

Neshoba County General Hospital Delineation

Applicant:		Appointment
Effective Dates:		Reappointment

Nurse Practitioner Privilege Request Form

Neshoba County General Hospital's privileging system recognizes that the applicant's education, formal training, previous experience and references from peers and physicians establishes a basis for determining competency in a core of nurse practitioner clinical privileges.

The applicant agrees that they will strive to maintain competence through continuing education and will not at time of reapplication request continuation of privileges in which they have not continued to maintain competence through education and practice experience.

Qualifications

The following minimum criteria must be met in order to be eligible to request Nurse Practitioner core privileges. Please indicate all that apply:

- A master degree in nursing from an accredited college or university or evidence of successful completion of a post graduate track or program in the applicant's specialty within a school of nursing granting graduate level academic credit
- Certification in the nurse practitioner's area of specialization by the American Nurses Credentialing Center
- Current licensure or registration in Mississippi
- Current DEA License
- No physical or mental health problem preventing them from exercising the privileges granted.
- Documentation that they have been actively and competently practicing in their field of specialty as a nurse practitioner in the past 24 months, or just completed the training program at time of application and provide documentation that they have satisfactorily completed the program.
- Written agreement with a physician currently appointed to the medical staff of the hospital who agrees to provide:
 1. Supervision monitoring the NP's practice
 2. Availability, either personally or via an alternate, for consultation on a continuous basis
 3. Total responsibility for the care of any patient when requested by the NP or in the interest of the patient care or when requested by the patient.
- Maintain BLS, ACLS, and PALS certifications

Nurse Practitioner Core Privileges include the following;

- Initial and ongoing assessment of patient's medical, physical, and psychological status, including:
 - Conducting histories and physicals
 - Developing treatment plans
 - Recording progress notes
 - Writing discharge summaries

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- Implementing physician directed treatment plans that permit NP's to :
 - Write orders for treatments, medications, tests, IV fluids, etc.
 - Provide ACLS
 - Care of simple wounds
 - Interpretation of Lab, Radiology

For critically ill patients, Nurse Practitioner MUST maintain contact with the Physician.

ED Privileges:

- Independently evaluate and treat triage level 3, 4 or 5 adult patient
- Independently evaluate and treat triage level 3, 4 or 5 pediatric patient
 - Level 3 – Urgent, Level 4 – Less urgent, Level 5 – Non-urgent
- Participate with physician in evaluation and treatment of triage level 1 and 2 adult patient
- Participate with physician in evaluation and treatment of triage level 1 and 2 pediatric patient
 - Level 2 - Emergency

Surgery Privileges:

- Provide first, second, or third assist in general surgery and surgical subspecialties
- Provide pre- and post-operative surgical care

Specialty Privileges in _____:

- Independently evaluate and treat patients in the requested specialty (Additional evidence of competency for new graduates and/or specialty field may be required at the discretion of the Medical Executive Committee prior to granting requested privileges.)
- Participate with physician in evaluation and treatment of patient

Reappointment Criteria:

The following minimum criteria must be met in order to apply for reappointment.

1. Meet the qualifications for appropriate staff category since your last appointment.
2. Have acceptable performance evaluations since last appointment.
3. Demonstrate professional conduct and ethics.
4. Comply with the bylaws, rules and regulations and policies of the medical staff and Neshoba County General Hospital.
5. Current ANCC or AANP certification and accrual of 40 CME's every 2 years.

Acknowledgment of practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Neshoba County General Hospital, and I understand that:

1. In exercising any clinical privileges granted, I am constrained by hospital and medical staff policies and rules applicable generally and any applicable to the particular situation.

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2. Any restriction on the clinical privileges granted to me is waived in an emergency situation, and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents.

Signed _____ Date _____

Medical Executive Committee's recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend all requested privileges
 Recommend privileges with the following conditions/modifications:
 Do not recommend the following requested privileges:

Privilege Condition/modification/explanation Notes: _____

Medical Exec. Member signature _____ Date _____