

<p><b>This policy applies to:</b></p> <p><input checked="" type="checkbox"/> <i>Stanford Health Care Health Care</i></p> <p><input checked="" type="checkbox"/> <i>Lucile Packard Children’s Hospital Stanford</i></p> <p><input checked="" type="checkbox"/> <i>Stanford Health Care – Tri-Valley</i></p>	<p><b>Last Approval Date:</b> July 2022</p>
<p><b>Name of Policy:</b> TEMPORARY PRIVILEGES</p>	<p><b>Page 1 of 3</b></p>
<p><b>Departments Affected:</b> All Medical Staff and Advanced Practice Professionals</p>	

**I. PURPOSE**

In accordance with the Medical Staff Bylaws and on authority of the Stanford Health Care, Stanford Health Care-Tri-Valley and Lucile Packard Children’s Hospital Stanford Board of Directors, the Chief of Staff/Medical Staff President/CMO, as designee of the President and CEO, may, with the written approval of the appropriate Service/Division Chief (who will designate proctors if appropriate), grant temporary privileges to a qualified practitioner under the circumstances and subject to the conditions stated below.

Pendency of Application:

There will be one (1) Application for Membership to Stanford Health Care (SHC), Stanford Health Care-Tri-Valley (SHC-TV)and Lucile Packard Children’s Hospital Stanford (LPCHS). Each application will indicate by the practitioner if the applicant is applying for membership at SHC, SHC-TV, LPCHS or multiple. Only after the application is deemed 100% complete and there are no issues or actions relative to licensure or privileges found in the verifications, an applicant may be granted Temporary Privileges for an initial period of one hundred twenty days (120) days while his/her application is waiting for approval by the governing body. An applicant whose temporary privileges expire shall not, as a result, be entitled to the procedural rights under the Medical Staff Bylaws.

**II. STIPULATIONS**

- A. There is no right to temporary privileges by virtue of meeting the Medical Staff membership criteria, and temporary privileges shall not be granted unless the available information supports, with reasonable certainty, a favorable determination regarding the requesting practitioner’s qualifications, ability, and judgment to exercise the privileges requested. If the available information is inconsistent or casts doubts on the applicant’s qualifications, action on the request for temporary privileges may be deferred until the doubts have been satisfactorily resolved.
- B. A determination to grant temporary privileges shall not be binding or conclusive with respect to an applicant’s pending request for appointment to the Medical Staff.

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- C. All persons requesting or receiving temporary privileges shall be bound by the Medical Staff Bylaws, Rules and Regulations, and all Hospital and Medical Staff Policies.

On the discovery of any information, or the occurrence of any event of a nature which raises a question about a practitioner's professional qualifications, ability to exercise temporary privileges granted, or compliance with these Bylaws, Rules and Regulations, Rules and Regulations of the Clinical Services, or other requirements, the Chief of Staff/Medical Staff President/CMO may, after consultation with the, Department Head/Service Chief/Division Head terminate any or all of such individual's temporary privileges. In the event of any such termination, the practitioner's patients then in the Hospital shall be assigned to another practitioner by the Department Chair/Service Chief. The wishes of the patient shall be considered, when feasible, in choosing a substitute practitioner. The termination of temporary privileges shall not be reviewable according to the procedures set forth in the Medical Staff Bylaws unless required to be reported pursuant to California Business and Professions code section 805.

### **III. DOCUMENT INFORMATION**

- A. Legal Authority/References
1. California Code of Regulations (CCR) Title 22
  2. JC Comprehensive Accreditation Manual for Hospitals (1997), 2008
  3. Health Care Services Plans: Knox-Keene Act, California Department of Corporations
- B. Author/Original Date
- Rebecca Partridge, 10/94  
 Rachel Deming, 9/97  
 Sandi Edgar, 5/2000  
 Debra R. Green, MPA, CPMSM, CPCS, 8/08, 7/12
- C. Gatekeeper of Original Document
- The Director, Medical Staff Services (or designee), who will be responsible for initiating its review and revision. The Policy will reside in the

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Credentials Policy and Procedure Manual, a copy of which is kept in the Medical Staff Office.

- D. **Distribution and Training Requirements**  
 The distribution and training requirements for this Policy will be handled through the Credentials Department.
  
- E. **Review and Renewal Requirements**  
 This policy will be reviewed by the Credentials and Privileges Committee every three years and/or as required by change of law or practice. The review is facilitated by the Director of Medical Staff Services. Any changes must be approved by the Credentials and Privileges Committee (on authority by the Medical Board.)
  
- F. **Review and Revision History**  
 Revisions: 10/94, 3/95, 1/96, 8/96, 9/97, 2/98, 5/00, 3/02, 12/02, 7/03, 6/05, 9/06, 8/08, 8/12, 5/16, 6/16, 5/19, SHC-VC 12/19
  
- G. **Approvals**  
 SHC and LPCH Credentials and Privileges Committee: 1/96, 9/97, 2/98, 6/00, 3/02, 12/02, 7/03, 7/05, 9/06, 8/08, 9/12, 5/16, 6/16, 5/19, 3/22  
 SHC-VC Credentials Committee: 12/19  
 SHC and LPCH Medical Executive Committee: 9/08, 10/12, 5/16, 6/16, 5/19, 7/22  
 SHC-VC Medical Executive Committee: 12/19  
 SHC-VC BOD: 12/19  
 SHC and LPCH Board: 7/22