

SPECIALTY OF NEONATAL NURSE PRACTITIONER
Delineation of Clinical Privileges

- 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 an approved NNP program at the masters or doctoral level
And
Current Drug Enforcement Agency (DEA) number and registration in the state(s) of his/her practice, as applicable
And
Current unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority
And
Current Neonatal Resuscitation Program 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 (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 and/or age specific (adult, pediatric, neonatal).

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 (MHMH, MHOBH) 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 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 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 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 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
Nurse Practitioner Neonatal Core	<p>Current national board certification in the appropriate advanced practice nursing specialty</p> <p>And</p> <p>Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APN) in the state(s) of his/her practice.</p> <p>And</p> <p>Education in an approved NNP program 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 and registration in the state(s) of his/her practice, as applicable</p> <p>And</p> <p>Current Neonatal Resuscitation certification</p>	Case log documenting 10 outpatient 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 facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>If no activity is found, applicant should supply case logs from other facilities' HIM departments 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 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>

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 Neonatal Nurse Practitioner will be compliant with all applicable state rules and regulations.

Core 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 neonatologists in a manner consistent with quality health care delivery. Therefore, written protocols developed jointly by the supervising neonatologist 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. Attend births for the purpose of providing resuscitative support for the newborn infant.
3. Supervise and direct resuscitations of neonates in collaboration with the supervising neonatologist.
4. Develop working assessments and order necessary diagnostic studies.
5. Draw diagnostic conclusion.
6. Plan and prescribe diagnostic tests and treatments according to approved protocols, including but not limited to rehabilitation and respiratory therapy treatments/services, respiratory support, therapeutic interventions, restorative care, further testing, follow-up care, and patient education/counseling.
7. Record and document assessments, orders, diagnostic conclusions, and treatment plans on the medical record.
8. The Nurse Practitioner may write prescriptions, and any prescription written and signed by the Nurse Practitioner under the supervision and control of a supervising neonatologist shall be deemed to be that of the Nurse Practitioner. Controlled substances may be prescribed consistent with state rules and regulations.
9. Collaborate with supervising neonatologist and other health care providers to provide patient care.
10. 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, monitoring and follow-up care. The discharging neonatologist will certify the completed medical record.
11. Respond to requests for consultation from Obstetricians, Pediatricians or Family Practitioners.

Core Procedures:

- a. Endotracheal intubation
- b. Umbilical vessel catheterization
- c. Lumbar puncture
- d. Puncture of Ventricular Access Device
- e. Suprapubic bladder aspiration
- f. Ventilatory support to include non-invasive ventilation, conventional mechanical ventilation, high-frequency ventilation and Nitric Oxide therapy.
- g. Needle thoracostomy to include over-the-needle catheter placement.
- h. Paracentesis
- i. Resuscitation of the neonate
- j. Arterial and venous puncture for sampling, access and monitoring.
- k. Suture removal.

Protocols & References:

The Nurse Practitioner in collaboration with the supervising neonatologists identifies the following evidence-based resources, texts, and documents that are readily available for reference at the time care is provided:

- Neonatology: Management, Procedures, On Call Problems, Diseases & Drugs by Tricia Lacy Gomella.
 - A Lange Clinical Manual by Lange Publishing (most recent edition available)
 - NeoFax published by Thomson Reuters (most recent edition available)
 - Neonatal Practice specific protocols (reviewed and updated biannually)
 - Report of the Committee on Infectious Diseases (The Red Book) published by the American Academy of Pediatrics (most recent edition)
 - The Harriet Lane Handbook of The Johns Hopkins Hospital published by Mosby
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Consultation:

The Neonatal Nurse Practitioner will be managing Primary, Secondary, and Tertiary care conditions for inpatient neonates (birth to 1 year of age). In general, communication with a neonatologist 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 parent, the patients nurse or the neonatologist.
- All emergency situations after initial stabilizing care have been started.

Whenever a neonatologist is consulted, a notation to that effect, including the neonatologist'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.

The following special procedures require additional documentation of training and experience. Previously credentialed NNPs presently performing the following procedures must attest to their experience and outcomes below. The supervising neonatologist and Director of Neonatology must validate this.

- Chest tube placement: The non-emergent placement of a chest tube without the direct supervision of a neonatologist
- Peripherally Inserted Central Catheters: The independent placement of PICC requires the completion of the approved course and governing policies of the specific NICU.
- Other: _____ Must provide documentation of training and experience followed by a FPPE plan approved by the supervising neonatologist, Director of Neonatology and Department Chairman.
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Neonatal Nurse Practitioner Clinical Privileges

Check below the particular privileges desired as Neonatal 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 Olive Branch Hospital (MOBH)
Age Limitations	Neonates & Infants (0-2 years)	Neonates & Infants (0-2 years)
Neonatal Nurse Practitioner Core		
Special Privileges		
Chest Tube Placement		
Peripherally Inserted Central Catheters		
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 privilege 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