

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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**Basic Requirements:** Associate, Bachelor or Master’s Degree required

**Minimal formal training:** Completion of an ARC-PA approved program (prior to January 2001, completion of a CAAHEP approved program) that included training in the procedures for which privileges are sought; or demonstrated completion of an accredited PA residency program. Current NCCPA certification. Current licensure to practice as a PA issued by the Tennessee board of medicine. Document their certification by their appropriate certifying board. Certification will be verified prior to recommending appointment to the APP staff. Additionally, maintenance of certification is required and will be verified prior to reappointment to the APP staff. Failure to achieve certification/recertification will result in termination of membership and privileges on the APP staff. If requesting procedures, evidence of training and experience must accompany the application.

1. Evidence of professional liability insurance (\$1/\$3 million coverage).
2. No physical or mental health problems which would prevent the exercise of privileges granted.
3. An agreement with a physician who is currently appointed by and in good standing with the Medical Staff of the Erlanger Health System to supervise the physician assistant’s practice within the hospital complex.
4. Continuing education requirements will be consistent with the certification/recertification requirements, which may vary with the certification.
5. BLS is REQUIRED for all APPs and must be maintained.
6. ACLS, PALS, NRP per specialty department requirement/job description if working in critical care, cardiology, procedural, surgical or emergency medicine.

**Core Physician Assistant Privileges:**

Interview to obtain health history	—	—	—	—
Record information in patient's medical record	—	—	—	—
Perform physical assessments	—	—	—	—
Conduct rounds independently of physician but not in lieu of physician	—	—	—	—
In consultation with the physician, may discharge the hospitalized patient	—	—	—	—
Order and/or schedule (when appropriate) laboratory and/or diagnostic studies	—	—	—	—
Evaluate and interpret laboratory and/or diagnostic studies	—	—	—	—
Establish medical and/or nursing diagnoses, and implement appropriate plan of care related to diagnoses. <i><b>NOTE:</b> Medical diagnosis and treatment will be per written protocols, which have been agreed upon by both the APP and the supervising physician. A copy of each signed protocol will be kept on file in the physician's private office and may be subject to review by the Medical Staff prior to implementation. Protocols will be used as guidelines, and will not restrict the use of good judgement concerning proper diagnostics and/or therapy. Protocols may be subject to review at the time of reappointment and may be approved by the appropriate Medical Staff committee(s).</i>	—	—	—	—
Collaborate with the supervising physician, as needed, concerning appropriate diagnostic studies, medical diagnoses and treatment.	—	—	—	—
Provide health counseling and guidance.	—	—	—	—
Prescribe and regulate medications per written agreement with the appropriate persons/agencies. A copy of any and all written agreements with any and all person/agencies will be kept on file in the physician's private office. <i><b>NOTE:</b> Privileges to prescribe and regulate medications will require a certificate of fitness from the State Board of nursing for NP prescriptive rights (obsolete?)</i>	—	—	—	—
Collaborate with and assist the supervising physician in the admission of patients to the hospital. <i><b>NOTE:</b> This does not grant the APP the right to independently admit any patient; admission privileges are granted to physicians (defined in the Medical Staff Bylaws as MD, DO and DDS).</i>	—	—	—	—
Instruct patients regarding, but not limited to, the following:				

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
Diets and medications	—	—	—	—
Exercise/physical therapy	—	—	—	—
Prenatal and childcare instructions	—	—	—	—
Hospital admission	—	—	—	—
Education specific to the disease entity	—	—	—	—
Discharge and follow-up instructions	—	—	—	—

**Special Advanced Procedure Privileges for Physician Assistant:**

Defined as those approved procedural privileges requiring additional education and training and may be granted only on evidence of initial and ongoing competency.

