ATRIUM HEALTH ALLIED HEALTH PROFESSIONAL PHYSICIAN ASSISTANT OR NURSE PRACTITIONER REAPPOINTMENT SPECIALTY OF PEDIATRICS DELINEATION OF PRIVILEGES

Print Name

SUMMARY OF OCCUPATION:

- 1. The Allied Health Professional 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 Allied Health Professional 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, Allied Health Professional 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 Allied Health Professional shall only exercise those clinical privileges maintained by the supervising physician(s) and approved by the Board. The Allied Health Professional may also assist the residents assigned to the Department of Medicine in performance of their duties and responsibilities as assigned by their supervising physician. The Allied Health Professional 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 Allied Health Professional shall perform all privileges in accordance with all laws and regulations pertaining to the scope of practice for his or her health profession. The Allied Health Professional shall wear a nametag identifying him/herself as an Allied Health Professional and introduce him/herself as an Allied Health Professional, and shall at no time imply, state, or lead one to believe that he/she is a physician.
- 3. The Allied Health Professional 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 Allied Health Professional 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 Allied Health Professional, accepting responsibility for appropriate supervision, and shall intervene and directly assume the care of any patient when requested by the patient or the Allied Health Professional, 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 Allied Health Professional as required by hospital policies and procedures.

QUALIFICATIONS:

- 1. The Allied Health Professional shall maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS. His/her past experience and training shall be commensurate with privileges requested.
- 2. The scope of duties and responsibilities of the Allied Health Professional shall be delineated on an approved Delineation of Privileges form and approved by the Board.
- 3. The Supervising Physician shall delegate only tasks and procedures to his or her Allied Health Professional 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 Allied Health Professional has been approved to perform. It is understood that the supervision of an Allied Health Professional 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 Allied Health Professional'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 Allied Health Professional.

- 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 for these procedures" 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 Allied Health Professional as needed.
- 3. "Personal Supervision" shall mean the physical presence of a sponsoring/supervising physician in the room with the Allied Health Professional during the performance of a procedure.

ATRIUM HEALTH DELINEATION OF PRIVILEGES FORM ALLIED HEALTH PROFESSIONAL SPECIALTIES OF PEDIATRICS

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

NOTE 2: Allied Health Professionals 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	Cabarr	us Uni	on S	tanly	Anson	Cleveland		GENERAL PED		RE PRIVILEGE
											CAHP-PED-1	pediatric practic physical exam development of the patients within the sponsoring phys may not admit	e, including s, diagnos reatment pla e age group ician(s). Alli patients to	services consistent with g the performance of sing conditions, the ns, health counseling for of patients seen by the ed Health Professionals the hospital but may half of the supervising
diagnos collabo approp examin incisior suspec	se, and tr rate with riate phy ations ind and drai ted sexu	eat childhoo other healt sician; mak cluding rect nage of sup al abuse a	od illnesses ncare provi e daily rou al and gen erficial abs nd rape; c	, including ders as ne inds on ho itor-urinary cesses; pa or physical	chronic cessary ospitalize examin articipate abuse,	and acut perform d patier ations as in the te emotior	e condit wound its with s indica aching a nal abus	tions, o debrid or at ted; or activitie se, m	or any oth dement a the direc rder diagness and he nental he	er condition that is withir nd general care for super tion of the supervising nostic testing and therap alth counseling to include	n the expertise and erficial wounds an physician; obtain peutic modalities; de pregnancy test ating disorders an	d knowledge of the d minor superficial and record medica perform field infiltra ing; screen and ref nd school failure,	Allied Health surgical proc al/social histo ations of ane er for other h	vising physician; assess, Professional; consult and cedures; initiate referral to ory and perform physical sthetic solutions; perform nealth problems including D screen and follow-up;
СМС	Pine.	Univ. CF		CAB	Union	Stanly	Anson	CL		CAHP-PED-1	GENE	RAL PEDIATRI		PROCEDURES
											SUPERVISION QUIRED		Number Performed Within The Past 2 Years	Location
										CAHP-PED-1(a)*	Circumcisior	ns 10		
										CAHP-PED-1(b)*	Extra digit removal	10		

СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAHP-PED-1	GENERAL PE	DIATRIC	SPECIAL F	PROCEDURES
												d maintain G		tric Core Privileges
											SUPERVISION QUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAHP-PED-1(d)*	PICC Lines	15		
											(excluding internal			
											jugular lines and			
											subclavian			
											placement)			
						* REQUIE	RED PRE	VIOUS E	XPERIENCE RE	EQUIRED FOR ALL	SPECIAL PRIVILEGES:			
										from the training pro				
									nimum number r	equired as defined by	y the medical staff. The	Applicant m	ust present e	evidence of performance
0	f the priv	ileges b	eing req	uested v	within th	e past two	o (2) yeai	rs; OR						
											ted they may submit the	PERMISSI	ON TO BE P	ROCTORED REQUEST
F	ORM rec	questing	to be p	roctored	by the S	Sponsorir	ng Physic	ian who c	currently holds the	e privilege.				
										Continued Special P				
														ional practice evaluation
														<mark>special privileges but are</mark>
<mark>unabl</mark>	e to docu	ment th	<mark>e minim</mark>	<mark>al numb</mark>	<mark>er will b</mark>	e request	ed to volu	untarily w	ithdraw their requ	uest for such privilege	es and to complete the n	ecessary pr	octoring forn	ns.

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
									N/A	CAHP-PED-2	Provide care, treatment, and services consistent with patients presenting with conditions or disorders involving the immune system, both acquired and congenital, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		SPECIALTY C		
			N/A						N/A	CAHP-PED-3	cardiovascular of for cardiac vaso patients seen b Health Profession	lisease and t cular events by the super phals may no r initiate/place	o patients diagnosed with hose identified as at risk within the age group of vising physician. Allied ot admit patients to the e orders on behalf of the
debride or at the order di electroo	ment and e direction agnostic t cardiogram	general car of the supe esting and to with physic es to suppo	e for supe rvising phy therapeutic cian consu ort or replace	rficial wou /sician; ob c modalitie iltation; red ce the hea	nds and n tain and ro s; perforn cord progr rt partially	ninor sup ecord me n field inf ess note v or totall	perficial su edical/soc iltrations s; write di y.	irgical pro al history of anesthe scharge s	cedures; initiate referral and perform physical ex etic solutions; perform in	to appropriate phy aminations includir cision and drainag c care and manage	sician; make dail ng rectal and geni e of superficial at ement of patients	y rounds on h tor-urinary ex oscesses; pre with implanta	hysician; perform wound hospitalized patients with caminations as indicated; liminary interpretation of tion of artificial heart and
CMC	Pine. U	niv. CR	Lin.	CAB U	Jnion S	tanly A	Anson	CLE	CAHP-PED-3	CARDIOVAS	CULAR DISE	SES SPEC	IAL PROCEDURES
										Must apply for		liatric Cardiov ivileges	ascular Diseases Core
										E SUPERVISION QUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
		N/A						N/A	CAHP-PED-3(a)*	PICC Lines (excluding interr jugular lines and subclavian placement)			
1. Ap	olicante m	ust present	evidence						EREQUIRED FOR ALL tion from the training pro				
2. Do	cumentatio	on of currer	nt compete	nce which	includes	at least	the minim					nust present	evidence of performance
2. If the	ne Applica	les being re nt is unable sting to be i	to demon	strate curr	ent clinica	al compe	tence in a	ny of the j	procedures being reques s the privilege.	sted they may subr	nit the PERMISS	ON TO BE P	ROCTORED REQUEST
						Mair	tenance	Criteria f	or Continued Special F				
and out	comes to	reapply for	current sp	ecial privile	eges. This	s will be	reviewed	at the time		ctitioners who woul	d like to continue	to hold any	ional practice evaluation special privileges but are ns.

