

SPECIALTY OF CRITICAL CARE NURSE PRACTITIONER – Hospital Delineation of Clinical Privileges (DOP)

- Criteria for granting privileges:** Current national board certification as an Acute Care Nurse Practitioner, Adult-Gerontology Acute Care Nurse Practitioner, or Pediatric Acute Care Nurse Practitioner
- And**
Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APRN) in the state(s) of his/her practice.
- And**
Education in the appropriate specialty at the masters or doctoral level
- And**
Current Drug Enforcement Agency (DEA) number
- And**
Current, unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority
- And**
Current Advanced Cardiac Life Support (ACLS) certification or Pediatric Advanced Life Support (PALS) certification

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP, documentation of current clinical competence (CCC) is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

CCC is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment. CCC may be location specific (acute hospital care/surgery center) and/or age specific.

This should not be confused with Focused Professional Practice Evaluation (FPPE).

FPPE is an evaluation of clinical competence of new privileges granted and performed at a licensed MLH facility (MHMH, MHOBH). This applies to privileges for all new applicants as well as additional privileges current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.

- If applying more than 1 year after training completion, submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence Maintenance of Privileges for Current Practitioners

- Practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either a cognitive or procedural. For interpretive care, a “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Critical Care Nurse Practitioner Core	<p>Current national board certification as an Acute Care Nurse Practitioner or an Adult-Gerontology Acute Care Nurse Practitioner by American Nurses Credentialing Center (ANCC) or Acute Care Nurse Practitioner Adult-Gerontology by American Association of Critical Care Nurses (AACN) or Pediatric Acute Care Nurse Practitioner by the Pediatric Nursing Certification Board</p> <p>And</p> <p>Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APRN) in the state(s) of his/her practice.</p> <p>And</p> <p>Education in the appropriate specialty at the masters or doctoral level</p> <p>And</p> <p>Current, unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority</p> <p>And</p> <p>Current Drug Enforcement Agency (DEA) number</p> <p>And</p> <p>Current Advanced Cardiac Life Support (ACLS) certification or Pediatric Advanced Life Support (PALS) certification</p>	<p>Case log documenting 10 critical care in patient encounters during the previous 12 months at the practitioner's primary practice facility.</p> <p>If case logs are not available an Initiation of Practice or Return to Practice plan will be necessary.</p>	First 5 cases	<p>MLH Data will be obtained for practitioners when available. The applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirements to be considered for the privilege.</p> <p>Aggregate data should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation.</p> <p>Department chair recommendation will be obtained from primary practice facility.</p>
<i>Endotracheal Intubation</i>	Documentation of training in procedure, supervising physician must validate	<p>35 successfully proctored endotracheal intubations, of which 20 may be simulations, as evidenced by proctor evaluation forms</p> <p>Or</p> <p>Case log of 15 successful endotracheal intubations in the past 12 months from primary facility</p>	First 5 cases	Case log documenting 10 procedures completed during the past 24 months

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<i>Central Line insertion</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored Central Line insertions as evidenced by proctor evaluation forms Or Case log of 5 successful central line insertions in the past 12 months from primary facility	First 5 procedures	Case log documenting 10 procedures during the previous 24 months
<i>Central Line Removal</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored central line removals as evidenced by proctor evaluation forms Or Case log of 5 successful central line removals in the past 12 months from primary facility	First 5 procedures	Case log documenting 5 procedures during the previous 24 months
<i>Arterial Line insertion</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored arterial line insertions as evidenced by proctor evaluation forms Or Case log of 5 successful arterial line insertions in the past 12 months from primary facility	First 5 procedures	Case log documenting 10 procedures during the previous 24 months
<i>Arterial Line Removal</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored arterial line removals as evidenced by proctor evaluation forms Or Case log of 5 successful arterial line removals in the past 12 months from primary facility	First 5 procedures	Case log documenting 5 procedures during the previous 24 months
<i>Thoracentesis</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored thoracenteses as evidenced by proctor evaluation forms Or Case log of 5 successful thoracenteses in the past 12 months from primary facility	First 5 procedures	Case log documenting 10 procedures during the previous 24 months
<i>Chest Tube insertion</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored chest tube insertions as evidenced by proctor evaluation forms Or Case log of 5 successful chest tube insertions in the past 12 months from primary facility	First 5 procedures	Case log documenting 10 procedures during the previous 24 months

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<i>Chest Tube removal</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored chest tube removals as evidenced by proctor evaluation forms Or Case log of 5 successful chest tube removals in the past 12 months from primary facility	First 5 procedures	Case log documenting 5 procedures during the previous 24 months
<i>Gastrostomy Tube replacement in patients with mature tract (≥ 3 months after operative placement)</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored gastrostomy tube replacements as evidenced by proctor evaluation forms Or Case log of 5 successful gastrostomy tube replacements in the past 12 months from primary facility	First 5 procedures	Case log documenting 5 procedures during the previous 24 months
<i>Granulation Tissue Cauterization with Silver Nitrate</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored granulation tissue cauterizations as evidenced by proctor evaluation forms Or Case log of 5 successful granulation tissue cauterizations in the past 12 months from primary facility	First 5 procedures	Case log documenting 5 procedures during the previous 24 months
<i>Lumbar Puncture</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored lumbar punctures as evidenced by proctor evaluation forms Or Case log of 5 successful lumbar punctures in the past 12 months from primary facility	First 5 procedures	Case log documenting 5 procedures during the previous 24 months
<i>Surgical Drain removal</i>	Documentation of training in procedure, supervising physician must validate	5 successfully proctored surgical drain removals as evidenced by proctor evaluation forms Or Case log of 5 successful surgical drain removals in the past 12 months from primary facility	First 5 procedures	Case log documenting 5 procedures during the previous 24 months

