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**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](http://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.

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**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.



**Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital**

**Delineation of Clinical Privileges  
Specialty of Nurse Practitioner – Hospital**

<b>Privilege</b>	<b>Initial Application</b> Required Education and/or Training	<b>Initial Application</b> Current Clinical Competence (CCC)	<b>Reappointment</b> Retrospective review of cases performed at MLH facility (FPPE)
<b>Nurse Practitioner Core – Hospital</b>	Current national board certification in the appropriate advanced practice nursing specialty <b>And</b> Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APN) in the state(s) of his/her practice. <b>And</b> Education in the appropriate specialty at the masters or doctoral level <b>And</b> Current, unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority <b>And</b> Current Drug Enforcement Agency (DEA) number	Case log documenting the performance within the previous 12 months at the practitioner's primary practice facility: 10 inpatient encounters  If case logs are not available an Initiation of Hospital Practice (IHP) or Return to Practice (RTP) plan will be necessary.	FPPE: First 5 cases
<b>Nurse Practitioner Psychiatric/Mental Health Core</b>	Current national board certification as an Adult Psychiatric Mental Health Nurse Practitioner (PMHNP-BC) <b>And</b> Current, unencumbered license to practice as a Registered Nurse and as a Nurse Practitioner (APN) in the state(s) of his/her practice. <b>And</b> Education in the appropriate specialty at the masters or doctoral level <b>And</b> Current, unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority <b>And</b> Current Drug Enforcement Agency (DEA) number	Case log documenting the performance within the previous 12 months at the practitioner's primary practice facility: 10 inpatient encounters  If case logs are not available an Initiation of Hospital Practice (IHP) or Return to Practice (RTP) plan will be necessary.	FPPE: First 5 cases

Privilege	Initial Application Required Education and/or Training	Initial Application Current Clinical Competence (CCC)	Reappointment Retrospective review of cases performed at MLH facility (FPPE)
<b>Wound Care Core</b>	Documentation of training in procedure, supervising physician must validate	If currently practicing as Wound Care Specialist at a facility outside MLH, provide a case log of 6 procedures in the past 24 months.  <b>Or</b> Completion of 6 successfully proctored procedures as evidenced by submission of proctor evaluation forms.	FPPE: First 5 cases  Case log documenting 6 procedures during the previous 24 months  <b>And</b> Certificate documenting 6 hours of continuing education specifically in Wound Care Management during the previous 24 months.
<i>Debridement-Subcutaneous, Muscle, Bone</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 6 debridement procedures within the previous 24 months  <b>Or</b> 6 successfully proctored procedures as evidenced by submission of proctor evaluation forms.	FPPE: First 5 cases  Case log documenting 6 procedures within the previous 24 months.
<i>I &amp; D, Abscess, Complex</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 6 procedures within the previous 24 months  <b>Or</b> 6 successfully proctored procedures as evidenced by submission of proctor evaluation forms.	FPPE: First 5 cases  Case log documenting 6 procedures within the previous 24 months.
<i>Cauterization</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 6 procedures within the previous 24 months  <b>Or</b> 6 successfully proctored procedures as evidenced by submission of proctor evaluation forms.	FPPE: First 5 cases  Case log documenting 6 procedures within the previous 24 months.
<i>Preparation &amp; application of skin substitutes (bilaminate &amp; dermal)</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 6 procedures within the previous 24 months  <b>Or</b> 6 successfully proctored procedures as evidenced by submission of proctor evaluation forms.	FPPE: First 5 cases  Case log documenting 6 procedures within the previous 24 months.

Privilege	Initial Application Required Education and/or Training	Initial Application Current Clinical Competence (CCC)	Reappointment Retrospective review of cases performed at MLH facility (FPPE)
<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	FPPE: First 5 cases  Case log documenting 5 procedures within the previous 12 months.
<i>Surgical Assist</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures within the previous 12 months	FPPE: First 5 cases  Case log documenting 5 procedures within the previous 12 months.
<i>Vein Harvest: Open technique, Bridging technique, or Endoscopic technique</i>	Documentation of training in procedure, supervising physician must validate	Case log documenting 5 procedures within the previous 12 months	FPPE: First 5 cases  Case log documenting 5 procedures within the previous 12 months.
Use of laser  LIMIT: Pediatric Plastic Surgery, Le Bonheur	Initial applicants must qualify for and be granted core privileges as a nurse practitioner.  AND Completion of an approved eight hour minimum CME course which includes: a. training in laser principles and safety b. basic laser physics c. laser tissue interaction d. discussions of the clinical specialty field e. hands-on experience with lasers  Practitioner agrees to limit practice to only the specific laser types for which there is documentation of training.  The applicant must supply a certificate documenting successful completion of approved course and also present documentation as to the content of that course.	Successful completion of training in the past 12 months  AND Direct supervision for first 10 procedures for each laser procedure and laser type after the basic training course in a clinical setting with an experienced operator who has been granted laser privileges.  OR Demonstrated current competence without direct supervision and evidence of the performance of at least 10 laser procedures in the past 12 months	FPPE: First 10 cases including as applicable: <ul style="list-style-type: none"> <li>• Direct Supervision (proctored)</li> <li>• Concurrent</li> <li>• Retrospective chart review</li> </ul> The performance of at least 10 laser procedures with direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.

**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**

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**Nurse Practitioner – Hospital:**

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.

### **Nurse Practitioner Psychiatric/Mental Health:**

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. May initiate a medical specialty consult, but in non-emergent circumstances, a physician should examine and evaluate the patient before an elective consult. An emergency consultation will involve physician to physician communication.
5. May authorize seclusion and/or restraints and evaluate seclusion or restraint utilization.
6. Plan and prescribe diagnostic tests and treatments according to approved protocols, including but not limited to services (both inpatient and outpatient), 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. May provide subsequent care. This is not in lieu of visits by the psychiatrist on the day of admission and the day of discharge. On days other than admission and discharge, the Nurse Practitioner may round instead of the psychiatrist, but for no more than three consecutive days. (Refer to Medical Staff Rules and Regulations, 5.2 Daily Visits of Patients.)
9. 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.
10. Collaborate with supervising physician and other health care providers to provide patient care.
11. 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.

## Wound Care

### Debridement

Skin - Partial Thickness  
Skin - Full Thickness  
Skin and Subcutaneous Tissue

### Other Procedures

I & D, Abscess, simple  
Biopsy Skin  
TcPO<sub>2</sub> interpretation - Multi Level  
Doppler Study – Interpretation  
Vacuum Assisted Closure Application

## 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:

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**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**

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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.

***Surgical Assist***

Including but not limited to the following:

- Using instruments/medical devices
- Providing exposure
- Handling and/or cutting tissue
- Providing hemostasis
- Suture insertion & removal





Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges  
Specialty of Nurse Practitioner – Hospital**

**Nurse Practitioner Clinical Privileges – Hospital**

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)
Nurse Practitioner Core – Hospital				
Nurse Practitioner Psychiatric/Mental Health Core				
Wound Care Core				
Special Privileges				
Debridement- Subcutaneous, muscle, bone				
I&D, Abscess, Complex				
Cauterization				
Preparation and application of skin substitutes (bilaminar & dermal)				
Bone Marrow Aspiration and Biopsy				.
Surgical Assist				
Vein Harvest: Open, Bridging, or Endoscopic technique				
Use of laser      LIMIT: Pediatric Plastic Surgery, Le Bonheur				
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.



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges  
Specialty of Nurse Practitioner – Hospital**

**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 # \_\_\_\_\_