

**ATRIUM HEALTH
ADVANCED PRACTICE PROVIDERS
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER
SPECIALTY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

Print Name _____

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 Atrium Health Medical Staff.

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 Surgery 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.

Print Name

QUALIFICATIONS - 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 the 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.

**ATRIUM HEALTH
REAPPOINTMENT DELINEATION OF PRIVILEGES FORM
ADVANCED PRACTICE PROVIDERS
SPECIALTY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY**

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.

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		OTOLARYNGOLOGY-HEAD AND NECK SURGERY CORE CLINICAL PRIVILEGES
							N/A			CAPP-ENT-1	Evaluate, diagnose, and provide pre-operative, intra-operative, post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and assisting in surgery for patients within the age group seen by the sponsoring physician(s). The Advanced Practice Provider may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

NOTE: Otolaryngology Core Clinical Privileges include: initiate/place orders on behalf of the supervising physician; assisting in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the surgeon; perform wound debridement, suturing, and general care for superficial wounds and minor superficial surgical procedures; Initiate referral to appropriate physician or other healthcare professional of problems that exceed the Advanced Practice Provider's scope of practice; make daily rounds on hospitalized patients; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; control epistaxis, anterior, simple (limited cautery and/or packing), remove cerumen from the external auditory canals, perform tracheotomy tube changes; remove intranasal foreign bodies, remove external auditory canal foreign bodies, perform binocular microscopy of the ear, record progress notes and write discharge summaries.

Print Name _____

*** SPECIAL PRIVILEGES WITH QUALIFICATIONS AND/OR SPECIFIC CRITERIA - PROVIDE THE NUMBER OF PROCEDURES PERFORMED WITHIN THE PAST TWO YEARS AND FACILITY WHERE THE PROCEDURES WERE PERFORMED.**

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-ENT-2	SPECIAL PROCEDURES listed below are for ADULTS ONLY				
							N/A				GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
							N/A			CAPP-ENT-2 (a)	Diagnostic Flexible/Fiberoptic Laryngoscopy	10			
							N/A			CAPP-ENT-2 (b)	Control Epistaxis: Complex - anterior or posterior, any method	10			
							N/A			CAPP-ENT-2 (c)	Nasal Endoscopy including post-op debridement	10			
							N/A			CAPP-ENT-2 (e)	I & D of Peritonsillar Abscess	10			
											PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
							N/A			CAPP-ENT-2 (f)	Superficial Excision/Biopsy of Head and Neck Lesions	10			
							N/A			CAPP-ENT-2 (g)	Myringotomy with or without ventilating tube insertion	10			
							N/A			CAPP-ENT-2 (h)	Frenotomy/Frenule ctomy	10			

Print Name _____

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-ENT-2	SPECIAL PROCEDURES listed below are for PEDIATRICS ONLY			
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
							N/A			CAPP-ENT-2 (i)	Diagnostic Flexible/Fiberoptic Laryngoscopy	10		
							N/A			CAPP-ENT-2 (j)	Control Epistaxis: Complex - anterior or posterior, any method	10		
							N/A			CAPP-ENT-2 (k)	Nasal Endoscopy including post-op debridement	10		

REQUIRED PREVIOUS EXPERIENCE:

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence of performance within the past twenty-four (24) months of at least ten (10) procedures.

PLEASE NOTE (CAPP-ENT-2(i) – CAPP-ENT-2(k)):

- Attending physicians in the ED, NICU, PICU or other service have the right to refuse these procedures be conducted by APP's and may request ENT physicians for any case they deem appropriate.
- The Pediatric Procedures in PROXIMATE SUPERVISION are to be designated as PERSONAL SUPERVISION if performed in the Operating Room or any Intensive Care Unit.

Maintenance Criteria for Continued Special Privileges:

The Practitioner must submit a minimum of five (5) cases, for each special privilege held, 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.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		TELEMEDICINE ONLY OTOLARYNGOLOGY-HEAD AND NECK SURGERY CORE PRIVILEGES
							N/A			CAPP-ENT-T	<p>Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies' to provide or support clinical care at a distance. Telemedicine privileges shall include Evaluate, diagnose, and provide pre-operative, post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, and health counseling for patients within the age group seen by the sponsoring physician(s). The Supervising Physician shall remain responsible for all clinical activity of the Advanced Practice Provider.</p>

PRIVILEGES REQUESTED BY:

I attest that I am not currently a user of illegal drugs or do not currently abuse the use of legal drugs.

I attest that I do not have a physical or mental condition which could affect my motor skills or ability to exercise the clinical privileges requested or that I require an accommodation in order to exercise the privileges requested safely and competently.

I attest that the information provided in my initial application or most recent reappointment is accurate and has not changed, specifically the disclosure questions relating to my licensure or registration, clinical privileges, participation in benefit programs, health status, liability, and work history.

Signature of Applicant

Date

Printed or typed name of Applicant

SPONSORING PHYSICIAN:

Signature of Sponsoring Physician

Date

Printed or typed name of Sponsoring Physician

Signature of Sponsoring Physician

Date

Printed or typed name of Sponsoring Physician

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CASE LOG

Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CAPP-ENT-2(a))
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30				
			TOTAL	