**Additional Qualifications:**

- Completion of an ARC-PA approved program (prior to January 2001, completion of a CAAHEP approved program) that included training in the procedures for which privileges are sought; or demonstrated completion of an accredited PA residency program.
- Demonstrate competency in the assessment, diagnosis, and management of the procedures requested.
- Successfully completed the national certification examination in Acute Care, Perioperative, Care, or Orthopedics, unless otherwise approved by the credentialing committee, Chief Medical Officer, and the medical executive committee of Erlanger Health System. Must be Acute Care trained and certified to practice in an inpatient setting for adult or pediatric unless specifically approved by the credentialing committee and MEC.
- Specific training and/or experience in the procedure(s) requested below.

**Supporting Documentation:** Requests for advanced procedure privileges at initial appointment, reappointment, and additional privilege additions must be supported by the following:

- Log of procedures performed indicating the date, proceduralist, and name of procedure and/or simulation lab certificate of completion as appropriate.
- The supervising physician will be responsible for attesting the log prior to submission with the initial application or reappointment application.

**Definitions of supervision:**

**INDIRECT:** The supervising MD/DO is available for consult by phone prior to performing the procedure.

**DIRECT:** The supervising MD/DO is in the building and can come if needed while performing the procedure.

**PRESENT:** The supervising MD/DO is present during the substantiated portion of the procedure EXCEPT in cases of emergency where patient harm would result in the APP not performing the procedure.

Abscess drainage — — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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Arterial puncture/sampling (i.e., Blood Gas)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Bladder catheterization

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Blood patch

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Change of central venous catheter over guidewire

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Chest tube placement/Thoracostomy with Tube/Catheter Placement-Image Guided

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Chest tube placement/thoracostomy with tube/catheter placement- NEONATAL

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

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2

Defibrillation/cardioversion

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Endotracheal intubation

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Epidural Steroid Injection

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Skin lesions Excisions

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Feeding tube change (DHT or gastric tube only)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Feeding tube placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

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**REVIEWED BY SUPERVISING MD/DO)**

1

Cryotherapy (benign, premalignant, and malignant destruction)

\_\_\_    \_\_\_    \_\_\_    \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Gastrostomy tube removal/replacement

\_\_\_    \_\_\_    \_\_\_    \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

Removal !  
Replacement 4

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

Removal !  
Replacement 3

GU catheter check, change and placement

\_\_\_    \_\_\_    \_\_\_    \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Image guided Percutaneous Biopsy/Aspiration/Injection at the direction of Radiologist

\_\_\_    \_\_\_    \_\_\_    \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

**CONTINUED COMPETENCY PROCEDURES will be either indirect, direct, or present\* Please indicate:**

With MD/DO present

Imaging interpretation (preliminary read only)

\_\_\_    \_\_\_    \_\_\_    \_\_\_

Advanced imaging

\_\_\_    \_\_\_    \_\_\_    \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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10

Plain films (preliminary read only)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

10

Incision and drainage

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Indwelling catheter checks (any vessel)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Initiation of IV therapy

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Intra-arterial line placement for hemodynamic monitoring

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Intraosseous (IO) placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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1

Joint aspiration/injection	—	—	—	—
Laceration/incision repair (simple and intermediate)	—	—	—	—

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Lumbar puncture (diagnostic and therapeutic)	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Myelography	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Paracentesis	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Peripheral Venography	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

/Initiation of IV therapy	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Phototherapy

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

PICC line placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Placement/Removal of Central Venous Catheter

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Removal of central venous catheters

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Removal of chest tubes

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Removal of drains

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**



## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Removal of foreign bodies from superficial tissue (including sutures)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Repair of central venous catheters

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Simple wound debridement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Stapling incisions

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Suprapubic aspiration

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**CONTINUED COMPETENCY PROCEDURES will be either indirect, direct, or present\* Please indicate:**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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With MD/DO present

Thoracentesis (image guided)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Thoracentesis (needle aspiration)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Thoracostomy tube placement (needle decompression)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Tracheostomy removal

