

UNIVERSITY HOSPITAL AND HEALTH SYSTEM
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
2500 North State Street, Jackson MS 39216

ACUTE CARE NURSE PRACTITIONER CLINICAL PRIVILEGES

Name: _____

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Effective From ____/____/____ To ____/____/____

- ☐ Initial Appointment
☐ Reappointment

Department _____
Specialty Area _____

All new applicants must meet the following requirements as approved by the governing body effective: 09/07/2016

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other Requirements

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (MS Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR ACUTE CARE NURSE PRACTITIONERS

To be eligible to apply for core privileges as an Acute Care Nurse Practitioner, the initial applicant must meet the following criteria:

Current certification as an Acute Care Nurse Practitioner by the American Nurses Credentialing Center (ANCC), American Academy of Nurse Practitioners (AANP), or an equivalent body as required by licensure;

Required Previous Experience: Applicants for initial appointment must be able to demonstrate clinical experience as an Acute Care Nurse Practitioner during the past 24 months or demonstrate successful completion of an Acute Care Nurse Practitioner training program within the past 12 months.

Reappointment Requirements: To be eligible to renew core privileges as an Acute Care Nurse Practitioner, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and a sufficient volume of experience (inpatients, outpatients, or consultations) with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES

ACUTE CARE NURSE PRACTITIONER CORE PRIVILEGES

☐ **Requested**

Assess, evaluate, diagnose, treat, and provide consultation patients of the ages approved by specialty certification. Provide care to patients in the intensive care setting in conformance with unit policies and in accordance with privileges held by the collaborating physician. Initiate emergency resuscitation and stabilization measures on any patient. Order and interpret appropriate diagnostic tests. Perform evaluations. Change or discontinue medical treatment plans. Prescribe, initiate, and monitor all medications which APRNs are authorized to prescribe in Mississippi. Initiate consultation for and monitor patients during special tests. May write orders in the medical record, including standing orders in collaboration with a physician; may record pertinent data on the medical record, including progress notes and discharge summaries; and may conduct patient/family education and counseling. The core privileges in this specialty include the procedures on the attached procedure list.

SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, Non-Core Privileges are requested individually in addition to requesting the Core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and/or maintenance of clinical competence.

Criteria: As for core, plus any non-core privileges require Mississippi Board of Nursing approval. Written approval from the Mississippi Board of Nursing should be submitted to the Medical Staff Office. For privileges that require on-site training, there must be documentation that the Board has been notified and the request is pending submission of on-site training. **Required Previous Experience:** Applicants for initial appointment must demonstrate performance of a sufficient number of each procedure during the past 24 months or demonstrate successful completion of an accredited Acute Care Nurse Practitioner program within the past 12 months that included training in each requested item. Additionally, applicants must meet any additional proctoring requirements noted with each specific privilege. If the applicant will be trained in the procedure after being privileged at UHHS, all procedures included during training must be proctored and the appropriate documents submitted to the Credentials Committee for review. (The provider may not perform any un-proctored procedures until the Credentials Committee, MEC and Board have reviewed and approved the outcomes of the FPPE or preceptorship for the privilege.) **Maintenance of Privilege:** Demonstrated current competence and evidence of the successful performance of a sufficient number of each requested procedure in the past 24 months based on results of ongoing professional practice evaluation and outcomes.

Requested:

- ☐ Arthrocentesis
- ☐ Botulinum toxin injection
- ☐ Cardiac pacing – transvenous
- ☐ Cricothyrotomy
- ☐ Epicardial pacing wire removal
- ☐ Escharotomy
- ☐ First Assist in OR (must complete education required by AORN for RNFA's)
- ☐ Hemodialysis (acute and/or chronic)
- ☐ Intracardiac line removal

