceed to consider the application and all the supporting information, or may be directed by the Chief of Staff on behalf of the Executive Committee or by the Chief Executive Officer on behalf of the Governing Board to so proceed.

The applicant will be notified of the credentialing (and re-credentialing) decision within 60 calendar days of the Board's decision.

## **RIGHT TO IMPARTIAL, NON-DISCRIMINATORY OF CREDENTIALS:**

All Jefferson Healthcare practitioners have the right to an impartial, non-discriminatory, and confidential selection and review process. JHC monitors for and prevents discriminatory credentialing by the following:

JHC does not collect information on an applicant's race, ethnic/national identity and sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law. Medical Executive Committee members are required to sign an annual attestation statement assuring credentialing and re-credentialing decisions are not discriminatory or based on applicant's race, ethnic/national identity, gender, age, sexual orientation, religion, marital status or other status or characteristics protected under any applicable federal or state law.

Current updates of listings in Health Plan practitioner directories and other materials for members are ensured by the payor credentialing team.

## **REFERENCES:**

DNV MS.6, SR.1; CMS 482.12(A)(5); NCQA CR1, Element A, Factor 7

## NEW OR ADDITIONAL PRIVILEGES

### POLICY:

To cover approval process for:

- Privileges/procedures new to the facility
- Requests for additional privilege(s) not previously granted

### PURPOSE:

In accordance with CMS, the State of Washington, the Joint Commission and DNV:

1. It must be a privilege/procedure that the hospital can support and offer, evidenced by approval of the Governing Board
2. It includes criteria for determining privileges that will be consistently applied to all practitioners requesting the privilege
3. It includes a process for evaluating the competency of the individual holding the privilege

### PROCEDURE:

The interested practitioner shall supply the following information in collaboration with appropriate department director to the respective Chief(s) of Service and the Chair of the Credentials Committee:

- New privilege/procedure name
- Names of other hospitals in which it is used;
- Any research demonstrating the risks and benefits of this privilege/procedure;
- Any product literature or educational syllabus addressing the privilege/procedure;
- Financial analysis of the new privilege/procedure which should include operating revenue, expenses, capital equipment, and contribution margin if requested
- FDA approval letter if applicable
- Anesthesia or other specialty concerns;
- Recommended minimum education, training, experience necessary to perform the new privilege/procedure
- Extent of proctoring, monitoring and/or supervision, if any, that should occur
- Recommendation for requirements to maintain clinical competency
- Recommendations for clinical indicators for peer review

### Review and Approval:

The Chief (s) of Service and Chair of the Credentials Committee shall review the information and make their recommendation to Medical Executive Committee which will then forward their recommendation to the Governing Board. Upon approval of the new privilege/procedure at Jefferson Healthcare, the Medical Staff will be notified. Medical Staff Services personnel will add the new privilege/procedure and the criteria to the appropriate privilege form(s). The interested physician(s) may then apply for the new privilege/procedure, which shall follow the process outlined in *Bylaws, Article 6, Processing the Application*, as applicable.

### Requests for privileges new to practitioner's practice:

1. Physician shall request the new privilege(s) in writing and on approved privilege forms to the Chief of Service with evidence of training, education, or experience that meets established criteria. The Chief of Service will review the request and forward recommendation to the Chair of the Credentials Committee.
  - If proctoring is a criteria for obtaining the privilege, that proctoring is to be approved by the Chief of Service prior to the proctoring. It will be the responsibility of the applicant to arrange for proctoring and to ensure that proctors submit any required evaluations.
2. The Chief of Service and Credential Committee Chair's recommendations for privileges will be forwarded to the Medical Executive Committee, which will review and make recommendations to the Governing Board for final action.

### Denials of Requests:

Denials of requests for privileges unrelated to quality of care concerns are reviewable by the involved practitioner by requesting a meeting with Medical Executive Committee for reconsideration. Denials based on involved practitioner quality concerns shall be processed in accordance with *Bylaws, Article 12*.

In the event the Chief of Service is the requesting practitioner, the request will be forwarded directly to the Chair of the Credentials Committee for review and recommendation.