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Tunneled line revision

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Umbilical artery catheterization

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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3

Umbilical venous line

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Venous catheter insertion

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**NEONATAL**

— — — —

Ventricular reservoir tap

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**Request for Privilege Not Listed in Advanced Procedure** (please list the privilege and provide justification as well as any accompanying certifications or case logs)

(please list the privilege and provide justification as well as any accompanying certifications or case logs)

— — — —

(please list the privilege and provide justification as well as any accompanying certifications or case logs)

— — — —

**ERLANGER HEALTH SYSTEM  
REQUEST FOR NEW ADVANCED PROCEDURE  
FOR ADVANCED PRACTICE PROVIDERS (APPS)**

**Policy:** Erlanger Credentialing committee and MEC must approve all new procedures requested by an Advanced Practice Provider to ensure clinical appropriateness, training, and competency are involved in order to provide superior safe care to the patients of Erlanger Health Systems.

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**Philosophy:**

1. New scopes of service or procedures must be evaluated by the credentialing committee of EHS and approved by the MEC prior to performing to ensure standardization and competency.
2. Advancements in technology require enhancements to current procedures as technologies become more available.
3. New procedures are defined as those that require a specific and unique technical approach, or

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

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Privilege				
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have been practiced outside of EHS at a prior institution and not currently performed by any APP on staff.

4. The Chief Medical Officer, Division Chiefs, and Medical Executive Committee (MEC) leaders provide input and recommendations during the consideration process.
5. Privileging requirements may take a variety of forms including, but are not limited to, specialized certification or specialty course/technical training, proctoring by physicians who are already credentialed to perform the procedure requested, or manufacturer-required training.

Scope of Services Summary Development/Checklist

1. Procedure/Service requested
2. APP name requesting to perform procedure
3. Is supervising MD credentialed to perform the procedure
4. Location(s) where procedure will be performed
5. Age range of population of patients
6. Is the procedure FDA approved or investigational
7. Are new equipment/supplies needed to perform procedure, if so proforma is required and must be attached unless already performed within the system.
8. Are order sets required to implement
9. Number expected to perform annually
10. Number required to obtain competency annually and how was competency obtained (certification, course, proctored)- attach documentation
11. Number required to maintain proficiency
12. Projected start date

Scope of Services Summary Development/Checklist

1. Procedure/Service requested
2. APP name requesting to perform procedure
3. Is supervising MD credentialed to perform the procedure
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**Basic Requirements:** Associate, Bachelor or Master’s Degree required

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1. Evidence of professional liability insurance (\$1/\$3 million coverage).
2. No physical or mental health problems which would prevent the exercise of privileges granted.
3. An agreement with a physician who is currently appointed by and in good standing with the Medical Staff of the Erlanger Health System to supervise the physician assistant’s practice within the hospital complex.
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5. BLS is REQUIRED for all APPs and must be maintained.
6. ACLS, PALS, NRP per specialty department requirement/job description if working in critical care, cardiology, procedural, surgical or emergency medicine.

