

NURSE PRACTITIONER CLINICAL PRIVILEGES

Name:
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

All new applicants must meet the following requirements as approved by the governing body.

Effective: ____/____/____

Initial Privileges (Initial Appointment)

Renewal of Privileges (Reappointment)

Applicant: Please check the ***“Requested”*** box for each privilege requested.

Applicants have the burden of producing information and documentation 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 not recommended, provide the condition or explanation on the last page of this form.

Other Requirements

- 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.
- Note that privileges granted may only be exercised at the site(s) designated by CCRMC and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

QUALIFICATIONS FOR ADULT MEDICINE

Initial applicants: To be eligible to apply for privileges in Ambulatory Care Adult Medicine, the applicant must meet the following criteria:

1. Holds a certification as a nurse practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board. (ANCC)

AND

2. Current Basic Life Support (BLS) certification is recommended.

AND

3. Qualifications for prescriptive authority in accordance with State and federal law; California furnishing according to protocol. [Furnishing is defined as the act of making a pharmaceutical agent or agents available to the patient in strict accordance with standardized procedure.]

AND

4. Demonstrated current competence and provision of care, treatment, or services to a minimum of 500 patients in the past 24 months; experience must correlate to requested privileges
Upon request, Aggregate data/procedure list/case log from primary practice facility for the previous 24-month time period identifying those procedures that mirror, or relate, at least in part, to those being requested.

Department Chair /Chief and/or supervising practitioner recommendation will be obtained from primary practice facility.

Current Delineation of Privileges document from facility where majority of patient care is provided should be submitted.

Renewal of privileges: To be eligible to renew privileges in Ambulatory Care Adult Medicine, the applicant must meet the following criteria:

1. Documentation of Maintenance of Certification

AND

2. Current documented competence and an adequate volume of experience (500 patient visits as the) as the provider with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcome.

AND

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

3. Current BLS certification is recommended.

Core privileges: Ambulatory Care Adult Medicine

- Requested** Evaluate, diagnose, treat, and provide consultation to all patients 14 years old and above, with a wide variety of illnesses, diseases, injuries, and functional disorders of the circulatory, respiratory, endocrine, metabolic, musculoskeletal, hematopoietic, gastroenteric, integumentary, nervous, female reproductive and family planning, genitourinary systems, and including mild to moderate psychiatric disorders, dependence or addiction to alcohol or other drugs and medical management of chronic pain. Assess, stabilize, consult, and determine disposition of patients with emergent conditions regarding emergency and consultative call services.

The core privileges in this specialty include the procedures on the attached procedures list and such other procedures that are extensions of the same techniques and skills.

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Ambulatory Care Adult Medicine

- Performance of history and physical
- Arthrocentesis and Joint Injections
- Cryotherapy (removal of warts)
- Excision of cutaneous and subcutaneous lesions, tumors, and nodules and superficial foreign body.
- Incision and drainage of abscesses
- Management of basic wound care; and superficial burns.
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Performance of local anesthetic techniques
- Performance of PAP Smear

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

- Performance of simple skin excision and biopsy
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Removal of a nonpenetrating foreign body from the eye, nose, or ear
- Removal of IUD
- Subcutaneous, Intradermal and Intramuscular Injections
- Removal of vaginal foreign body
- Facilitate Medical Groups
- Wound Care
- Suture of uncomplicated lacerations
- Venipuncture
- POCT

Special Non-Core Privileges (See Specific Criteria)

Non-core privileges are requested individually in addition to requesting the core. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

Non-Core Privileges

Non-Core Privilege: Paracentesis

Requested

Criteria for Initial Request and Renewal

1. Completion of a hands-on training in paracentesis (5 cases) under the supervision of a qualified provider preceptor
- AND**
2. Documented current competence and evidence of the performance of at least 2 paracentesis procedures or department-approved in-service in the past 24 months, or completion of training in the past 24 months. Please provide clinical activity/procedure log.

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Non-Core Privilege: Insertion of IUD

Requested

Criteria for Initial Request

1. Completion of a hands-on training under the supervision of a qualified provider preceptor.
AND
2. Applicant must provide documented experience of at least 5 successful IUD insertions.