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- ☐ Laryngoscopy, direct, indirect and/or fiber optic
- ☐ Nasopharyngoscopy, diagnostic
- ☐ Paracentesis (applicants initially requesting this privilege must be proctored for first 5 procedures by a provider who currently holds the privilege)
- ☐ Peritoneal dialysis (acute and/or chronic)
- ☐ Proctoscopy, including rigid proctoscopy
- ☐ Renal replacement therapy (continuous)
- ☐ Temporary peritoneal dialysis catheter removal
- ☐ Tunneled dialysis catheter removal
- ☐ Ultrasound (limited emergency) as an adjunct to privileged procedure (e.g. FAST, transvaginal, transabdominal, gall bladder, limited TEE, DVT, etc)
- ☐ Wound vac (neg pressure), application, change, and removal

ADMINISTRATION OF SEDATION AND ANALGESIA

- ☐ **Requested** See Hospital Policy for Procedural Sedation by Non-Anesthesiologists for additional information.

Section One--INITIAL REQUESTS ONLY:

- ☐ Demonstration of prior clinical privileges to perform procedural sedation along with a good-faith estimate of at least 20 such sedations performed during the previous year (the estimate should include information about each type of procedure where sedation was administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:
- _____

-OR-

- ☐ Successful completion (within six months of application for privileges) of a UMHC-approved procedural sedation training and examination course that includes practical training and examination under simulation conditions.

Section Two--INITIAL AND RE-PRIVILEGING REQUESTS:

- ☐ Successful completion of the UMHC web based Procedural Sedation Course/Exam initially and at least once every two years **-AND-**

Provision of a good-faith estimate of the number of instances of each type of procedure where sedation is administered with a list of any adverse events related to the sedation during those cases, including causal analysis, treatment, and outcome:

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-AND-

- ☐ ACLS, PALS and/or NRP, as appropriate to the patient population. **(Current)**

Section Three--INITIAL AND RE-PRIVILEGING REQUESTS:

- ☐ Controlled Substance Prescriptive Authority Schedules II – V approval from the Mississippi Board of Nursing.

FLUOROSCOPY USE

- ☐ **Requested**

Criteria:

- ☐ Participation in a preceptorship that requires at least 10 procedures be performed under the direction of a qualified physician who has met these standards and who certifies that the trainee meets minimum fluoroscopy safety standards. Applicants with limited or no experience in any of these procedures requested will be required to adhere to requirements in the policy "Expansion of Privileges for New and Currently Privileged Providers" and the appropriate documents submitted to the Credentials Committee for review. (The provider may not perform any un-proctored procedures until the Credentials Committee, MEC and Board have reviewed and approved the outcomes of the assessment.)

OR

- ☐ Good faith estimate of volume of procedures performed utilizing fluoroscopy in the last 24 months.
Examples of procedures performed: _____
Number of procedures performed in the last 24 months: _____
Percentage of cases with fluoroscopic time >120 minutes, dose > 3 Gy, or equivalent: _____

AND (all applicants)

- ☐ Successful completion of a fluoroscopy safety course provided by the UMMC Radiation Safety Officer

Maintenance of Privilege: A practitioner must document that procedures have been performed over the past 24 months utilizing fluoroscopy (with acceptable outcomes) in order to maintain active privileges for use. In addition, completion of a fluoroscopy safety refresher course provided by the Radiation Safety Officer is required for maintenance of the privilege.

RADIOLOGY CHAIR APPROVAL:

I have reviewed the above requested privileges and I attest that this practitioner is competent to perform the privileges requested based on the information provided.

Signature, Chair—Department of Radiology

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ULTRASOUND-GUIDED CENTRAL LINE INSERTION

☐ **Requested** See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.

Initial Privileging:

As for core privileges plus:

- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and
- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of appointment

Reprivileging:

As for core privileges plus:

- Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and
- Performance of at least 10 ultrasound-guided central line insertions in the past 24 months;

If volume requirements are not met, the following may substitute:

- Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and
- Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment

PRESCRIPTIVE AUTHORITY

____ I have been approved for the following schedules by the Mississippi State Board of Nursing and have attached a copy of my approved Controlled Substance Prescriptive Authority registration.

