

Privileges for: **APRN - Medicine**

Request

ST. ELIZABETH - EDGEWOOD  
ST. ELIZABETH - FLORENCE  
ST. ELIZABETH - FT. THOMAS  
ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: November 18, 2010; Rev. 2.27.2014, 3.27.2014, 4.24.2014, 9.25.2014, 1.23.2015, 3.26.2015, 5.26.2016

Board Approval: January 10, 2011; Revised 5.5.2014, 11.3.2014, 3.2.2105, 5.4.2015, 9.12.2016

\_\_\_\_\_  
Department/Section Chair Signature

\_\_\_\_\_  
Date

Nursing Administration Approval

\_\_\_\_\_  
Sr. V.P. of Nursing or Designee Signature

\_\_\_\_\_  
Date

**\*Must be sponsored by a physician who is a member of the Medical Staff of St. Elizabeth Healthcare\***

**SUPERVISING PHYSICIAN ENDORSEMENT:** As the applicant's supervising physician, I have read the foregoing application and have indicated by my initials and date above the appropriate levels of supervision I will employ to promote the safety and care of our patients at a generally recognized professional level of quality and efficiency. I acknowledge my continuing responsibility for supervising this applicant until such time as he or she secures another supervising physician.

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Last 4 digits of S.S.N. \_\_\_\_\_

\_\_\_\_\_  
Sponsoring Physician Signature

\_\_\_\_\_  
Date

**MINIMUM REQUIREMENTS**

Current license to practice nursing in Kentucky  
Successful completion of an accredited nurse practitioner training program and  
Certification by Kentucky as a Nurse Practitioner

\_\_\_\_\_  
I am requesting affiliation without privileges

\_\_\_\_\_  
I am privileged to collaborate with more than one physician group.

**PRIVILEGES REQUESTED**

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services. **NOTE:** For each privilege that the practitioner requests below, the supervising physician must, prior to submission to the section chair, indicate the level of supervision that he or she intends to exercise by typing the level of supervision into the COMMENTS box for each requested privilege below:

- o For privileges that may be exercised via phone availability (and not more than 30 minutes travel time away), identify the "A" level of supervision in the COMMENTS box .
- o For privileges requiring on-site supervision, identify the "O" level of supervision in the COMMENTS box.
- o For privileges requiring direct supervision, identify the "D" level of supervision in the COMMENTS box.

If a supervision level is not offered, the MEC and Board have determined that that level of supervision may not be employed.

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**DEFINITIONS OF LEVELS OF SUPERVISION**

**Direct Supervision:** This means the supervising physician is sufficiently nearby that the AHP may verbally summon the supervisor's help if needed when the AHP is performing a function requiring direct supervision. Although the physician may be performing some other task at the time, the supervising physician must be able to immediately provide direction and assume the performance of the task if difficulties arise. This does not require that the physician is actually in sight of the AHP or watching "over the shoulder" of all AHPs as may be required during the training period of AHPs to ensure that the AHP is competent to perform the task.

**On-site supervision:** Requires the physical presence of the supervising physician in the same location (i.e. the hospital) as the AHP, but does not require the physical presence in the same room.

**Available by phone:** The supervising physician must be continuously available for direct communication with the AHP and must be in a location that, under normal conditions, is not more than 30 minutes travel time from the AHP's location.

**DESCRIPTION OF CORE PRIVILEGES**

**Core privileges as a Medical Nurse Practitioner include the care, treatment or services listed immediately below. I specifically acknowledge that my certification and training alone do not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.**

\_\_\_\_\_ Performance of histories and physicals limited in scope to the supervising physician's area of expertise and subject to the countersignature requirements of the Rules and Regulations (-A- or -O-)

\_\_\_\_\_ Record medication, diagnostic and therapeutic verbal orders given by the supervising physician, subject to the verification, read-back and countersignature requirements of the Rules and Regulations (-A- or -O-)

\_\_\_\_\_ Conduct rounds, make chart entries (subject to the countersignature requirements of the Rules and Regulations) and prepare discharge summaries for supervising Member signature (-A- or -O-)

\_\_\_\_\_ Write orders within the AHP's scope of practice, as delegated by the supervising physician acting within his or her area of expertise (-A- or -O-)

\_\_\_\_\_ Patient counseling and patient instruction based on Physician orders (-A- or -O-)

\_\_\_\_\_ Prescribe non-scheduled pharmacologic agents within the scope of the supervising physician's area of expertise and training (Kentucky Board of Nursing eligibility plus CAPA-NC form required) (-A- or -O-)

\_\_\_\_\_ Make appropriate referrals to other health professionals and community agencies (-A- or -O-)

\_\_\_\_\_ Order appropriate diagnostic tests within the scope of the supervising physician's area of expertise and training (-A- or -O-)

