

**SPECIALTY OF NURSE PRACTITIONER – Provider-based Clinic (PBC)
Delineation of Clinical Privileges (DOP)**

Criteria for granting privileges: Current national board certification in the appropriate advanced practice nursing specialty
And
Current unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APN) 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

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 (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (provider based clinic) and/or age specific.

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

FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for 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 a provider based clinic 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 a provider based clinic 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 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 a provider based clinic 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 a provider based clinic 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, 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 cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

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

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility/clinic 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
Nurse Practitioner – PBC Core	<p>Current national board certification in the appropriate advanced practice nursing specialty And Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APN) in the state(s) of his/her practice. And Education in the appropriate specialty at the masters or doctoral level And Current unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority And Current Drug Enforcement Agency (DEA) number</p>	Case log documenting 10 office based encounters during the previous 12 months at the practitioners primary practice facility	First 5 cases	<p>MLH Data will be obtained for practitioners when available. The applicant should supply additional case logs from other provider based clinics, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of outpatients 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>Clinic Medical Director recommendation will be obtained from primary practice clinic.</p>
Nurse Practitioner - PBC Cardiology Core	<p>Current national board certification in the appropriate advanced practice nursing specialty And Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APN) in the state(s) of his/her practice. And Education in the appropriate specialty at the masters or doctoral level And Current unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority And Current Drug Enforcement Agency (DEA) number</p>	Case log documenting 10 office based encounters during the previous 12 months at the practitioners primary practice facility	First 5 cases	<p>MLH Data will be obtained for practitioners when available. The applicant should supply additional case logs from other provider based clinics, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of outpatients 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 or poor outcomes should be identified and explained.</p>

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
				Clinic Medical Director recommendation will be obtained from primary practice clinic.
Nurse Practitioner - PBC Hematology/Oncology Core	Current national board certification in the appropriate advanced practice nursing specialty And Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APN) in the state(s) of his/her practice. And Education in the appropriate specialty at the masters or doctoral level And Current unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority And Current Drug Enforcement Agency (DEA) number	Case log documenting 10 office based encounters during the previous 12 months at the practitioners primary practice facility	First 5 cases	MLH Data will be obtained for practitioners when available. The applicant should supply additional case logs from other provider based clinics, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of outpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications or poor outcomes should be identified and explained. Clinic Medical Director recommendation will be obtained from primary practice clinic.
<i>Bone marrow aspiration and/or biopsy</i>	Documentation of training in procedure, supervising physician must validate	Case log and physician evaluation of 5 proctored cases	First 5 cases	Case log documenting 5 procedures completed during the past 12 months.
Nurse Practitioner - PBC Transplant Core	Current national board certification in the appropriate advanced practice nursing specialty And Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APN) in the state(s) of his/her practice. And Education in the appropriate specialty at the masters or doctoral level And Current unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority	Case log documenting 10 office based encounters during the previous 12 months at the practitioners primary practice facility	First 5 cases	MLH Data will be obtained for practitioners when available. The applicant should supply additional case logs from other provider based clinics, if necessary, to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of outpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 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
	<p>And Current Drug Enforcement Agency (DEA) number</p>			<p>Any complications or poor outcomes should be identified and explained.</p> <p>Clinic Medical Director recommendation will be obtained from primary practice clinic.</p>

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 patient management in the provider based clinic.

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.

Nurse Practitioner Provider-based Clinic (PBC) Core Privileges:

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. Examine, diagnose and treat established patients in the clinic according to approved protocols.
2. Order diagnostic lab test and radiology exams.
3. Prescribe and administer medications within the scope of licensure.
4. Perform necessary diagnostic and therapeutic procedures according to written, approved protocols developed with and under the supervision of the Medical Director/collaborating Physician.
5. Collaborate with supervising physician and other health care providers to provide patient care.
6. Call patients and discuss diagnostic lab or test results.
7. Evaluate problems of patients who call the clinic.
8. Ensure that appropriate referrals are made for patients.
9. Act as a resource for the nursing staff.
10. Perform peer-to-peer reviews for pre-certifying diagnostic studies.

Nurse Practitioner– PBC Cardiology Core Privileges:

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. Examine, diagnose and treat established patients in the clinic according to approved protocols.
2. Order diagnostic lab test and radiology exams.
3. Prescribe and administer medications within the scope of licensure.
4. Perform necessary diagnostic and therapeutic procedures according to written, approved protocols developed with and under the supervision of the Medical Director/collaborating Physician.

5. Collaborate with supervising physician and other health care providers to provide patient care.
6. Call patients and discuss diagnostic lab or test results.
7. Evaluate problems of patients who call the clinic.
8. Ensure that appropriate referrals are made for patients.
9. Act as a resource for the nursing staff.
10. Adjust warfarin dosing for patients seen in the INR clinic.
11. Teach Heart Failure Certification classes.
12. Perform peer-to-peer reviews for pre-certifying diagnostic studies.

Nurse Practitioner – PBC Hematology/Oncology Core Privileges:

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. Examine, diagnose and treat established patients in the clinic according to approved protocols.
2. Order diagnostic lab test and radiology exams.
3. Prescribe and administer medications within the scope of licensure.
4. Perform necessary diagnostic and therapeutic procedures according to written, approved protocols developed with and under the supervision of the Medical Director/collaborating Physician.
5. Review pathology and records of new patients and obtain missing information.
6. Perform and document history and physicals, and write hospital admission orders.
7. Collaborate with supervising physician and other health care providers to provide patient care.
8. Call patients and discuss diagnostic lab or test results.
9. Evaluate problems of patients who call the clinic.
10. Ensure that appropriate referrals are made for patients.
11. Act as a resource for the nursing staff.
12. Perform peer-to-peer reviews for pre-certifying diagnostic studies.

Nurse Practitioner – PBC Transplant Core Privileges:

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. Examine, diagnose and treat established patients in the clinic according to approved protocols.
2. Order diagnostic lab test and radiology exams.
3. Prescribes and administers medications within the scope of licensure.

4. Performs necessary diagnostic and therapeutic procedures according to written, approved protocols developed with and under the supervision of the Medical Director/collaborating Physician.
5. Collaborate with supervising physician and other health care providers to provide patient care.
6. Call patients and discuss diagnostic lab or test results.
7. Evaluate problems of patients who call the clinic.
8. Ensure that appropriate referrals are made for patients.
9. Perform peer-to-peer reviews for pre-certifying diagnostic studies.

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.

Nurse Practitioner PBC 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		
	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)
Nurse Practitioner PBC Core			
Nurse Practitioner PBC Cardiology Core			
Nurse Practitioner PBC Hematology/Oncology Core			
Nurse Practitioner PBC Transplant Core			
Special Privileges			
Bone Marrow Aspiration and Biopsy			
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.

_____ Date: _____
Signature (No Stamps)
Employing or Supervising Physician

_____ ID # _____
Printed Name