### REFERENCES:

CMS Memo 11/12/2004 S&C-05-04, Hospital Medical Staff Privileging

CMS Conditions of Participation 482.51 (a) (4)

Joint Commission MS.4.00 , MS .4.15, EP 1 and 2

WAC 246.320.185 Medical Staff, WAC 246.320.145 Leadership

### APPROVED:

Approved: MEC 3/24/2015, 3/22/2016; 4/25/2017; 4/24/2018

Approved: Governing Board 4/15/2015, 4/20/2016, 5/17/2017, 4/25/2018

## New Privileges:

### Jefferson Healthcare Plastic Surgery Clinical Privileges

To be eligible to apply for privileges in plastic and/or reconstructive surgery, the applicant must meet the following criteria:

**Basic education:** Doctor of Medicine or Doctor of Osteopathy Degree (MD/DO) from an accredited program.

#### Formal training and experience at initial appointment:

- Successful completion of an approved residency in plastic and/or reconstructive surgery approved by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association
- Current certification or board eligible by the American Board of Plastic Surgery or the American Osteopathic Board of Surgery in Plastic and Reconstructive Surgery
- Documentation of cases:
  - Must provide clinical performance data for the last 12 months of practice to include approximate number of cases, types of procedures, service areas and types of patients treated. This may come from current hospital affiliations and/or office practice. Applicants for initial appointment must be able to demonstrate that (s) he has performed plastic surgery and related procedures at least 100 times during the last 24 months or demonstrate successful completion of a hospital-affiliated accredited residency, special clinical fellowship or research.
  - Applicants have the burden of producing information deemed adequate by Jefferson Healthcare for a proper evaluation of experience, training and current competence.
- **Current ACLS required**

#### Reappointment Requirements:

Current demonstrated competence and documentation of clinical activity within the scope of privileges requested without significant quality variations based on results of quality assessment and improvement activities and/or peer review outcomes. In the absence of Jefferson Healthcare specific data, applicant shall provide quality reports from primary hospital or other volume and quality assessment data. Continuing medical education related to Plastic Surgery is required.

#### \_\_\_\_ REQUESTED: Plastic Surgery Core Privileges

Admit, evaluate, diagnose and provide consultation to patients of all ages, except as specifically excluded from practice, presenting with congenital and/or acquired defects of the body's musculoskeletal system, cranio-maxillofacial structures, hand, extremities, breast, trunk, external genitalia, and soft tissue, including the aesthetic management. The core privileges in this specialty include the procedures below and such other procedures that are extensions of the same techniques and skills.

A representative, but of necessity, not a complete list of the Plastic Surgery Core Procedures is stated below. It is not intended to be an all-encompassing list but rather to reflect the categories/types of procedures included in the core.

Core Procedure List:

<ul style="list-style-type: none"> <li>• Facial plastic surgery to include cosmetic surgery on the face, nose, external ear, eyelids, and lips</li> <li>• Free tissue transfer flap with microvascular anastomosis</li> <li>• Liposuction or lipo-injection procedure for contour restoration, head and neck; trunk and extremities</li> <li>• Major head and neck radical cancer surgery and reconstruction</li> <li>• Management of all forms of facial or maxillofacial trauma including fractures</li> <li>• Management of patients with burns, including plastic procedures on the extremities</li> <li>• Plastic procedures of external and internal male and female genitalia excluding gender dysphoria or hypospadias</li> <li>• Nonsurgical injection of products for cosmetic or functional reconstruction (ie. Botulinum toxin, hyaluronic acid, Kybella)</li> <li>• The use of cosmetic adjuncts including cryolipolysis, laser/resurfacing devices, tattoo removal, chemical peels, dermabrasion</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Plastic procedures on the female and male breast, including augmentation and reduction mammoplasties, post mastectomy reconstruction</li> <li>• Plastic reconstruction of all forms of congenital and acquired soft tissue anomalies, including those requiring the use of skin-grafting procedures , the use of pedicle flaps, or collagen injection</li> <li>• Plastic reconstruction of soft tissue disfigurement or scarring, for cosmetic or functional reasons</li> <li>• Removal of benign and malignant tumors of the skin</li> <li>• Resection of intraoral tumors, oral cavity, palate</li> <li>• Surgery of congenital anomalies , including cleft lip and cleft palate</li> <li>• Surgical management of migraine headaches (including diagnostic botox injection and surgical release)</li> <li>• Management of soft tissue defects, acquired or congenital, for cosmetic or reconstructive reason, including the use of biological substitutes (Integra), grafting, local or regional flaps, tissue expansion</li> <li>• Hair transplantation and electrolysis for hair removal</li> </ul>
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Hand Surgery (as part of Plastic Surgery scope of practice):

