



ADVANCED NURSE PRACTITIONER DELINEATION OF PRIVILEGES

NAME: _____

SPECIALTY: _____
(Area in which you are applying for privileges)

RELATIONSHIPS

Advanced nurse practitioners receiving clinical privileges at Clinton Memorial Hospital must have a Standard Care Agreement (SCA) pursuant to which a Medical Staff member in good standing with clinical privileges at Clinton Memorial Hospital is the collaborating physician(s) of the Advanced Nurse Practitioner.

The hospital activities of the Advanced Nurse Practitioner shall be performed in collaboration with such collaborating physician(s). The collaborating physician(s) is responsible for fulfilling all responsibilities, terms, and conditions set forth in the Standard Care Agreement. If the collaborating physician's Medical Staff appointment or clinical privileges are limited, revoked or terminated, the Advanced Nurse Practitioner's clinical privileges shall similarly be limited, revoked or terminated.

REQUIREMENTS:

1. Current Registered Nurse license granted by the State of Ohio Board of Nursing.
2. Current certificate of authority issued by the State of Ohio Board of Nursing authorizing practice as an Advanced Nurse Practitioner.
3. Successful completion of a master's degree from a recognized Nurse Practitioner training program approved by the American Academy of Nurse Practitioners (AANP).
4. Certification by the AANP Certification Program or other such national certifying organization approved by the Ohio Board of Nursing.
5. The Advanced Nurse Practitioner must have a written Standard Care Agreement (SCA) with a collaborating physician(s) who is a Medical Staff member in good standing with clinical privileges at Clinton Memorial Hospital. A copy of the SCA is required to be submitted to the Medical Staff Services Office. Any changes made to the SCA will also be required to be submitted to the Medical Staff Services Office.
6. The Advanced Nurse Practitioner shall act at all times to provide patient care in collaboration with the collaborating physician(s). Pursuant to ORC 4723-8-01, collaboration means the physician(s) with whom the Advanced Nurse Practitioner has entered into a SCA is continuously available to communicate with the Advanced Nurse Practitioner either in person or by electronic communication. The Advanced Nurse Practitioner shall perform consistent with the scope of licensure, the State of Ohio Nursing Board laws and regulations, and in accordance with the SCA.
7. In the event the collaborating physician with whom the Advanced Nurse Practitioner maintains a SCA is unavailable, due to vacation or other reasons, the Advanced Nurse Practitioner shall have prearranged alternate coverage by another collaborating physician with appropriate clinical privileges who is also a Medical Staff member in good standing with clinical privileges at Clinton Memorial Hospital.

8. If applicable, documentation of current prescriptive authority issued by the State of Ohio Board of Nursing. The Advanced Nurse Practitioner shall use prescriptive authority only in the manner to the extent set forth by the State of Ohio Nursing Board.
9. The applicant must be able to demonstrate that he or she has current clinical competence for the requested privileges. **INITIAL APPOINTMENT:** For core privileges, applicants must be able to demonstrate provision of care, treatment, or services reflective of the scope of privileges requested to at least 25 patients in the past 12 months. **REAPPOINTMENT:** For core privileges, applicants must be able to demonstrate provision of care, treatment, or services reflective of the scope of privileges requested to at least 25 patients in the past 24 months.
10. At the time of initial appointment and reappointment, current clinical competence will be based on a system of performance appraisal that utilizes information regarding clinical activity, monitoring and evaluation activities in addition to all quality assurance standards pursuant to ORC 4723-8-05.
11. Current NRP for APRN's providing services in the nursery

CORE PRIVILEGES

Privileges do not include those to admit or discharge patients to the hospital but may refer to all specialties as appropriate to the patient's condition.

Privileges to assess, diagnose, and provide treatment to patients within the Certified Nurse Practitioners scope of practice. Privileges include, but are not limited to, perform and record history and physicals, conduct preventive screening based on age and history, update and record changes in health status, educate and counsel patient on health status and related issues, record daily progress notes and discharge summaries, initiate referral to consultant physician or other healthcare professional, Develop and implement treatment plans for patients, assist in surgery, order and perform routine diagnostic procedures within scope of practice, initial interpretation of diagnostic testing and therapeutic modalities, and may also order, prescribe, furnish, and administer medications/drugs, non-pharmacological interventions, and therapeutic devices.