Criteria for Renewal of Privileges

Documented experience of at least 1 successful IUD insertions in the last 24 months or Inservice Training.

Non-Core Privilege: Implantable Contraception Insertion and Removal (Nexplanon)

Requested

Criteria for Initial Request and Renewal:

Completion of the Nexplanon training program.
Please submit Training Certification.

Non-core privilege: Suction Endometrial biopsy (EMB)

Requested

Criteria for Initial Request

Certification as a Nurse Practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board that included training in endometrial biopsy (EMB), or completion of a hands-on training in endometrial biopsy under the supervision of a qualified provider preceptor.
Documented experience of 4 endometrial biopsies.

Criteria for Renewal

Demonstrated experience of 1 EMB procedure in the past 24 months.

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Non-Core Privilege: Incision and Drainage of Bartholin’s Gland Cyst, including Insertion of Word’s Catheter.

Requested

Criteria for Initial Request

Demonstrated experience with Incision and Drainage of 3 Bartholin’s gland cysts, including insertion of Word’s catheter.

Criteria for Renewal

Demonstrated experience with incision and drainage of 1 Bartholin’s gland cyst in the past 48 months.

Non-Core Privilege: Colposcopy

Requested

Criteria for initial request

Certification as a Nurse Practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board that included Colposcopy, Cervical Biopsy and Endocervical Curettage or Certification Training by American Society for Colposcopy, and Cervical Pathology (ASCCP) and experience with 30 cases under supervision with a qualified provider – preceptor.

Criteria for Renewal

Demonstration of experience with 5 cases in the past 24 months.

Non-Core privileges: HIV/AIDS care

Requested

Requirement: requirements of AB 2168 (see attached) must be met.

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

NURSE PRACTITIONER PEDIATRICS AND INPATIENT NEWBORN MEDICAL CARE

QUALIFICATIONS FOR NURSE PRACTITIONER PEDIATRICS

Initial applicants: To be eligible to apply for privileges in Pediatrics, the applicant must meet the following criteria: Certification as a Nurse Practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board.

1. ***Required current experience:*** Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 300 pediatric visits in the past 48 months, or completion of training in the past 24 months.

Renewal of privileges: To be eligible to renew privileges in pediatrics, the applicant must meet the following criteria:

1. Maintenance of Certification for NP is required.

AND

2. Demonstrated current competence and evidence of the provision of care to at least 300 pediatric visits in the past 48 months based on results of ongoing professional practice evaluation and outcomes.

Core Privileges: Nurse Practitioner Pediatrics

Requested

Evaluate, diagnose, and treat pediatric patients who have common illnesses, injuries, or disorders from birth to Age 21 years old. Assessment of physical, emotional, and social health, treating acute and chronic disease, and determining the disposition of patients with emergent conditions. The core privileges include the procedures listed below and such other procedures that are extensions of the same techniques as determined by the Family and Adult Medicine Department Chair.

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Nurse Practitioner Pediatrics

- Bladder catheterization
- Cryotherapy
- Incision and drainage of abscesses
- Local anesthetic techniques
- Management of basic wound care and superficial burns.
- Management of uncomplicated, minor, closed fractures and uncomplicated dislocations
- Performance of history and physical exam
- Performance of simple skin biopsy or excision
- Peripheral nerve blocks
- Placement of anterior nasal hemostatic packing
- Removal of non-penetrating foreign bodies from the eye, nose, and ear
- Routine care of newborns in the hospital (i.e., L&D, nursery, postpartum, etc.)
- Subcutaneous, intradermal, and intramuscular injections
- Toenail trephination and removal
- Wound care and suture of uncomplicated lacerations
- Venipuncture
- POCT

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Special Non-Core Privileges (See Specific Criteria Below)

Non-core privileges are requested individually in addition to requesting the core. Each practitioner requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or re-applicant.

Non-Core Privileges

Non-Core Privilege: Insertion of IUD

Requested

Criteria for Initial Request:

Completion of a hands-on training under the supervision of a qualified provider preceptor. Applicant must provide documented experience of at least 5 successful IUD insertions.