**Core Physician Assistant Privileges:**

Interview to obtain health history	—	—	—	—
Record information in patient's medical record	—	—	—	—
Perform physical assessments	—	—	—	—
Conduct rounds independently of physician but not in lieu of physician	—	—	—	—
In consultation with the physician, may discharge the hospitalized patient	—	—	—	—
Order and/or schedule (when appropriate) laboratory and/or diagnostic studies	—	—	—	—
Evaluate and interpret laboratory and/or diagnostic studies	—	—	—	—
Establish medical and/or nursing diagnoses, and implement appropriate plan of care related to diagnoses.	—	—	—	—
<i><b>NOTE:</b> Medical diagnosis and treatment will be per written protocols, which have been agreed upon by both the APP and the supervising physician. A copy of each signed protocol will be kept on file in the physician's private office and may be subject to review by the Medical Staff prior to implementation. Protocols will be used as guidelines, and will not restrict the use of good judgement concerning proper diagnostics and/or therapy. Protocols may be subject to review at the time of reappointment and may be approved by the appropriate Medical Staff committee(s).</i>				
Collaborate with the supervising physician, as needed, concerning appropriate diagnostic studies, medical diagnoses and treatment.	—	—	—	—
Provide health counseling and guidance.	—	—	—	—
Prescribe and regulate medications per written agreement with the appropriate persons/agencies. A copy of any and all written agreements with any and all person/agencies will be kept on file in the physician's private office. <b>NOTE:</b> Privileges to prescribe and regulate medications will require a certificate of fitness from the State Board of nursing for NP prescriptive rights (obsolete?)	—	—	—	—
Collaborate with and assist the supervising physician in the admission of patients to the hospital. <b>NOTE:</b> This does not grant the APP the right to independently admit any patient; admission privileges are granted to physicians (defined in the Medical Staff Bylaws as MD, DO and DDS).	—	—	—	—
Instruct patients regarding, but not limited to, the following:				

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
Diets and medications	—	—	—	—
Exercise/physical therapy	—	—	—	—
Prenatal and childcare instructions	—	—	—	—
Hospital admission	—	—	—	—
Education specific to the disease entity	—	—	—	—
Discharge and follow-up instructions	—	—	—	—

**Special Advanced Procedure Privileges for Physician Assistant:**

Defined as those approved procedural privileges requiring additional education and training and may be granted only on evidence of initial and ongoing competency.

**Additional Qualifications:**

- Completion of an ARC-PA approved program (prior to January 2001, completion of a CAAHEP approved program) that included training in the procedures for which privileges are sought; or demonstrated completion of an accredited PA residency program.
- Demonstrate competency in the assessment, diagnosis, and management of the procedures requested.
- Successfully completed the national certification examination in Acute Care, Perioperative, Care, or Orthopedics, unless otherwise approved by the credentialing committee, Chief Medical Officer, and the medical executive committee of Erlanger Health System. Must be Acute Care trained and certified to practice in an inpatient setting for adult or pediatric unless specifically approved by the credentialing committee and MEC.
- Specific training and/or experience in the procedure(s) requested below.

**Supporting Documentation:** Requests for advanced procedure privileges at initial appointment, reappointment, and additional privilege additions must be supported by the following:

- Log of procedures performed indicating the date, proceduralist, and name of procedure and/or simulation lab certificate of completion as appropriate.
- The supervising physician will be responsible for attesting the log prior to submission with the initial application or reappointment application.

**Definitions of supervision:**

**INDIRECT:** The supervising MD/DO is available for consult by phone prior to performing the procedure.

**DIRECT:** The supervising MD/DO is in the building and can come if needed while performing the procedure.

**PRESENT:** The supervising MD/DO is present during the substantiated portion of the procedure EXCEPT in cases of emergency where patient harm would result in the APP not performing the procedure.

Abscess drainage	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
-----------	--	--	--	--

Arterial puncture/sampling (i.e., Blood Gas)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Bladder catheterization

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Blood patch

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Change of central venous catheter over guidewire

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Chest tube placement/Thoracostomy with Tube/Catheter Placement-Image Guided

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Chest tube placement/thoracostomy with tube/catheter placement- NEONATAL

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**



## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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2

Defibrillation/cardioversion

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Endotracheal intubation

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Epidural Steroid Injection

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Skin lesions Excisions

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Feeding tube change (DHT or gastric tube only)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Feeding tube placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
-----------	--	--	--	--

**REVIEWED BY SUPERVISING MD/DO)**

1

Cryotherapy (benign, premalignant, and malignant destruction)

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Gastrostomy tube removal/replacement

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

Removal !  
Replacement 4

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

Removal !  
Replacement 3

GU catheter check, change and placement

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Image guided Percutaneous Biopsy/Aspiration/Injection at the direction of Radiologist