EMERGENCY MEDICINE APRN's ONLY: Assist the ER physician in any other action delegated by the ER physician under supervision of the ER physician

Must ✓ to request core privileges

<input type="checkbox"/> Requested
CMH DEPARTMENT CHAIR DIRECTOR RECOMMENDATION (FOR OFFICE USE ONLY)
<input type="checkbox"/> Recommended
<input type="checkbox"/> Not Recommended
<input type="checkbox"/> Recommended with the following modification(s) and reason(s):

SPECIAL REQUEST PRIVILEGES

To be eligible to apply for a special procedure privileges listed below, the applicant must demonstrate successful completion of an approved and recognized course or acceptable supervised training and provide documentation of competence in performing that procedure consistent with the criteria set forth in the medical staff policies governing the exercise of specific privileges.

Must ✓ by each privilege to indicate if you are requesting or not requesting each privilege

Requested	Procedure	Criteria	(FOR OFFICE USE ONLY) CMH Department Chair Director Recommendation
<input type="checkbox"/>	Cardio-pulmonary resuscitation	Current BLS or ACLS required	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Provide advanced life support	Current ACLS required	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	(HOSPITALIST APRN's EXCLUDED) Pediatric Advanced Life Support	Current PALS required	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Moderate/conscious sedation	Meet criteria outlined in the Medical Staff Privileging Criteria for Moderate Sedation Policy (ex: current ACLS)	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Endotracheal intubation	Initial request: proof of 5 cases past 24 months with proof of 2 between each credentialing cycle thereafter.	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Nasotracheal aspiration		<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Gastric lavage		<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Replacement of existing feeding tube (non-endoscopic)		<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Insertion and management of arterial lines	Initial request: proof of 5 cases past 24 months with proof of 2 between each credentialing cycle thereafter.	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Insertion and management of central venous catheter	Initial request: proof of 5 cases past 24 months with proof of 2 between each credentialing cycle thereafter.	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Insertion and management of peripherally inserted central catheter	Initial request: proof of 5 cases past 24 months with proof of 2 between each credentialing cycle thereafter.	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Inserting and removing chest tubes	Initial request: proof of 5 cases past 24 months with proof of 2 between each credentialing cycle thereafter.	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	Closed joint reduction	Initial request: proof of 5 cases past 24 months with proof of 2 between each credentialing cycle thereafter.	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	EMERGENCY MEDICINE APRN'S ONLY Lumbar puncture	Initial & Reappointment: 2 cases past 24 months	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended

<input type="checkbox"/>	EMERGENCY MEDICINE APRN'S ONLY Paracentesis	Initial request: proof of 5 cases past 24 months with proof of 2 between each credentialing cycle thereafter.	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	EMERGENCY MEDICINE APRN'S ONLY Thoracentesis	Initial request: proof of 5 cases past 24 months with proof of 2 between each credentialing cycle thereafter.	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
<input type="checkbox"/>	WOUND CARE APRN'S ONLY Deep wound debridement of subcutaneous tissue, muscle or fascia, or bone	Initial & Reappointment 20 cases past 24 months	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended

ATTESTATION/ACKNOWLEDGEMENT

I attest that I have read and understand the information contained within this Delineation of Clinical Privileges. I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform, and that I wish to exercise at Clinton Memorial Hospital.

I understand that 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.

I understand any restriction on the clinical privileges granted to me is waived in an emergency situation / urgent care of a critically ill patients and in such a situation the applicable section of the medical staff bylaws or related documents governs my actions.

Signature – Advanced Nurse Practitioner

Date

ATTESTATION/ACKNOWLEDGEMENT

As the Collaborating Physician(s) for the applicant, I acknowledge and agree that I am responsible for complying with all responsibilities and conditions set forth by the Ohio State Medical Board, the Standard Care Agreement, and all applicable Medical Staff Rules and Regulations and other applicable policies while he/she is engaged in the specified activities for which this application is being made.

I have reviewed the applicant's request for clinical privileges as a Certified Nurse Practitioner at Clinton Memorial Hospital. I recommend applicant's requested clinical privileges be approved.

Signature – Primary Collaborating Physician

Date

DEPARTMENT CHAIR'S RECOMMENDATION:

I have reviewed the requested clinical privileges and supportive documentation for the above-named applicant and recommend action on the privileges as noted above.

Signature – Department Director

Date