Criteria for Renewal of Privileges:

Documented experience of at least 1 successful IUD insertions in the last 24 months or Inservice Training.

Non-Core Privilege: Implantable Contraception Insertion and Removal (Nexplanon)

Requested

Criteria for Initial Request and Renewal: Completion of the Nexplanon training program. Please submit Training Certification.

Routine Care of Newborn with Minimal to Moderate Complications in the Nursery* –

Including but not limited to the admission and care of the late preterm infant 34 – 36 week gestation without significant complications, low birthweight, transient hypoglycemia, sepsis risk factors, mild respiratory issues with need for no or minimal respiratory support, in utero drug exposure not requiring medical management, mild to moderate hyperbilirubinemia, and congenital issues without significant clinical impact.

*Routine of well newborn does not require this privilege

Name: _____
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*This privilege will be approved with the agreement of the Chair of Pediatrics.

Requested

Initial and Renewal Criteria

1. Must meet the Family Medicine Pediatrics criteria.

AND

2. Documentation of this level of care to 10 patients in the past 24 months.

QUALIFICATIONS FOR NURSE PRACTITIONER -PRENATAL CARE

Initial applicants: To be eligible to apply for privileges for Prenatal Care, the applicant must meet the following criteria: Certification as a Nurse Practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board.

1. Meet the criteria above

AND

2. Documentation of prenatal care training, with 200 prenatal care visits in past 4 years or completion of training within 24 months in Prenatal Care with 200 encounters with 20 proctored cases.

Renewal of privileges: To be eligible to renew privileges in family medicine prenatal care, the applicant must meet the following criteria:

1. Completion of 100 prenatal care visits in previous 24 months.

AND

2. Completion of 8 Units AAFP/AMA/ACOG approved CEU in prenatal care within the last 2 years, **OR** attendance at one DFAM prenatal care update

Core Privileges: Nurse Practitioner Prenatal Care

Requested

Evaluate, diagnose, and treat adolescent and adult female patients who are pregnant, intending to become pregnant or post pregnancy. Assess, stabilize, determine the disposition, and participate in the care of pregnant patients in the ambulatory setting with consultation as appropriate and within scope of practice.

Name: _____

Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

CORE PROCEDURES/TREATMENT LIST

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques, as determined by the department chair.

To the applicant: If you wish to exclude any procedures, due to lack of current competency, please strike through the procedures that you do not wish to request, and then initial and date.

Nurse Practitioner - Prenatal Care

- Performance of history and physical exam
- Appropriate screening examination including Pap Smear
- Microscopic diagnosis of urine and vaginal smears with annual POCT competency.
- Basic POCUS 3rd trimester for position
- Standard Prenatal Care:

Any obstetric risk factor or co-morbid condition not explicitly listed is by definition not covered within Standard privileges and should be transferred to Advanced Prenatal Care. Standard Prenatal Care includes low risk patients and those with the following risk factors:

- Family History of genetic disease or consanguinity WITHOUT evidence of fetal anomaly
- Teratogen exposure WITHOUT evidence of fetal anomaly or sequelae
- History of cervical dysplasia WITHOUT active cervical cancer
- BMI <19 or >40
- AMA \geq 40 yo at time of delivery requires MD co-follow)
- History of Elevated Blood Pressure or Hypertension not on medication and with current BP < 140/90
- History of pre-eclampsia in a prior pregnancy > 37weeks gestation
- History of cesarean section (MD co-follow required if 2 or more cesareans or history of other uterine surgery such as myomectomy. MD Consult required if history of intraoperative or postoperative surgical complications)
- Substance abuse (MD co-follow required if on Medication Assisted Treatment such as Subutex or Methadone)
- STI and Vaginitis (MD consult required for Syphilis)
- UTI
- Anemia with Hemoglobin > 8 (MD consult required if no iron deficiency)
- GDM A1

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

- GDMA2 on oral medications with A1c < 6.5 (MD co-follow required)
- Cholestasis of pregnancy with bile acids < 40 (MD co-follow required)

Special Non-Core Privileges (See Specific Criteria)
Non-core privileges are requested individually. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or reapplicant.