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

**CONTINUED COMPETENCY PROCEDURES will be either indirect, direct, or present\* Please indicate:**

With MD/DO present

Imaging interpretation (preliminary read only)

\_\_\_ \_\_\_ \_\_\_ \_\_\_

Advanced imaging

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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10

Plain films (preliminary read only)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

10

Incision and drainage

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Indwelling catheter checks (any vessel)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Initiation of IV therapy

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Intra-arterial line placement for hemodynamic monitoring

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Intraosseous (IO) placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
-----------	--	--	--	--

1

Joint aspiration/injection	—	—	—	—
Laceration/incision repair (simple and intermediate)	—	—	—	—

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Lumbar puncture (diagnostic and therapeutic)	—	—	—	—
--	---	---	---	---

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Myelography	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Paracentesis	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Peripheral Venography	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

/Initiation of IV therapy	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Phototherapy

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

PICC line placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Placement/Removal of Central Venous Catheter

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Removal of central venous catheters

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Removal of chest tubes

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Removal of drains

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege			
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2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Removal of foreign bodies from superficial tissue (including sutures)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Repair of central venous catheters

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Simple wound debridement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Stapling incisions

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Suprapubic aspiration

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**CONTINUED COMPETENCY PROCEDURES will be either indirect, direct, or present\*  
Please indicate:**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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With MD/DO present

Thoracentesis (image guided)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Thoracentesis (needle aspiration)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Thoracostomy tube placement (needle decompression)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Tracheostomy removal

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Tunneled line revision

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Umbilical artery catheterization

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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3

Umbilical venous line

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Venous catheter insertion

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**NEONATAL**

— — — —

Ventricular reservoir tap

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**Request for Privilege Not Listed in Advanced Procedure** (please list the privilege and provide justification as well as any accompanying certifications or case logs)

(please list the privilege and provide justification as well as any accompanying certifications or case logs)

— — — —

(please list the privilege and provide justification as well as any accompanying certifications or case logs)

— — — —

**ERLANGER HEALTH SYSTEM  
REQUEST FOR NEW ADVANCED PROCEDURE  
FOR ADVANCED PRACTICE PROVIDERS (APPS)**

**Policy:** Erlanger Credentialing committee and MEC must approve all new procedures requested by an Advanced Practice Provider to ensure clinical appropriateness, training, and competency are involved in order to provide superior safe care to the patients of Erlanger Health Systems.

**Policy:** Erlanger Credentialing committee and MEC must approve all new procedures requested by an Advanced Practice Provider to ensure clinical appropriateness, training, and competency are involved in order to provide superior safe care to the patients of Erlanger Health Systems.

**Philosophy:**

1. New scopes of service or procedures must be evaluated by the credentialing committee of EHS and approved by the MEC prior to performing to ensure standardization and competency.
2. Advancements in technology require enhancements to current procedures as technologies become more available.
3. New procedures are defined as those that require a specific and unique technical approach, or



## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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have been practiced outside of EHS at a prior institution and not currently performed by any APP on staff.

4. The Chief Medical Officer, Division Chiefs, and Medical Executive Committee (MEC) leaders provide input and recommendations during the consideration process.
5. Privileging requirements may take a variety of forms including, but are not limited to, specialized certification or specialty course/technical training, proctoring by physicians who are already credentialed to perform the procedure requested, or manufacturer-required training.