СМС	Pinevill	le Un	niversity City	CR	Lincoln	Cabarrus	s Unior	n Stanly	Anson	Cleveland		PEDIATRI	C CRITICAL PRIVILEG	L CARE CORE
	N/A		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	dia co wi ag ph po su nc ini	agnose, interp nsultation and th complex nee e group of p ysician(s) (in stneurosurgical rgical care). Th t admit patie	oret data, managemen eds who are atients seen nclusive of , postsurgica e Allied Hea ents to the	Privileges - Evaluate, treat and provide t of care for patients critically ill within the by the sponsoring f neurological or l, postcardiac/thoracic lth Professional may hospital but may lf of the supervising
in man RHICU order a by sup	agemen patients and inter ervising	t of crit s deem pret ele physicia	tically ill and appresented approximation approximation an terration approximation approximation approximation approximation approximation approximation approximation approximation approximation approxim Approximation approximation approxima	patients a opriate b diograms adiologist)	alongside y the inte with imm ; order di	the inten nsivist; de ediate se agnostic t	sivist; ob evelop ar cond rea esting ar	otain and in nd implem ading by s nd therape	ecord med ent an initia upervising eutic modal	orm the following duties: ical history and perform al plan for patients in co physician; order and per ities; perform endotrache	initiate/place orders of physical examination llaboration with the int form initial interpretation eal extubaton; perform	n behalf of the conduct comp ensivist; initiate ons of simple pla	rehensive pa e referral to a ain x-ray films	atient chart review for appropriate physician; s with second reading
manag смс	Pine.	1 COIIAD Univ.	CR	Lin.	CAB		Stanly	a progress Anson	CLE	e discharge summaries;		PROCEDUR	FS	
										Must app	bly for and maintain F			e Privileges
										_	E SUPERVISION QUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-4(a)*	Umbilical Vessel Catheterization	10	Tours	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-4(b)*	Insertion of Chest Tubes	10		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-4(c)*	Atrial and Ventricul Pacing Wire Remov			
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-4(d)*	Intracardiac Indwelling Line Removal	10		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-4(e)*	Peripherally Inserte Central Venous Catheters (PICC) Lines	d 15		

СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE		SPECIAL PR	OCEDUR	ES	
										Must app	ly for and maintain Pedi	atric Critica	al Care Core	e Privileges
											SUPERVISION	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-4(f)*	Emergency/Urgent Endotracheal Intubation	10		
											SUPERVISION QUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-4(h)*	Insertion of Central Venous Catheters (Femoral/Internal Jugular)	15		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-4(i)*	Percutaneous Arterial Lines	15		

Maintenance Criteria for Continued Privileges (CAHP-PED-4(a-f)):

The Practitioner must provide documentation of current clinical competence and performance of a minimum of ten (10) representative samples of the over a two (2) year period based on results of ongoing professional practice evaluation and outcomes to be eligible to reapply for privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold privileges but who is not able to document the minimal number of ten (10) representative samples will be requested to voluntarily withdraw their request for such clinical privileges.

Maintenance Criteria for Continued Privileges (CAHP-PED-4(g-i)) General Supervision Special Procedures**:

The Practitioner must provide documentation of current clinical competence and performance of a minimum number of procedures over a two (2) year period based on results of ongoing professional practice evaluation and outcomes to be eligible to reapply for privileges. This will be reviewed at the time of reappointment. Practitioners who would like to continue to hold privileges but who are not able to document the minimal number of cases will be requested to voluntarily withdraw their request for such clinical privileges.

