



INODAYA Hospitals - Kakinada

Documentation code:
INH/HRM.13

Policy on Medical and Nursing staff - Privileging

Prepared date: 05/09/2023

Reference: HRM.11.d,12.d NABH Standards – 5th Edition

Issue Date:05/09/2023

Issue no: 02

Review No: 1

Review date: 04/09/2024

POLICY ON MEDICAL & NURSING STAFF PRIVELAGES

1.0 POLICY:

INODAYA Hospitals privileging process shall be initiated to all Medical and Nursing Staff to authorize them to admit, treat patient and provide other clinical services consistent with their qualification and experience.

2.0 PURPOSE:

This INODAYA Hospital policy pertaining to the procedures regarding privileging: -

- To authorize the individual to admit and care for patients.
- To provide clinical services consistent with qualifications.
- Services provided by the person are made known to head of the organization.

3.0 DEFINITION:

Clinical Privileging: The term clinical privileging is defined as the process by which a licensed practitioner is permitted by Medical Staff Bylaws and the facility to practice independently, to provide medical or other patient care services within the scope of their license, based on the individual's clinical competence as the determined by peer references, professional experience, health status, education, training, and licensure.

4.0 SCOPE:

The INODAYA Hospital Privileging Policy is applicable to the entire Independent medical and nursing Practitioner.

5.0 RESPONSIBILITY:

Dirctor, Medical Director, Nursing Superintendent, HR Manager & Applicant

6.0 DISTRIBUTION:

Director, Medical Director, Nursing Superintendent, & Applicant

Prepared by: 	Verified by: 	Approved by: 
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HR	Accreditation Coordinator	Medical Director

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7.0 PROCESS DETAILS:

7.1 Protocol of the privileging process:

For Doctors:

Step 1: Based on the speciality a list of procedure is prepared with inputs from Director, Medical Director and senior faculty of the speciality. This will be the basis of speciality specific Privileging.

Step 2: The care provider shall list the number of procedures done by them under supervision and also independently in the Privileging form.

Step 3: The approval authority shall review the recommendations of the care providers take into account their credentials, years of experience, competencies and other such factors and shall finally decide regarding the privileges to be allocated to the respective care provider.

Step 4: Continuous monitoring shall be done to check that care providers are practicing within the privileges allocated to them and any instance of non compliance to this shall result in disciplinary action being taken against the care provider.

Step 5: The privilege allocated shall be reviewed periodically.

For Nursing staff:

Step 1: The Care Providers shall be made to complete a privileging proforma developed by the hospital for the purpose of privileging.

Step 2: The department specific in charge will complete the form by privileging the works he has to perform in the department under supervision or independently.

Step 3: Privileges may be reviewed based on periodic competency assessment

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7.2 Activity and Responsibility

S.No.	Activity	Responsibility
1	Recommending approval of the Head of Medical Departments	Medical Director, NS & HR Dept
2	Coordinating Medical Staff privileging activities as identified in the Medical Staff Bylaws.	Medical Director, NS & HR Dept
3	Ensuring that all individuals who apply for clinical privileges are provided with a copy of and agree to abide by Medical Staff Bylaws, Rules and Regulations.	Medical Director, NS & HR Dept
4	Ensuring that there is standardization of the privileging processes across the Hospital	Medical Director, NS & HR Dept
5	Ensuring the integrity and completeness of the data.	Medical Director, NS & HR Dept
6	Maintaining an up-to-date and pertinent Hospital Privileging policy	Medical Director, NS & HR Dept
7	Leading the Hospital Credentialing and Privileging Committee	Medical Director, NS & HR Dept
8	Reviewing, considering and making recommendations to the Director regarding the applicant's credentials, clinical competence, and health Status.	Medical Director, NS & HR Dept
9	Applicants and employees must provide evidence of licensure, registration, certification, and/or relevant credentials, for verification prior to appointment and throughout the employment process, as requested	Applicant employee
10	Applicants must agree to accept the professional obligations delineated in the INODAYA Hospital Medical Staff Bylaws and hospital specific Rules and Regulations provided to them.	Applicant employee

8.0 Records and formats:

Documented privileging forms in personal files of Medical & Nursing staff

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