

**Name:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

Initial privileges (initial appointment)

Requested
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Renewal of privileges (reappointment)

Requested
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Expansion of privileges (modification)

Requested
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**Clinic:** \_\_\_\_\_ **Location:** \_\_\_\_\_

### Instructions

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

**Medical Director:** 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

1. Note that privileges granted may only be exercised at UNMMG clinics that have the appropriate equipment, license, staff and other support required to provide the services defined in this document. Site-specific services may be defined in clinic or department policy.
2. This document defines qualification to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

## **Policies Governing Scope of Practice**

### **Medical Record Charting Responsibilities**

Clearly, legibly, completely, and in timely fashion describe each service the provider provides to a patient in the hospital and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

### **Periodic Competence Assessment**

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the Practice Oversight Committee's existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this clinic. In addition, continuing education related to the specialty area of practice is recommended/required as mandated by licensure.

**QUALIFICATIONS FOR NURSE PRACTITIONER (NP)**

**To be eligible to apply for clinical privileges as a Nurse Practitioner (NP), the applicant must meet the following criteria:**

Current demonstrated competence and an adequate level of current experience, documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Bachelor's degree in an accredited nursing program with completion of Master's degree or Certificate program within the NPs specialty area that included 500 hours of supervised clinical practicum

AND

Current certification by the American Nurses Association or an equivalent body

AND

Current active licensure to practice professional nursing in the State of New Mexico, and current active certification by the Board of Nursing as an advanced practice nurse in the nurse practitioner category

AND

Collaboration with a physician(s) currently appointed to the active or consulting medical staff with scope of practice in the same area of specialty practice. According to this agreement, the physician must:

- Provide collaboration of the NP's practice as appropriate for the clinic, ASC or other policies governing NP's;
- Be available or provide an alternate to provide consultation when requested;
- Assume responsibility for the care of any patient when requested by the NP or in the interest of patient care.

AND

*Continued...*

In lieu of the above condition (Collaboration with a physician):

Present and have approved an alternate plan demonstrating a collaborative relationship with a supervisor or a similarly privileged NP. According to this agreement, the collaborating provider must:

- Provide collaboration of the NP's practice as required by the POC and the clinic within which the NP practices.
- Be available or provide an alternate to provide consultation when requested;
- Assume responsibility for the care of any patient when requested by the NP or in the interest of patient care.

***NURSE PRACTITIONER CLINICAL CORE PRIVILEGES AMBULATORY*** **Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

**Adolescent and Adult Patients (except as specifically excluded from practice or site):**

1. Assess, diagnose, and develop treatment plans within the NPs scope of practice, knowledge and training.
2. Perform history and physical examination including rectal and pelvic examination as indicated. Order diagnostic testing including but not limited to, preventative, laboratory, diagnostic imaging and therapeutic modalities such as medications, treatments, IV fluids and electrolytes, etc.
3. Monitor and manage acute and chronic illnesses of population served.
4. Perform primary health care maintenance of the population served.
5. Preoperative and postoperative teaching visits with patients.
6. Manage routine health problems and injuries during pregnancy and the postpartum period.
7. Perform arterial punctures for blood sampling; perform venous punctures for blood sampling, cultures and IV catheterization.
8. Perform field infiltrations of anesthetic solutions.
9. Order and interpret EKGs with second reading by collaborating physician as needed.
10. Order and perform initial interpretations of simple plain x-ray films with second reading by physician or radiologist for collaboration and correlation with clinical findings as needed.
11. Initiate referral/consultation to appropriate physician or other health care professional of problems that exceed the NP's scope of practice
12. Complete consultations as needed.
13. Educate, counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare.
14. Apply, remove and change dressings and bandages.
15. Wound management and wound debridement and irrigation.
16. Debridement, suture, and general care for superficial wounds.
17. Minor superficial procedures including but not limited to foreign body removal, removal of impacted cerumen, skin tag removal and cervical polyp removal.
18. Incision and drainage of superficial abscesses.

*Continued...*

19. Brace, cast and splint application of extremity fractures, removal, and management.
20. Nail trephination and removal.
21. IUD removal.

□ **Prescriptive Authority**

Full prescriptive authority in prescribing/ordering appropriate pharmacologic and non-pharmacologic interventions without limitation, including but not limited to devices, adjunct health/medical service, durable medical good and other equipment and supplies as needed in accordance with state law, New Mexico Board of Nursing and New Mexico Board of Pharmacy licensure.

**Minor Ambulatory Core Surgical Procedures:**

Perform diagnostic and therapeutic procedures:

 **Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Joint and bursa aspirations
2. Aspiration of simple cysts
3. Injections of joints, tendons, trigger & tender point and bursa
4. Nerve blocks
5. Colposcopy
6. Endometrial Biopsy
7. Cervical Biopsy
8. Endocervical curettage
9. Cryosurgery
10. Needle Aspiration / Needle Biopsy
11. IUD insertion
12. Nexplanon insertion and removal
13. Other (list): \_\_\_\_\_

## **NON-CORE (SPECIALITY) PRIVILEGES**

### **Ambulatory Specialty for Adolescent and Adult Patients**

**To be eligible to apply for clinical privileges as an NP in Specialty Areas, the applicant must meet the following criteria:**

Applicant must satisfy the qualification requirements for Nurse Practitioner.

AND

Document training/experience in specialty area if requested and demonstrate current competence.