Insertion of Central Venous Catheters (Femoral/Internal Jugular) 10

Percutaneous Arterial Lines (radial femoral) 5

**maximum of 50% performed in the approved simulation laboratory

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		SPECIALTY O		IC DERMATOLOGY
										CAHP-PED -5	dermatology pra physical exam development of tr patients within th sponsoring ph Professional may	ctice, includii s, diagnos reatment plan e age group ysician(s).	services consistent with ng the performance of ing conditions, the s, health counseling for of patients seen by the The Allied Health tients to the hospital but ehalf of the supervising
The Alli medical	ed Health	Professiona es such as N	al may, in Iohs micro	consultatio	on with the s urgery, if app	supervisii blicable; p	ng physic perform w	cian, perfo	rm the following duties: idement, suturing and c	initiate/place order	s on behalf of the erficial wounds and	supervising p minor superfi	hysician; assist in major cial surgical procedures;
initiate r	eferrals to	appropriate	physiciar	ns; make d	aily rounds o	on hospita	alized pat	tients with		e sponsoring physici	an; obtain and reco	ord medical/so	ocial history and perform
СМС	Pine.	Univ. CR	Lin.	САВ	Union St	anly Ai	nson	CLE			GY SPECIAL PI		-
										t apply for and main			Privileges
									-	E SUPERVISION	Minimum Number Required	Number Performed Within The Past 2 Years	Location
		N/A							CAHP-PED-5(a)*	Cryosurgery	10		
		N/A							CAHP-PED-5(b)*	Electrosurgery/l odesiccation	Electr 10		
		N/A							CAHP-PED-5(c)*	Biopsies and s and co excisions	simple 10 mplex		
		N/A							CAHP-PED-5(d)*	Perform incisio drainage of super abscesses			
				* F	REQUIRED	PREVIO		ERIENCE	REQUIRED FOR ALL		GES:		
2. Doo the 2. If th	cumentatio privileges ne Applica	on of curren being requ nt is unable	t compete ested with to demor	of approp ence which nin the pas	riate training i includes at it two (2) ye rent clinical	g, i.e., pat t least the ars; OR compete	tient logs e minimur ence in ar	, verification m number ny of the p	on from the training pro required as defined by	gram director; AND the medical staff. T	The Applicant mus	•	dence of performance of ROCTORED REQUES
						Maint	enance (Criteria fo	r Continued Special I				
and out	comes to	reapply for	current sp	ecial privi	leges. This	will be re	viewed a	at the time		ctitioners who woul	d like to continue	o hold any sp	onal practice evaluation pecial privileges but are

CMC	Pineville		ersity Sity	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		SPECIALTY OF	PEDIATRI	CEMERGENCY
												MEDICINE		
	N/A	N	I/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	v F i i i f f	within the age grou obysician who pre- with any symptom provide services Ilnesses or injuries f additional care is ong-term care of p Allied Health Profe	p of patients sent in the I n, illness, in necessary es. Stabiliz and assess necessary. I patients on a ssional may nitiate/place	nd initially treat patients seen by the supervising Emergency Department jury, or condition, and to ameliorate minor te patients with major all patients to determine Privileges do not include an inpatient basis. The not admit patients to the orders on behalf of the
and mar and reco modalitie	nage cast ord medic es; perfor	ts and s al/socia m incis	plints; al histor ion and	perform w y and per d drainage	ound deb form physe of super	ridement a sical exam ficial abso	and gene inations i esses; pe	ral care fo ncluding re erform prel	r superficia ectal and g iminary inf	enitor-urinary examination	perficial surgical pro- ons as indicated; oc th immediate secor	cedures; initiate ref cular tonometry; orc nd reading by supe	ferral to appr ler diagnostic rvising physi	opriate physician; obtain c testing and therapeutic cian; field infiltrations of
СМС	Pine.	Univ.	CR	Lin.			-	Anson	CLE		RIC EMERGENC			
											ly for and maintain l			
										PROXIMATI	É SUPERVISION QUIRED		Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-6(a)*	Perform anoscop	by 10		
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	CAHP-PED-6(b)*	Remove central	10		

venous catheters

endocrinology practice, including the per physical exams, diagnosing cond development of treatment plans, health co patients. The Allied Health Professional m	СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC ENDOCRINOLOGY CORE PRIVILEGES
behalf of the supervising physician.											CAHP-PED-7	Provide care, treatment, and services consistent with endocrinology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients. The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries.

physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising	CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		SPECIALTY OF PEDIATRIC GASTROENTEROLOGY
											CAHP-PED-8	gastroenterology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; initiate referral to appropriate physician; Counsel and instruct patients and significant others as appropriate; obtain medical histories and perform physical exams; order diagnostic testing and therapeutic modalities; peg tube replacement-mature tract; make daily rounds on hospitalized patients with or at the direction of the supervising physician; record progress notes, write discharge summaries.

Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	GA	STROENTEROLO	OGY SPEC		URES
									Must ap	ply for and maintain F	Pediatric Gast	roenterology Co	re Privileges
									PROXIMATE S REQU		Minimum Number Required	Number Performed Within The Past 2 Years	Location
		N/A							CAHP-PED-8(a)*	Paracentesis	10		

* REQUIRED PREVIOUS EXPERIENCE REQUIRED FOR ALL SPECIAL PRIVILEGES:

1. Applicants must present evidence of appropriate training, i.e., patient logs, verification from the training program director; AND

- 2. Documentation of current competence which includes at least the minimum number required as defined by the medical staff. The Applicant must present evidence of performance of the privileges being requested within the past two (2) years; **OR**
- 2. If the Applicant is unable to demonstrate current clinical competence in any of the procedures being requested they may submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting to be proctored by the Sponsoring Physician who currently holds the privilege.

Maintenance Criteria for Continued Special Privileges:

The Practitioner must submit at least two (2) 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.

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC HEMATOLOGY/MEDICAL ONCOLOGY CORE PRIVILEGES
										CAHP-PED-9	Provide care, treatment, and services consistent with hematology/oncology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). Allied Health Professionals may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries; lumbar puncture.

СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAHP-PED-9	:	SPECIAL maintain Pe	PROCEDU	CAL ONCOLOGY RES rology/Medical Oncology
										PROXIMATE S REQU	IRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAHP-PED-9(a)*	Bone Marrow Aspiration and Biopsy	10		
										CAHP-PED-9(c)*	Thoracentesis	10		
										CAHP-PED-9(d)*	Paracentesis	10		
										CAHP-PED-9(e)*	Administration of intrathecal chemotherapeutic agents	10		

Maintenance Criteria for Continued Privileges (CCAHP-PED-9(a-e)): The Practitioner must submit a minimum of five (5) cases, for each 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.

CMC	Pine.	Univ.	CR	Lin.	САВ	Union	Stanly	Anson	CLE	CAHP-PED-9	PEDIATRIC HEMA		MEDICAL O	NCOLOGY SPECIAL
											Must apply for and r		diatric Hemato Privileges	ology/Medical Oncology
										-	SUPERVISION JIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAHP-PED-9(f)*	Write oral/subcutaneous/ Intramuscular/ intravenous/ intraperitoneal antineoplastic agents per protocol prescribed by the attending oncologist	30		
The Pr	actitione	er must s	submit a	minimu	um of fift	een (15)				inued Privileges (CAF	IP-PED-9(f)): sults of ongoing profes	sional pract	ice evaluatio	and outcomes to
reappl	y for cur	rent spe	cial priv	<mark>ileges.</mark> 1	This will	be review	ved at the	time of r	eappointment. P	ractitioners who would	like to continue to hold	any specia	l privileges bi	

APPLICANT MUST:

1. (a) Show evidence of qualification by completion of a six (6) month formal training program with in the past two (2) years;

OR

(b) Submit documentation of experience of writing at least thirty (30) cases of oral/subcutaneous/intramuscular and/or intravenous/intraperitoneal antineoplastic agents within the past two (2) years.

In reviewing requests for privileges, the Credentials Committee will determine if the course content or experience are judged to be satisfactory for the recommendation of privileges.

I. Formal Training Program – Please include the location, dates, type of program and the name and address of the practitioner responsible for your training.

II. Post Graduate Program – Please include course description, copy of course certificate and the name and address of the practitioner responsible for your training.

III. Prescribing Experience at Other Hospitals: Please provide a list of cases and the name and address of the supervising/collaborating physician.

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		TELEMEDICINE PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS
										CAHP-PED-10	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 consulting, prescribing, rendering a diagnosis or otherwise providing clinical treatment to a patient using telemedicine in accordance with all laws, regulations, hospital guidelines and the Bylaws of the Medical and Dental Staff. The Supervising Physician shall remain responsible for all clinical activity of the Allied Health Professional. PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee.

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC INFECTIOUS DISEASES CORE PRIVILEGES
										CAHP-PED-11	Provide care, treatment, and services consistent with Infectious Disease practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; initiate referral to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; record progress notes; write discharge summaries; lumbar puncture.