____ II ____ III ____ IV ____ V

____ I **have not** been approved for Controlled Substance Prescriptive Authority.

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CORE PROCEDURE LIST

To the applicant: If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date. ***Procedures that are not in concert with your collaborating physician's privileges should be stricken from this list.***

- Abcess incision and drainage, including Bartholin's cyst
- Anesthetic nerve blocks- local, regional, digital and dental
- Arterial line insertion
- Arterial line removal
- Arterial puncture
- Assist in surgery
- Bladder decompression and catheterization techniques
- Blood component transfusion therapy
- Bone marrow aspiration
- Bone marrow biopsy
- Bronchoscopy (simple) for mucous removal and emergency endotracheal intubation
- Burn management
- Cardiac pacing – transthoracic (temporary)
- Cardioversion
- Caustic exposures, irrigation and management of
- Central line insertion and/or repositioning (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)
- Central line removal
- Chest tube insertion
- Chest tube removal
- Closed fracture/severe sprain, application and/or removal of orthopedic splint/cast
- Cryotherapy
- Debridement
- Preliminary evaluation of EKG
- Epistaxis, management of
- Foreign body removal, including but not limited to airway, nose, eye, ear, or skin
- Gastrostomy (PEG) tube reinsertion
- GI decontamination - emesis, lavage, charcoal
- Hernia reduction
- Histories and physicals, performance of
- Impedence cardiography and/or capnography, preliminary interpretation
- Incision line closure under physician supervision while the patient is under anesthesia
- Intrathecal medication administration, i.e. chemotherapy (applicants initially requesting this privilege must be proctored for first 5 procedures by a provider who currently holds the privilege)
- Intubation, oral and/or nasal
- Joint injections, diagnostic (bursa, tendon, sheath, trigger point) and injection therapy
- Laceration repair
- Laryngoscopy, direct, indirect and/or fiber optic
- Lumbar puncture
- Medication administration via chest tube
- Negative pressure dressings and bandages, application, change, and removal

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- Orthopedic evaluation of common injuries
- Oxygen therapy
- Paraphimosis reduction
- Perform waived laboratory testing not requiring an instrument, including but not limited to fecal occult blood, urine dipstick, and vaginal pH by paper methods
- Pericardiocentesis
- PICC line placement with or without ultrasound, including repositioning
- PICC line removal
- Preliminary evaluation of radiological studies (plain radiographs, CT, MRI scans)
- Rectal prolapse reduction
- Rectal tube insertion
- Reduction/Immobilization of dislocation/fractures, including splint and cast applications
- Rehab service ordering
- Respiratory services, ordering of
- Restraints, Chemical and/or physical of agitated patient in accordance with hospital policy
- Routine immunizations, performance of
- Routine screening tests such as pap smears, pregnancy tests, Chlamydia testing, wet preps, gonorrhea cultures, hemoglobin test, and microscopic urinalysis
- Severed extremities, preservation of (digits, ear, nose, penis)
- Skin biopsy
- Skin lesion excisions
- Skin test interpretation
- Slit lamp exam
- Spine immobilization
- Spirometry interpretation
- Suprapubic catheter reinsertion
- Temporary peritoneal dialysis catheter removal
- Thoracentesis
- Thrombosed hemorrhoid excision
- Tracheostomy, downsize, change, and/or remove (decannulation)
- Wound management

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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 University Hospital and Health System, University of Mississippi Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital 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.

Signed _____ **Date** _____

DIVISION CHIEF'S RECOMMENDATION (AS APPLICABLE)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Division Chief Signature _____ **Date** _____

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DEPARTMENT CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- ☐ Recommend all requested privileges.
- ☐ Recommend privileges with the following conditions/modifications:
- ☐ Do not recommend the following requested privileges:

Privilege

Condition/Modification/Explanation

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Notes

Department Chair Signature _____ ***Date*** _____

Approved: 7/6/11

Reviewed:

Revised: 12/16/2011, 2/1/2012, 3/7/2012, 8/1/2012, 4/3/2013, 5/23/2013, 4/1/2015, 04/06/2016,
09/07/2016