<ul style="list-style-type: none"> <li>• Arthroplasty of large and small joints, including implants</li> <li>• Bone graft pertaining to the hand</li> <li>• Carpal tunnel decompression</li> <li>• Fasciotomy and fasciectomy</li> <li>• Lacerations</li> <li>• Nerve graft</li> <li>• Neurorrhaphy</li> <li>• Fracture of the hand and upper extremity, including implants</li> <li>• Management of neuropathy, including decompression of all nerves of the upper extremity</li> </ul>	<ul style="list-style-type: none"> <li>• Microvascular procedures (?)</li> <li>• Removal of soft tissue mass, ganglion palm or wrist, flexor sheath, etc.</li> <li>• Repair of rheumatoid arthritis deformity</li> <li>• Skin grafts</li> <li>• Tendon reconstruction (free graft, staged)</li> <li>• Tendon release, repair and fixation</li> <li>• Tendon transfers</li> <li>• Treatment of infections</li> <li>• Removal of benign and malignant tumors of the hand and upper extremity</li> <li>• Treatment of arthritis of the hands and wrist, including use of implants, arthroscopy</li> <li>• Treatment of peripheral nerve conditions, including repair, grafting, transfers and resection</li> </ul>
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**Privileges delineated separately:**

\_\_\_\_\_ Procedural sedation – Completion of sedation competency module MUST be evident before privilege will be granted.

\_\_\_\_\_ Use of Laser – CO2, Argon, YAG: Proof of attendance at course or training during residency is required for these privileges. The course must have basic laser principles and safety, laser physics, laser tissue interaction; and minimum of six hours observation and hands on experience with lasers.

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request, I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

Governing Board Approval Date:



Hello.

As part of our ongoing commitment to patient safety and quality and in compliance with DNV Rules and Regulations, Jefferson Healthcare is standardizing its approach to procedural sedation training. Documented completion of procedural sedation training is required every 2 years.

Therefore, following please find instructions for online Procedural Sedation training. Please note that this training document is for the sole use of Jefferson Healthcare Authorized Users. Do not reproduce, retain or redistribute this document without prior authorization.

Please review the instructions below, complete the training, print a copy of the completion certificate and forward it to Barbara York, Medical Staff Services, no later than as soon as possible. Thank you!

### ***PROCEDURAL SEDATION ONLINE***

#### **For Physicians, CNRAs, and ARNPs:**

An online Procedural Sedation Course is offered to JHC physicians, CRNAs, and ANRPs through Swedish.

To access the course, please copy & paste the following link on the address bar of JHC's intranet or the internet:

<http://www.swedish.org/for-health-professionals/cme/online-cmes/adult-procedural-sedation#axzz1rwF8ljkj>

Once the Swedish Procedural Sedation page opens, you are asked to review the information and read all materials listed under "Course Materials & Self-Assessment" before completing the online assessment. These materials consist of:

- Procedural Sedation: Adult Clinical procedure
- Addendum 1 to Procedural Sedation: Adult Clinical procedure
- Addendum 2 to Procedural Sedation: Adult Clinical procedure
- Adult Procedural Sedation Self-Learning Packet
- On the last page of this packet, you will find the "Next Steps" box which will direct you to complete an evaluation, register for CME credit, and print your certificate of completion

#### **Participation Overview**

- This is a self-learning module
- CME credit will be granted only if your quiz score is 100%
- Estimated time to complete the training module and exam is one hour
- **The registration fee will be waived if you click on "Swedish Provider" (for Swedish affiliates – Jefferson Healthcare employees only)**

#### **Online Self-Assessment**

- If asked, "Would you like to resume the quiz where you left off?" click "No."
- After passing the quiz, you will be directed to:
- Complete the CME Evaluation of this activity
  - Register to record participation and claim credit
  - Print your CME Certificate

***Please note that this training is required every two years. Please forward a copy of your completion certificate to Jefferson Healthcare Medical Staff Services. Thank you.***