### **CARDIOLOGY**

Initial and ongoing assessment of patients' cardiovascular status, under the direction of the supervising/employing physician including but not limited to:

**Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform site checks after placement of catheters or pacemakers
2. Provide care to critical and non-critical patients
3. Interrogation of pacemaker and implanted cardiac defibrillator
4. Exercise stress testing and interpretation
5. Other (list):



## NEUROLOGY

**Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform arterial punctures for blood sampling; perform venous punctures for blood sampling, cultures and IV catheterization
2. Perform field infiltrations of anesthetic solutions
3. Remove central venous catheter
4. Remove peripheral artery catheter
5. Lumbar puncture
6. Ventriculo-peritoneal Shunt tap
7. Reservoir tap
8. Vagal Nerve Stimulator Programming
9. Other (list):

## OBSTETRICS

**Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Perform physical exams, including Pap smears on pregnant patients
2. Provide Prenatal and Postpartum care within the guidelines established by the department
3. Interpret fetal monitoring to include non-stress tests
4. Other (list):

## OTOLARYNGOLOGY

### Requested

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Anterior/posterior epistaxis packing
2. Flexible fibro-optic laryngoscopy, nasolaryngoscopy, sinus endoscopy
3. Incision and drainage of peri-tonsillar abscess
4. Sinus debridement
5. Myringotomy / tympanostomy and repair
6. Nasal fracture reduction
7. Skin, nasal, anvicular, oral cavity lesion biopsy and repair
8. Facial laceration repair
9. Fine needle aspiration

## OTOLARYNGOLOGY

10. Frenulectomy
11. Turbinate cauterly
12. Other (list):

**ORTHOPEDECS/RHEUMATOLOGY** **Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Order, prescribe, dispense, and administer medication, orthosis, orthotics, braces, and other orthopedic devices as may be allowed by state regulation
2. Perform diagnostic and therapeutic procedures such as, but not limited to:
3. joint and bursa aspirations
4. closed reductions of fractures and dislocations
5. injections of joints, tendons, trigger point and bursa
6. Perform minor outpatient surgical procedures such as, but not limited to:
  - a. Wound closure
  - b. wound management
  - c. wound debridement and irrigation
  - d. k-wire removal
  - e. hardware removal
    - Brace, cast, and splint application
    - Other (list):

## PEDIATRICS

**Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

**Patients from birth through 21 years of age:**

1. Advocate for children and their families
2. Assess, diagnose and treat common childhood illnesses, chronic and acute conditions or any other condition that is within the clinical privileges, expertise, and knowledge of the NP. Assess growth patterns.
3. Perform physical exams, including school physicals, preparticipation sports physicals, and general well-child exams.
4. Evaluate developmental milestones and educating parents about normal growth and development. Provide anticipatory guidance.
5. Formulate a family-centered plan of care in collaboration with the patient and family
6. Involve family/child in decision-making regarding plan of care and responsibilities
7. Monitor and evaluate accuracy of diagnosis and effectiveness of prescribed treatment plans, growth, and development
8. Monitor child and family response to treatment

## **SURGICAL**

Including but not limited to: General Surgery, Plastic Surgery, Neurological Surgery, Cardio-Vascular Surgery, Orthopedic Surgery, and Obstetric/Gynecologic Surgery.

**Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

### **Pediatric, Adolescents and Adults:**

1. Apply electro surgical grounding pads, tourniquets, monitors, etc., using appropriate safety measures
  - a. Assist surgeon during operations as directed
  - b. Participate in volume replacement or autotransfusion techniques as appropriate
  - c. Perform appropriate counts with scrub person
2. Provide visualization of the operative site by appropriate placement and securing of retractors with or without padding; packing with sponges; digital manipulation of tissue, suctioning, irrigating, or sponging; manipulation of suture materials (e.g., loops, tags, running sutures); proper use of body mechanics to prevent obstruction of the surgeon's view
3. Assist in wound closure as directed by surgeon
4. Remove sutures
5. Remove drainage tubes
6. Select and apply appropriate wound dressings, including liquid or spray occlusive materials, absorbent material affixed with tape or circumferential wrapping, immobilizing dressing (soft or rigid), or medicated dressings
7. Other (list): \_\_\_\_\_

## **TRAUMA**

**Requested**

**To the applicant:** If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, then initial and date.

1. Repair moderate and complex lacerations including suturing of facial lacerations
2. Other (list): \_\_\_\_\_

**PROCEDURE SPECIFIC QUALIFICATIONS AND PRIVILEGING**

**Criteria:** Technical and management skills, which qualify the NP to administer highly specialized care by virtue of training and experience. ACLS certification required.

**Required Previous Experience:** Demonstrated current competence through direct observation by collaborating physician.

**Maintenance of Privilege:** Demonstrates current competence and the evidence of the maintenance of skills through ongoing education and performance of procedure.

- Requested      **Cardiac Pacing**  
(External/Cutaneous, Emergent Cardioversion Defibrillation, Cardiopulmonary Resuscitation, Cardiography)
- Requested      **Insertion and Removal of Chest Tubes to Include Pleurodesis**
- Requested      **Insertion of Arterial Catheters**
- Requested      **Lumbar Puncture**
- Requested      **Insertion of Central Venous Catheters**
- Requested      **Removal of Epicardial Pacing Wires**
- Requested      **Insertion of Pulmonary Artery Catheters**
- Requested      **Removal of Temporary Transvenous Cardiac Pacing Catheters**
- Requested      ***Additional Privileges (list):***

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**Acknowledgment 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 UNMMG Clinics, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by UNMMG Clinic and medical staff policies and rules applicable to 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 \_\_\_\_\_

**Medical Director Recommendation**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

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

Notes: \_\_\_\_\_

**Department Chair (print & sign):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Medical Director (print & sign):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CMO:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Criteria Approved by UNMMG Executive Committee on 6/23/14**