\_\_\_\_\_ OFFICE BASED PRIVILEGES (applies to SEH Cardiac & Thoracic Surgery, and Weight Management Center practices only)

**Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (training course certification, letter from supervising physician) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.**

\_\_\_\_\_ Wound care, including debridement, local anesthesia, incision and drainage of superficial abscesses and use of sutures, staples or skin adhesives, wound packing and foreign body removal (-A- or -O- or -D-)

\_\_\_\_\_ Prescription of controlled substances within scope of authority and within the scope of the supervising physician's area of expertise and training (KY Board of Nursing eligibility and CAPA-CS, DEA) (-A- or -O- or -D-)

\_\_\_\_\_ Fluoroscopy (Radiation safety certification required) (-O- or -D-)

**FOR NEPHROLOGY**

\_\_\_\_\_ Placement of dialysis catheters; Proctoring required for 10 cases (-A- or -O- or -D-)

\_\_\_\_\_ Removal of vascular catheters (-A- or -O- or -D-)

\_\_\_\_\_ Ultrasound or fluoroscopy for dysfunctional shunt (Radiation safety certification required) (-O- or -D-)

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**FOR CARDIOLOGY / NEPHROLOGY**

Placement central venous catheters; Proctoring required for 10 cases (-A- or -O- or -D-)

Removal of central venous catheters (-O- or -D-)

Arterial puncture (-A- or -O- or -D-)

Arterial canulation (-O- or -D-)

Peripheral PICC line placement and management - includes ELC line for ultrafiltration device to control CHF - Proctoring required for 10 cases (-A- or -O- or -D-)

Assessment, monitoring and assisting patients undergoing treadmill exercise testing while under the direction of the designated physician - (Training criteria: Successful completion of an orientation in the stress lab and subsequent completion of a competency checklist and current in ACLS) (-D-)

VAD Interrogation (requires completion of online training and on-site training with clinical educator) (-A- or -O- or -D-)

Order extracorporeal therapies (-A- or -O- or -D-)

**FOR GASTROENTEROLOGY**

PEG tube maintenance (-A- or -O- or -D-)

**FOR MEDICAL ONCOLOGY**

Bone marrow biopsy (-A- or -O- or -D-) (requires documentation of 20 procedures under direct supervision)

**RADIATION ONCOLOGY**

Radiation therapy assistance and direction (requires work in the field of radiation oncology for a period of 6 months and possess the ability to furnish assistance and direction throughout the performance of radiation treatment of the patient as determined by his or her supervising physician) (-A- or -O- or -D-)

**FOR BEHAVIORAL HEALTH FOR THOSE A.P.R.N.s WITH A LIMITED SCOPE OF PRACTICE (at SEH)**

Group therapy

One-on-one therapy

Prescription of controlled substances within scope of authority and within the scope of the supervising physician's area of expertise and training (KY Board of Nursing eligibility and CAPA-CS, DEA) (-A- or -O- or -D-)

**NIGHT CALL FOR HOSPITALIST GROUP - PROCTORING and PRIVILEGING CRITERIA**

" Experienced A.P.R.N.s in hospital medicine in such specialties as Cardiology and Nephrology who are applying to take night call for the hospitalist group will undergo can have their proctoring waived up to 3 days with a supervising hospitalist and 1 night with an advanced practice professional who takes night call for the program.

" New A.P.R.N.s who provide night call coverage for the hospitalist group will need to undergo proctoring with rounding hospitalists (which would be during the day) for up to 14 days, during which time they are to shadow a hospitalist and enter orders for patients under this hospitalist's supervision. The supervising hospitalist should not sign off on the hired A.P.R.N. until they are comfortable with this practitioner's competency in covering the group independently at night. This could mean that their daytime training exceeds the original recommended timeframe.

A.P.R.N.s new to providing night call for the hospitalist group will be required to shadow a current A.P.R.N. up to 3 night shifts to ensure their understanding and capability regarding workflow. The supervising A.P.R.N. should not sign off on the new A.P.R.N. until they are comfortable with this practitioner's competency in covering the group independently at night.

Order treatments or appropriate diagnostic tests w/in the scope of the supervising physician's area of expertise and training (-A-)

Make appropriate referrals to other health professionals and community agencies (-A-)

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\_\_\_\_\_ Prescribe non-scheduled pharmacologic agents w/in the scope of the supervising physician's area of expertise and training ( - A - )

\_\_\_\_\_ Prescription of controlled substances w/in the scope of the supervising physician's area of expertise and training (KY Board of Nursing eligibility and CAPA-CS, DEA) (-A- )

**Please submit collaborative practice agreement with this document.**

**I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.**

**Applicants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_