

**ATRIUM HEALTH
ADVANCED PRACTICE PROVIDER
CERTIFIED REGISTERED NURSE ANESTHETIST**

SUMMARY OF OCCUPATION:

1. The Advanced Practice Provider is a skilled member of the health care team who is qualified by academic and clinical education and experience to provide patient services as an Advanced Practice Provider under the supervision of a member(s) of the Medical Staff of Atrium Health in accordance with the Bylaws of the Medical Staff.
2. He/she shall assist in the implementation of the health care plan and the management of patients by performing diagnostic and therapeutic tasks as defined and approved by the Board and authorized under applicable law.
3. For purposes of this form, Advanced Practice Provider shall mean a “Dependent Practitioner” defined as a health care professional other than physicians or dentists, who is approved by the Board, who is licensed or certified by his/her respective licensing or certifying agencies, and who provides service under the supervision of a physician who is currently appointed to the Medical Staff of Atrium Health.

ORGANIZATIONAL RELATIONSHIP:

1. The Advanced Practice Provider shall only exercise those clinical privileges maintained by the supervising physician(s) and approved by the Board. The Advanced Practice Provider may also assist the residents assigned to the Department of Anesthesiology in performance of their duties and responsibilities as assigned by their supervising physician. The Advanced Practice Provider shall notify the supervising physician of all cases of acute and severe distress, serious nature (life- or limb-threatening), or whenever the patient wishes to see a physician or has unanswered questions.
2. The Advanced Practice Provider shall perform all privileges in accordance with all laws and regulations pertaining to the scope of practice for his or her health profession. The Advanced Practice Provider shall wear a nametag identifying him/herself as an Advanced Practice Provider and introduce him/herself as an Advanced Practice Provider, and shall at no time imply, state, or lead one to believe that he/she is a physician.
3. The Advanced Practice Provider must conduct all duties and responsibilities in accordance with departmental and hospital policies and procedures.
4. A nurse or secretary who receives an order from an Advanced Practice Provider for medication(s), laboratory or radiological studies, and/or treatment is authorized to perform that order as if it were received from a physician.
5. The supervising physician(s) must sign the Delineation of Privileges form of the Advanced Practice Provider, accepting responsibility for appropriate supervision, and shall intervene and directly assume the care of any patient when requested by the patient or the Advanced Practice Provider, required by hospital policies and procedures, or when in the interest of patient care. The supervising physician(s) shall co-sign entries on the medical records of patients seen or treated by the Advanced Practice Provider as required by hospital policies and procedures.

QUALIFICATIONS:

1. The Advanced Practice Provider shall maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ADVANCED PRACTICE PROVIDERS. His/her past experience and training shall be commensurate with privileges requested.
2. The scope of duties and responsibilities of the Advanced Practice Provider shall be delineated on an approved Delineation of Privileges form and approved by the Board.

QUALIFICATION – continued:

3. The Supervising Physician shall delegate only tasks and procedures to his or her Advanced Practice Provider which are within or contemplated by the clinical privileges granted to the Supervising Physician by the Medical Executive Committee and the Board of Commissioners and which the Advanced Practice Provider has been approved to perform. It is understood that the supervision of an Advanced Practice Provider shall never be transferred to a physician who is not currently a fully appointed member of Atrium Health Medical Staff.
4. If the Medical Staff appointment or Clinical Privileges of the Sponsoring Physician are resigned, revoked or terminated, the Advanced Practice Provider's permission to practice shall automatically terminate and his or her clinical privileges shall be automatically relinquished.

SUPERVISION:

Except where the Delineation of Privileges form provides for Personal Supervision or Proximate Supervision, General Supervision (as defined below) will be required for all tasks and procedures performed by the Advanced Practice Provider.

1. "General Supervision" shall mean the procedure is furnished under the supervising physician's overall direction and control, but the physician is not required to be present during the procedure. General Supervision requires the performance of tasks and procedures in a manner that is consistent with state law, the applicable standard of care, Medical Staff Bylaws and hospital policies and procedures, but does not require Personal Supervision or Proximate Supervision, as those terms are defined below.
2. "Proximate Supervision" shall mean the physical presence of a sponsoring/supervising physician in the hospital, in close proximity and immediately available to furnish assistance and direction to the Advanced Practice Provider as needed.
3. "Personal Supervision" shall mean the physical presence of a sponsoring/supervising physician in the room with the Advanced Practice Provider during the performance of a procedure.

**REAPPOINTMENT DELINEATION OF PRIVILEGES FORM
ADVANCED PRACTICE PROVIDER
CERTIFIED REGISTERED NURSE ANESTHETIST**

Print Name _____

Initial appointment Reappointment Updated DOP/Sponsoring Physician Change

NOTE 1: "CORE" privileges cannot be amended or altered in any way.

