
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)
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>	<p>Case log documenting 10 outpatient encounters during the previous 12 months at the practitioners primary practice facility</p>	<p>FPPE: First 5 cases</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.

- ☐ Other: _____

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Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

Delineation of Clinical Privileges
Specialty of Emergency Department Nurse Practitioner -Neonatal

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



Unified Medical Staff: Memphis Hospitals & Olive Branch Hospital

**Delineation of Clinical Privileges
Specialty of Emergency Department Nurse Practitioner -Neonatal**

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 # _____