Scope of Services Summary Development/Checklist

1. Procedure/Service requested
2. APP name requesting to perform procedure
3. Is supervising MD credentialed to perform the procedure
4. Location(s) where procedure will be performed
5. Age range of population of patients
6. Is the procedure FDA approved or investigational
7. Are new equipment/supplies needed to perform procedure, if so proforma is required and must be attached unless already performed within the system.
8. Are order sets required to implement
9. Number expected to perform annually
10. Number required to obtain competency annually and how was competency obtained (certification, course, proctored)- attach documentation
11. Number required to maintain proficiency
12. Projected start date

Scope of Services Summary Development/Checklist

1. Procedure/Service requested
2. APP name requesting to perform procedure
3. Is supervising MD credentialed to perform the procedure
4. Location(s) where procedure will be performed
5. Age range of population of patients
6. Is the procedure FDA approved or investigational
7. Are new equipment/supplies needed to perform procedure, if so proforma is required and must be attached unless already performed within the system.
8. Are order sets required to implement
9. Number expected to perform annually
10. Number required to obtain competency annually and how was competency obtained (certification, course, proctored)- attach documentation
11. Number required to maintain proficiency
12. Projected start date

**Delineation Of Privileges**  
Physician Assistant Neonatal Privileges

Provider Name:

Privilege					
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## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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**Basic Requirements:** Associate, Bachelor or Master’s Degree required

**Minimal formal training:** Completion of an ARC-PA approved program (prior to January 2001, completion of a CAAHEP approved program) that included training in the procedures for which privileges are sought; or demonstrated completion of an accredited PA residency program. Current NCCPA certification. Current licensure to practice as a PA issued by the Tennessee board of medicine. Document their certification by their appropriate certifying board. Certification will be verified prior to recommending appointment to the APP staff. Additionally, maintenance of certification is required and will be verified prior to reappointment to the APP staff. Failure to achieve certification/recertification will result in termination of membership and privileges on the APP staff. If requesting procedures, evidence of training and experience must accompany the application.

1. Evidence of professional liability insurance (\$1/\$3 million coverage).
2. No physical or mental health problems which would prevent the exercise of privileges granted.
3. An agreement with a physician who is currently appointed by and in good standing with the Medical Staff of the Erlanger Health System to supervise the physician assistant’s practice within the hospital complex.
4. Continuing education requirements will be consistent with the certification/recertification requirements, which may vary with the certification.
5. BLS is REQUIRED for all APPs and must be maintained.
6. ACLS, PALS, NRP per specialty department requirement/job description if working in critical care, cardiology, procedural, surgical or emergency medicine.

**Core Physician Assistant Privileges:**

Interview to obtain health history	—	—	—	—
Record information in patient's medical record	—	—	—	—
Perform physical assessments	—	—	—	—
Conduct rounds independently of physician but not in lieu of physician	—	—	—	—
In consultation with the physician, may discharge the hospitalized patient	—	—	—	—
Order and/or schedule (when appropriate) laboratory and/or diagnostic studies	—	—	—	—
Evaluate and interpret laboratory and/or diagnostic studies	—	—	—	—
Establish medical and/or nursing diagnoses, and implement appropriate plan of care related to diagnoses. <i><b>NOTE:</b> Medical diagnosis and treatment will be per written protocols, which have been agreed upon by both the APP and the supervising physician. A copy of each signed protocol will be kept on file in the physician's private office and may be subject to review by the Medical Staff prior to implementation. Protocols will be used as guidelines, and will not restrict the use of good judgement concerning proper diagnostics and/or therapy. Protocols may be subject to review at the time of reappointment and may be approved by the appropriate Medical Staff committee(s).</i>	—	—	—	—
Collaborate with the supervising physician, as needed, concerning appropriate diagnostic studies, medical diagnoses and treatment.	—	—	—	—
Provide health counseling and guidance.	—	—	—	—
Prescribe and regulate medications per written agreement with the appropriate persons/agencies. A copy of any and all written agreements with any and all person/agencies will be kept on file in the physician's private office. <i><b>NOTE:</b> Privileges to prescribe and regulate medications will require a certificate of fitness from the State Board of nursing for NP prescriptive rights (obsolete?)</i>	—	—	—	—
Collaborate with and assist the supervising physician in the admission of patients to the hospital. <i><b>NOTE:</b> This does not grant the APP the right to independently admit any patient; admission privileges are granted to physicians (defined in the Medical Staff Bylaws as MD, DO and DDS).</i>	—	—	—	—
Instruct patients regarding, but not limited to, the following:				