NOTE 2: Advanced Practice Providers must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Atrium Health.

NOTE 3: Please note that the exercise of certain privileges enumerated herein is necessarily limited by the operational and resource constraints of the facility. All procedures must be performed within a clinical setting with the capabilities and organizational structure required to provide appropriate support.

NOTE 4: Please note that the privileges enumerated herein may be further limited by the supervising anesthesiologist(s) and/or the Chief of Anesthesiology as applicable.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Cleveland	CERTIFIED REGISTERED NURSE ANESTHETIST CORE CLINICAL PRIVILEGES
			N/A						CAPP-CRNA-1

Administration of specific types of anesthesia for assigned cases for patients within the age group of patients seen by the sponsoring physician(s) and/or under the personal supervision by the Anesthesiologist.

The Preanesthesia evaluation and preparation; performing and documenting a preanesthetic assessment and evaluation of the patient may be done under general supervision. Insertion of peripheral intravenous (IV) lines and selecting, obtaining, ordering, or administering preanesthetic medications and all fluids may also be done under the general supervision of the Anesthesiologist. The Advanced Practice Provider may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

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The Advanced Practice Provider may, in consultation with the supervising physician, perform the following duties:

PERSONAL SUPERVISION

May insert central venous catheters and initiate planned anesthetic techniques which may include general, regional, neuraxial and initiation of continuous lumbar labor epidurals.

PROXIMATE SUPERVISION

May initiate local anesthesia, intravenous moderate or deep sedation, and monitored anesthesia care (MAC); may select, obtain and administer anesthetic drugs and fluids necessary to manage the anesthetic; maintain the patient's physiologic homeostasis and correct abnormal responses to the anesthesia or surgery; selecting, applying appropriate noninvasive monitoring modalities for continuous evaluation of the patient's physical status; monitoring invasive hemodynamic modalities; administer emergency/ancillary drugs and fluids to maintain physiological homeostasis and prevent or treat emergencies during the perianesthesia period; perform airway management techniques; managing a patient's airway and pulmonary status; manage the gradual return of consciousness after discontinuing administration of anesthetic and adjuvant agents at the end of the procedure including extubation, if applicable.

GENERAL SUPERVISION

Manage (only) continuous lumbar labor epidurals and may respond to emergency situations, including during the post-anesthesia period, by providing airway management using current practice modalities including direct and indirect laryngoscopy; nasal tracheal intubation; oral endotracheal intubation laryngeal mask airway; mask airway; administration of emergency fluids and drugs; initiate and administer respiratory support to ensure adequate ventilation; insertion and management of arterial lines and peripheral intravenous lines; and provide induction of anesthesia if a life threatening emergency exists.

CMC	Pine.	Univ	CR	Lin.	CAB	Union	Stanly	CLE	CAPP-CRNA-1	SPECIAL PROCEDURES				
										Note: Initiating and management labor epidurals is otherwise a Core privilege under personal supervision.				
										¹ GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
		² N/A	N/A		² N/A				CAPP-CRNA-1(a)	Initiating and managing of continuous lumbar labor epidurals	60			
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
		² N/A	N/A	¹ N/A	² N/A		¹ N/A		CAPP-CRNA-1(b)	Initiating and managing of continuous lumbar labor epidurals	30			

¹ Due to the level of supervision availability, General Supervision **can only be requested** at AH Lincoln and AH Stanly.

² Due to contractual restrictions, CRNAs requesting privileges at AH University and AH Cabarrus, **may only request** Certified Registered Nurse Anesthetist Core Clinical Privileges (CAPP-CRNA-1).

REQUIRED PREVIOUS EXPERIENCE:

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence of performance within the past two (2) years of the “minimum number required” for each privilege requested.

Maintenance Criteria for Continued Special Privileges (CAPP-CRNA-1(a)):

The Practitioner must submit a minimum of thirty (30) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

Maintenance Criteria for Continued Special Privileges (CAPP-CRNA-1(b)):

The Practitioner must submit a minimum of fifteen (15) cases over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for current special privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold any special privileges but are unable to document the minimal number will be requested to voluntarily withdraw their request for such privileges and to complete the necessary proctoring forms.

ACKNOWLEDGMENT OF CERTIFIED REGISTERED NURSE ANESTHETIST:

I have requested only those services for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and which I wish to exercise at one or more facilities of Atrium Health indicated above; and I understand that, in exercising any specific services granted and in carrying out the responsibilities assigned to me, I am constrained by any hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. I fully understand and agree that a condition of this application is that any misrepresentation, misstatement, or omission from this application whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of permission to practice at the hospital(s). In the event that privileges have been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in summary suspension of privileges.

Signature

Date

Printed or typed name of the Applicant