
General Information

All applicants must meet the qualifications, conditions and responsibilities as set forth in MLH Credentials Policies. Policies are located on www.methodistmd.org

Applicants seeking appointment, reappointment, and/or clinical privileges have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current clinical competence, character, ethics, and other qualifications and for resolving any doubts about an individual's qualifications.

Other requirements:

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid for initial granting and reappointment of privileges.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- Privileges granted may be exercised only at the Hospitals that offer the service/specialty, have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Requests for clinical privileges that are subject to an exclusive contract will not be processed except as consistent with the contract.

Evaluating Current Clinical Competence at time of Reappointment:

MLH Data will be obtained and analyzed as available from EMR reporting systems or Health Information Management.

If minimal activity/low volume, then the applicant should supply case logs from other facilities' HIM department or practice billing systems to meet the minimum requirement(s) to be considered for the privilege. Source of the logs must be denoted.

The preferable format for external case logs is Excel or PDF from the sourced system. Handwritten case logs are generally not accepted.

Case logs should include a blinded or partial patient number for case distinction, date of service, type of service (inpatient or outpatient), location of service, diagnostic code and/or procedure codes, and performing provider where applicable.

Privilege	Initial Application: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
Critical Care Nurse Practitioner Core	<p>Current national board certification as an:</p> <ul style="list-style-type: none"> 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>AND</p> <ol style="list-style-type: none"> Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APRN) in the state(s) of his/her practice. Education in the appropriate specialty at the masters or doctoral level Current, unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority Current Drug Enforcement Agency (DEA) number Current Advanced Cardiac Life Support (ACLS) certification or Pediatric Advanced Life Support (PALS) certification 	<p>Case log documenting 10 critical care inpatient encounters during the previous 12 months at the practitioner's primary practice facility.</p> <p>If case logs are not available an Initiation of Hospital Practice or Return to Practice plan will be necessary.</p>	FPPE: First 5 cases
<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>	<p>FPPE: First 5 cases</p> <p>Case log documenting 10 procedures completed during the past 24 months</p>
<i>Central Line insertion</i>	Documentation of training in procedure, supervising physician must validate	<p>5 successfully proctored Central Line insertions as evidenced by proctor evaluation forms</p> <p>OR</p> <p>Case log of 5 successful central line insertions in the past 12 months from primary facility</p>	<p>FPPE: First 5 procedures</p> <p>Case log documenting 10 procedures during the previous 24 months</p>
<i>Arterial Line insertion</i>	Documentation of training in procedure, supervising physician must validate	<p>5 successfully proctored arterial line insertions as evidenced by proctor evaluation forms</p> <p>OR</p>	<p>FPPE: First 5 procedures</p> <p>Case log documenting 10 procedures during the previous 24 months</p>

Privilege	Initial Application: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
		Case log of 5 successful arterial line insertions in the past 12 months from primary facility	
<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	FPPE: 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	FPPE: First 5 procedures Case log documenting 10 procedures during the previous 24 months
<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	FPPE: 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	FPPE: 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	FPPE: 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	FPPE: First 5 procedures Case log documenting 5 procedures during the previous 24 months

Privilege	Initial Application: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<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	FPPE: 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 Privileges

The core privileges in the following specialties include procedures outlined in lists and such other procedures that are extensions of the same techniques and skills.

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 Privileges:

The physician requesting special privileges must meet the minimum criteria for the specialty core and demonstrate the appropriate post graduate training and/or demonstrate successful completion of an approved, recognized course when such exists, or other acceptable experience.

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.



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges
Specialty of Critical Care Nurse Practitioner

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)
Age Limitations	Infants (29 days–2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	Adults & Adolescents (13 & Above)
Critical Care Nurse Practitioner				
Special Privileges				
Endotracheal Intubation				
Central Line Insertion				
Arterial Line Insertion				
Thoracentesis				
Chest Tube Insertion				
Chest Tube Removal				
Gastrostomy Tube Replacement – mature tracts ≥ 3 months after operative placement				
Lumbar Puncture				
Granulation tissue Cauterization/Silver Nitrate				
Surgical Drain Removal				
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.				



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**Delineation of Clinical Privileges
Specialty of Critical Care Nurse Practitioner**

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)
Employing or Supervising Physician

Date: _____

Printed Name

ID # _____