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
Diets and medications	—	—	—	—
Exercise/physical therapy	—	—	—	—
Prenatal and childcare instructions	—	—	—	—
Hospital admission	—	—	—	—
Education specific to the disease entity	—	—	—	—
Discharge and follow-up instructions	—	—	—	—

**Special Advanced Procedure Privileges for Physician Assistant:**

Defined as those approved procedural privileges requiring additional education and training and may be granted only on evidence of initial and ongoing competency.

**Additional Qualifications:**

- Completion of an ARC-PA approved program (prior to January 2001, completion of a CAAHEP approved program) that included training in the procedures for which privileges are sought; or demonstrated completion of an accredited PA residency program.
- Demonstrate competency in the assessment, diagnosis, and management of the procedures requested.
- Successfully completed the national certification examination in Acute Care, Perioperative, Care, or Orthopedics, unless otherwise approved by the credentialing committee, Chief Medical Officer, and the medical executive committee of Erlanger Health System. Must be Acute Care trained and certified to practice in an inpatient setting for adult or pediatric unless specifically approved by the credentialing committee and MEC.
- Specific training and/or experience in the procedure(s) requested below.

**Supporting Documentation:** Requests for advanced procedure privileges at initial appointment, reappointment, and additional privilege additions must be supported by the following:

- Log of procedures performed indicating the date, proceduralist, and name of procedure and/or simulation lab certificate of completion as appropriate.
- The supervising physician will be responsible for attesting the log prior to submission with the initial application or reappointment application.

**Definitions of supervision:**

**INDIRECT:** The supervising MD/DO is available for consult by phone prior to performing the procedure.

**DIRECT:** The supervising MD/DO is in the building and can come if needed while performing the procedure.

**PRESENT:** The supervising MD/DO is present during the substantiated portion of the procedure EXCEPT in cases of emergency where patient harm would result in the APP not performing the procedure.

Abscess drainage	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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Arterial puncture/sampling (i.e., Blood Gas)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Bladder catheterization

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Blood patch

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Change of central venous catheter over guidewire

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Chest tube placement/Thoracostomy with Tube/Catheter Placement-Image Guided

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Chest tube placement/thoracostomy with tube/catheter placement- NEONATAL

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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2

Defibrillation/cardioversion

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Endotracheal intubation

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Epidural Steroid Injection

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Skin lesions Excisions

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Feeding tube change (DHT or gastric tube only)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Feeding tube placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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**REVIEWED BY SUPERVISING MD/DO)**

1

Cryotherapy (benign, premalignant, and malignant destruction)

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Gastrostomy tube removal/replacement

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

Removal !  
Replacement 4

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

Removal !  
Replacement 3

GU catheter check, change and placement

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Image guided Percutaneous Biopsy/Aspiration/Injection at the direction of Radiologist

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

**CONTINUED COMPETENCY PROCEDURES will be either indirect, direct, or present\* Please indicate:**

With MD/DO present

Imaging interpretation (preliminary read only)

\_\_\_ \_\_\_ \_\_\_ \_\_\_

Advanced imaging

\_\_\_ \_\_\_ \_\_\_ \_\_\_

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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10

Plain films (preliminary read only)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

10

Incision and drainage

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Indwelling catheter checks (any vessel)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Initiation of IV therapy

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Intra-arterial line placement for hemodynamic monitoring

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

5

Intraosseous (IO) placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**



## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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1

Joint aspiration/injection	—	—	—	—
Laceration/incision repair (simple and intermediate)	—	—	—	—

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Lumbar puncture (diagnostic and therapeutic)	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Myelography	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Paracentesis	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Peripheral Venography	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

/Initiation of IV therapy	—	—	—	—
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**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Phototherapy