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		SPECIALTY OF NEONATOLOGY
										CAHP-PED-12	Evaluate, diagnose, treat, and provide consultation to newborns presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities, and sepsis, and provide consultation to mothers with high-risk pregnancies. Assess, stabilize, and determine the disposition of patients with emergent conditions. Allied Health Professionals may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

management of neonates; assess patient in the Emergency Department prior to sponsoring physician's arrival; obtain and record medical history and perform physical examinations; develop and implement an initial plan for patients in collaboration with the neonatologist; perform diagnostic and therapeutic procedures; performing arterial puncture; performing endotracheal intubation; lumbar puncture; performing exchange transfusions; initiating cardiopulmonary resuscitation; inserting and managing central venous catheters; insertion of chest tubes; thoracentesis; inserting and managing percutaneous arterial catheters; inserting and managing percutaneous venous catheters; inserting and managing umbilical artery catheters; inserting and managing umbilical venous catheters; performing laryngoscopy and suction; performing scalp vein infusion; performing suprapubic bladder aspiration; ventilator management for newborns and infants; ventricular access device (not cardiac) aspirations; record progress notes; write discharge summaries.

СМС	Pineville		versity City	CR	Lincoln	Cabar	rus Un	ion S	anly Ans	son	Cleveland			EDIATRIC N RIVILEGES	NEPHROLO	OGY CORE
												САН	wi pr ar ch wi su Pr bu	th nephrolog omotes heal ad/or manag pronic diseas thin the ag pervising rofessional n	gy practice v th, prevents jes the com le, and preve je group of physician. nay not adm ate/place or	and services consistent with a focus on care that kidney disease, presents pplications of acute and ents disability for patients patients seen by the The Allied Health it patients to the hospital ders on behalf of the
debride the dire diagnos summa	ment and ction of the tic testing	l genera he supe	al care f ervising	or superfi physiciar	cial wour n; obtain a	nds and and reco	minor su ord medi	perficial cal/socia	surgical pro I history an nesthetic so	ocedur nd perf olutions	res; initiate referral to a form physical examina	approp ations	e/place orders on b priate physician; ma including rectal an	ehalf of the s ake daily rou d genitor-urii	supervising p nds on hosp nary examina	physician; perform wound italized patients with or at ations as indicated; order ess notes; write discharge
СМС	Pine.	Univ.	CR	Lin.	САВ	Union	Stanly	Anson	CLE	E	CAHP-PED-13		-			AL PROCEDURES
				11				1			PERSONAL REG	SUP QUIRE	ERVISION	Minimum Number Required	Number Performed Within The Past 2 Years	Location
											CAHP-PED-13(a)*	F Ir V	Placement of Femoral or nternal Jugular /ascular Catheters	10		
											CAHP-PED-13(b)*		Remove Permacaths	10		

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PEDIATRIC PULMONARY DISEASE CORE PRIVILEGES
										CAHP-PED-14	Provide care, treatment, and services consistent with a Pulmonary practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

to appropriate physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations; order diagnostic testing and therapeutic modalities; remove chest tubes; perform field infiltrations of anesthetic solutions; record progress notes; write discharge summaries.

СМС	Pineville		versity City	CR	Lincoln	Cabar	rus Uni	on Sta	anly	Anson	Cleveland		PEDIATRIC		DLOGY CORE
													with Rheum performance conditions, th health counse of patients se The Allied H	atology pr of physica e developme ling for patie een by the s lealth Profes hospital but	and services consistent actice, including the al exams, diagnosing ent of treatment plans, nts within the age group sponsoring physician(s). ssional may not admit may initiate/place orders g physician.
to appro	opriate pl	hysiciar	n; make	daily ro	unds on	hospitali	zed patie	nts with	or at t	the direc		physician; obtain and			physician; initiate referral ory and perform physical
СМС	Pine.	Univ.	CR	Lin.	САВ	Union	Stanly	Anson		CLE	CAHP-PED-15		r and maintain		CIAL PROCEDURES
											GENERAL SUPE	RVISION REQUIREI	D Minimum Number Required	Number Performed Within The Past 2 Years	Location
											CAHP-PED-15(a)*	Joint Injections	10		
											CAHP-PED-15(b)*	Cortisone and Hyaluronic Acid Injections	10		
											CAHP-PED-15(c)*	Trigger Point Injections	10		

Maintenance Criteria for Continued Special Privileges:

The Practitioner must submit a representative sample of a minimum of ten (10) cases, to include at least two (2) 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.

