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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.

Privilege	Initial Application: Required Education or Training	Initial Application Current Clinical Competence (CCC)	Reappointment: Retrospective review of cases performed at MLH facility (FPPE)
<b>Nurse Practitioner Pediatric Emergency Medicine Core</b>	<p>Current national board certification in the appropriate advanced practice nursing specialty</p> <p><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.</p> <p><b>And</b> Education in the appropriate specialty the masters or doctoral level</p> <p><b>And</b> Current unencumbered Nurse Practitioners (APN) Certificate with prescriptive authority</p> <p><b>And</b> Current Drug Enforcement Agency (DEA) number or registration in the state(s) of his/her practice, as applicable</p> <p><b>And</b> Current PALS 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 Nurse Practitioner will be compliant with all applicable state rules and regulations and specifically as outlined in Rules of Tennessee Board of Medical Examiners Division of Health Related Boards Chapter 0880-6 and Rules of Tennessee Board of Nursing Chapter 1000-4.

**Core Privilege:**

The privileges shall be for all pediatric emergency patients from 0-18 years of age seen at the pediatric hospital facilities on an outpatient basis. 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 treatment according to approved protocols, e.g. 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. 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.
7. Collaborate with supervising physician and other health care providers to provide patient care.
8. 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.

**Core Procedures:**

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|--|---------------------------------|
| a. Approved LeBonheur Emergency Department Treatment Protocols | i. MIC/GT tube replacement      |
| b. Anesthesia – topical/local                                  | j. Nail removal                 |
| c. Arterial Puncture for Laboratory specimen                   | k. Reduction of Rectal prolapse |
| d. Debridement of first and second degree burns                | l. Splinting of Extremities     |
| e. Epistaxis , nasal packing                                   | m. Subungal hematoma evacuation |
| f. Hernia Reduction – umbilical and inguinal                   | n. Suprapubic tap               |
| g. Interosseous placement                                      | o. Tooth reimplantation         |
| h. Lumbar Puncture   |                                 |

**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:

- ☐ Pediatric Emergency Department Patient Care Protocols
  - ☐ Griffith's 5 Minute Pediatric Consult; Schwartz
  - ☐ Textbook of Pediatric Emergency Medicine; Fleisher and Ludwig
  - ☐ Pediatric Primary Care for Nurse Practitioners; Burns, Dunn et al
  - ☐ Clinical Guidelines in Child Health; Uphold & Graham
  - ☐ The Harriet Lane Handbook of The Johns Hopkins Hospital published by Mosby
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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:**

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 Emergency Department Nurse Practitioner -Pediatric

## Nurse Practitioner – Pediatric Emergency Department 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	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children & Adolescents (2-18 years)	Adults & Adolescents (13 & Above)	All Ages
Nurse Practitioner Pediatric Emergency Department Core					
Specialty Focus: condition(s), disease(s) for the patient population (e.g. pediatric neurology, adult cardiology)			Emergency Medicine, Pediatric Hospital Facilities		
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



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Delineation of Clinical Privileges  
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### 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 # \_\_\_\_\_