Non-Core Privileges

Non-Core Privileges: Basic First and Second Trimester Ultrasound for dating, location, and viability of pregnancy.

Requested

Criteria for Initial Request:

Ultrasound course, and at least 20 cases of experience. Current competency: at least 8 cases in the past 24 months.

Criteria for Renewal of Privileges:

At least 8 cases in the past 24 months.

DEPARTMENT OF PUBLIC HEALTH NURSE PRACTITIONERS

Initial applicants: To be eligible to apply for privileges in Department of Public Health, the applicant must meet the following criteria: Certification as a Nurse Practitioner from a national certifying body accredited by the National Commission for Certifying Agencies or the American Board of Nursing Specialties and recognized by the Board.

Initial Privileges

Demonstrated current competence and evidence of the provision of care, reflective of the scope of privileges requested, to at least 50 patient visits in the past 24 months, or completion of training in the past 24 months.

Renewal of Privileges

50 reproductive health visits in previous 24 months or 8 CEU pertaining to reproductive health – family planning.

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

Core Privilege: Women and Men’s Health Clinic and Sexual Health Clinic

Requested: Evaluation of Men's Health problems related to diagnosis and treatment of genital conditions, STD, and family planning. Evaluation of routine Gynecologic problems including female reproductive and sexual health, family planning, vaginitis, STD, GU, and Breast problems

Special Non-Core Privileges (See Specific Criteria)
Non-core privileges are requested individually. Each individual requesting non-core privileges must meet the specific threshold criteria as applicable to the applicant or reapplicant.

Non-Core Privileges

Non-Core Privilege: Medication Assisted Treatment for substance use disorders in harm reduction model.

- Requested**
Initial Criteria:
Completion of SAMHSA training with certificate of completion or orientation and training with experienced provider in equivalent of 4 Choosing Change Groups.

Renewal Criteria:
5 MAT visits within 24 months or 4 CEU within previous 24 months.

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FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FOR INITIAL APPLICANTS

1. Retrospective or concurrent proctoring (chart review or direct observation) of at least 9 patients in the care of whom the applicant significantly participated. FPPE/proctoring must be representative of the provider’s scope of practice.
2. Concurrent proctoring (direct observation) of at least 3 different procedures that are representative of procedures regularly preformed in the department. FPPE/proctoring must be representative of the provider’s scope of practice.
3. FPPE/Proctoring is also required for at least one (1) procedure/case of Paracentesis, IUD Insertion, and Endometrial Biopsy.
4. If the provider does inpatient and outpatient work, they need to be proctored in both contexts.
5. FPPE should be concluded as soon as possible (i.e., within the first 3-4 months after starting work at CCRMC).
6. Completed FPPE forms must be submitted to the Credentialing Office.
7. It is the applicant’s ultimate responsibility to make sure that FPPE and submission of all required paperwork to the Credentialing Office takes place in a timely manner. Failure to do so may result in loss or limitation of privileges.
8. **For low volume providers: please see separate FPPE/proctoring guidelines.**
9. **For more detailed information, please see separate FPPE/proctoring guidelines.**

ACKNOWLEDGMENT OF PRACTITIONER

I have requested only those privileges for which by education, training, current experience, and documented performance I am qualified to perform and for which I wish to exercise at Contra Costa Regional Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I will adhere 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** _____

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

DEPARTMENT / DIVISION CHAIR'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

- Recommend All Requested Privileges**
- Recommend Privileges with the Following Conditions/Modifications:**
- Do Not Recommend the Following Requested Privileges:**

Privilege	Condition/Modification/Explanation

Notes:

Division Head Signature: _____ **Date:** __

DFAM Chair Signature: _____ **Date:** _____

Additional Department Chair Signature: _____ **Date:** _____
 (Peds, OB/Gyn, etc. if appropriate)

Name: _____
Effective from ____/____/____ to ____/____/____ (for MSO staff use only)

FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY

Credentials Committee Approval	Date: _____
Temporary Privileges	Date: _____
Medical Executive Committee Approval	Date: _____
Board of Supervisors Approval	Date: _____