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

PICC line placement

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Placement/Removal of Central Venous Catheter

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Removal of central venous catheters

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Removal of chest tubes

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Removal of drains

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Removal of foreign bodies from superficial tissue (including sutures)

—      —      —      —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

10

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Repair of central venous catheters

—      —      —      —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Simple wound debridement

—      —      —      —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

Stapling incisions

—      —      —      —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Suprapubic aspiration

—      —      —      —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**CONTINUED COMPETENCY PROCEDURES will be either indirect, direct, or present\*  
Please indicate:**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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With MD/DO present

Thoracentesis (image guided)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Thoracentesis (needle aspiration)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Thoracostomy tube placement (needle decompression)

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Tracheostomy removal

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

2

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

2

Tunneled line revision

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

5

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Umbilical artery catheterization

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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3

Umbilical venous line

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

3

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

3

Venous catheter insertion

— — — —

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**NEONATAL**

— — — —

Ventricular reservoir tap

**INITIAL COMPETENCY (TO BE OBTAINED UNDER DIRECT/PRESENT SUPERVISION)**

1

**CONTINUED COMPETENCY (DOCUMENTED OVER APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING MD/DO)**

1

**Request for Privilege Not Listed in Advanced Procedure** (please list the privilege and provide justification as well as any accompanying certifications or case logs)

(please list the privilege and provide justification as well as any accompanying certifications or case logs)

— — — —

(please list the privilege and provide justification as well as any accompanying certifications or case logs)

— — — —

**ERLANGER HEALTH SYSTEM  
REQUEST FOR NEW ADVANCED PROCEDURE  
FOR ADVANCED PRACTICE PROVIDERS (APPS)**

**Policy:** Erlanger Credentialing committee and MEC must approve all new procedures requested by an Advanced Practice Provider to ensure clinical appropriateness, training, and competency are involved in order to provide superior safe care to the patients of Erlanger Health Systems.

**Policy:** Erlanger Credentialing committee and MEC must approve all new procedures requested by an Advanced Practice Provider to ensure clinical appropriateness, training, and competency are involved in order to provide superior safe care to the patients of Erlanger Health Systems.

**Philosophy:**

1. New scopes of service or procedures must be evaluated by the credentialing committee of EHS and approved by the MEC prior to performing to ensure standardization and competency.
2. Advancements in technology require enhancements to current procedures as technologies become more available.
3. New procedures are defined as those that require a specific and unique technical approach, or

## Delineation Of Privileges

### Physician Assistant Neonatal Privileges

Provider Name:

Privilege				
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have been practiced outside of EHS at a prior institution and not currently performed by any APP on staff.

4. The Chief Medical Officer, Division Chiefs, and Medical Executive Committee (MEC) leaders provide input and recommendations during the consideration process.
5. Privileging requirements may take a variety of forms including, but are not limited to, specialized certification or specialty course/technical training, proctoring by physicians who are already credentialed to perform the procedure requested, or manufacturer-required training.

Scope of Services Summary Development/Checklist

1. Procedure/Service requested
2. APP name requesting to perform procedure
3. Is supervising MD credentialed to perform the procedure
4. Location(s) where procedure will be performed
5. Age range of population of patients
6. Is the procedure FDA approved or investigational
7. Are new equipment/supplies needed to perform procedure, if so proforma is required and must be attached unless already performed within the system.
8. Are order sets required to implement
9. Number expected to perform annually
10. Number required to obtain competency annually and how was competency obtained (certification, course, proctored)- attach documentation
11. Number required to maintain proficiency
12. Projected start date

Scope of Services Summary Development/Checklist

1. Procedure/Service requested
2. APP name requesting to perform procedure
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11. Number required to maintain proficiency
12. Projected start date

**Delineation Of Privileges**  
Physician Assistant Neonatal Privileges

Provider Name:

Privilege					
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