Scope of Service and Responsibility:

Scope of service is based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications. The Nurse Practitioner will collaborate with the supervising physician in admitting, managing care, and discharging patients from the hospital

The Nurse Practitioner shall be in compliance with all applicable state and hospital rules including, but not limited to, supervision, protocols, patient reviews, and prescriptions.

Clinical Supervision Requirements:

The supervision of the Nurse Practitioner will be compliant with all applicable state rules and regulations.

Core Critical Care Nurse Practitioner Privilege:

Consistent with the intent of the state rules and regulations, privileges serve the purpose to maximize the collaborative practice of Nurse Practitioners and supervising physicians in a manner consistent with quality health care delivery. Therefore, written protocols developed jointly by the supervising physician and the Nurse Practitioner will guide the ongoing medical management of patients and the following privileges.

1. Perform and document initial and subsequent history and physicals. Once every ten (10) business days the supervising physician shall make a personal review of the historical and therapeutic data and shall so certify by signature.
2. Develop working assessments and order necessary diagnostic studies.
3. Draw diagnostic conclusion.
4. Plan and prescribe diagnostic tests and treatments according to approved protocols, including but not limited to rehabilitation and respiratory therapy treatments/services (both inpatient and outpatient), comfort measures, restorative care, further testing, follow-up care, and patient education/counseling.
5. Record and document assessments, orders, diagnostic conclusions, and treatment plans on the medical record.
6. May provide subsequent care. This is not in lieu of daily visits by the supervising physician or one of the physician's substitutes, if the physician is directly and primarily responsible for the patient's care (Refer to Medical Staff Rules and Regulations, Conduct of Care.)
7. The Nurse Practitioner may write prescriptions, and any prescription written and signed by the Nurse Practitioner under the supervision and control of a supervising physician shall be deemed to be that of the Nurse Practitioner. Controlled substances may be prescribed consistent with state rules and regulations.
8. Collaborate with supervising physician and other health care providers to provide patient care.
9. May prepare a discharge summary, including final diagnosis and procedures, and incorporate the physical findings, laboratory reports, and the patient's course in the hospital. In addition the summary will indicate the instructions given the patient in reference to diet, medication, physical activity, and follow-up care. The discharging physician will certify the completed medical record.

Process Protocol:

The Nurse Practitioner, in collaboration with the supervising physicians, identifies the following evidence-based resources, texts, and reference documents that are applicable standards of care and provide the applicable process protocols for care management:

Consultation:

The Nurse Practitioner will be managing Primary, Secondary, and Tertiary care conditions for the above described patient population. In general, communication with a physician will be sought for all of the following situations and any others deemed appropriate:

- Whenever situations arise which go beyond the intent of the Protocols or the competence, scope of practice or experience of the Nurse Practitioner
- Whenever patient conditions fail to respond to the management plan in an appropriate time.
- Any rare or unstable patient conditions.
- Any patient conditions which do not fit the commonly accepted diagnostic patterns for a disease or disorder.
- Any unexplained physical examination or historical finding.
- At the request of the patient, the Nurse Practitioner or the physician.
- All emergency situations after initial stabilizing care has been started.

Whenever a physician is consulted, a notation to that effect, including the physician's name, must be made in the medical record.

Special Procedures:

The applicant must provide documentation of current clinical competence in performing the procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges and the appended competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Critical Care Nurse Practitioner Clinical Privileges

Check below the particular privileges desired as Nurse Practitioner for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities			Methodist Healthcare – Olive Branch Hospital (MHOBH)
	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Critical Care Nurse Practitioner				
Special Privileges				
<i>Endotracheal Intubation</i>				
<i>Central Line Insertion</i>				
<i>Central Line Removal</i>				
<i>Arterial Line Insertion</i>				
<i>Arterial Line Removal</i>				
<i>Thoracentesis</i>				
<i>Chest Tube Insertion</i>				
<i>Chest Tube Removal</i>				
<i>Gastrostomy Tube Replacement – mature tracts ≥ 3 months after operative placement</i>				
<i>Lumbar Puncture</i>				
<i>Granulation tissue Cauterization/Silver Nitrate</i>				
<i>Surgical Drain Removal</i>				
Specialty Focus: condition(s), disease(s) for the patient population (e.g. pediatric neurology, adult cardiology)				
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.			
Darkly shaded areas represent privileges not available to any practitioner due to the service not being offered by the facility.				

Acknowledgement 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 the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation

(b) 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

Practitioner's Signature

Date

Printed Name

Acknowledgement of sponsor

I agree to abide by the clinical supervision responsibilities listed and the Nurse Practitioner will abide by the privileges outlined above and the appropriate facility Medical Staff Rules and Regulations.

Signature (No Stamps)

Date: _____

Employing or Supervising Physician

Printed Name

ID # _____