CMC	Pinevill	e Universi City	ity	CR	Lincol n	Cabarrus	Union	Stanly	Anson	Cleveland		OUTPATIENT CORE PRIVILE	•••••••••••••••••••••••••••••••••••••••	ERAL PEDIATRICS
	N/A	N/A		N/A							CAHP-PED-16	General Pediatric	cs – Outpatient	Core Privileges
clinics the de proble	that are evelopme ems inclu	on the hosp nt of treatm ding suspe	oital lic nent pl cted s	ense, inclu lans, provi exual abu	ding trea de medic se and ra	tment and al service ipe; or ph	d service s and pai iysical ab	s consist rticipate in ouse, em	ent with p n the teach otional abi	orm the following duties: ediatric practice, includir ing activities and health use, mental health issue Health Professionals ma	ng the performance counseling to inclue es including eating	of physical exan de pregnancy tes disorders and scl	ns, diagnosing ting; screen an	conditions, assisting in d refer for other health
CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CAHP-PED-16	OUTPATIE		NERAL PEDIA CEDURES	ATRICS SPECIAL
											Must apply for		oatient Only - G ivileges	eneral Pediatrics Core
						-	·				SUPERVISION QUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
	N/A	N/A	N/A							CAHP-PED-16(a)*	Suturing	10		
	N/A	N/A	N/A				İ	ĺ		CAHP-PED-16(b)*	Digital Blocks	5		
	N/A	N/A	N/A							CAHP-PED-16(c)*	Insertion - Subcutaneous Birth Control Implant	5		
	N/A	N/A	N/A							CAHP-PED-16(d)*	Removal - Subcutaneous Birth Control Implant	5		
	N/A	N/A	N/A							CAHP-PED-16(e)*	Toe Nail Remov	val 5		
	N/A	N/A	N/A							CAHP-PED-16(f)*	Incision and Drainage of Superficial Abscesses	5		

* REQUIRED PREVIOUS EXPERIENCE REQUIRED FOR ALL SPECIAL PRIVILEGES (CAHP-PED-16(a-f)):

 Applicants must present evidence of appropriate training, i.e., patient logs, verification from the training program director; AND
Documentation of current competence which includes at least the minimum number required as defined by the medical staff. The Applicant must present evidence of performance of the privileges being requested within the past two (2) years; OR

2. If the Applicant is unable to demonstrate current clinical competence in any of the procedures being requested they may submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting to be proctored by the Sponsoring Physician who currently holds the privilege.

СМС	Pine.	Univ.	CR	LIN	CAB	Union	Stanly	Anson	CLE	CAHP-PED-16	OUTPATIENT OF		NERAL PEDIA CEDURES	ATRICS SPECIAL
											Must apply for and m		-	eneral Pediatrics Core
												Pr	ivileges Number	
											SUPERVISION JIRED	Minimum Number Required	Performed Within The Past 2 Years	Location
	N/A	N/A	N/A							CAHP-PED-16(g)*	Intrauterine Device (IUD) insertion and removal	5		
	N/A	N/A	N/A							CAHP-PED-16(h)*	Long Acting Subdermal Contraception insertion and removal	5		
				vidence	of appro	opriate tra	aining, i.e	., patient	logs, verification	from the training progr				
				•		ich includ	des at lea	st the mil	nimum number re	equired, to include of th	wo (2) IUD Placements	and two (2)	IUD Removals	services in adolescent
	atients du					urrent ali		notonoo	in any of the proc	aduraa haina raguaata	ed they may submit the	DEDMICOL		
									currently holds the		ed they may submit the	FERINISSI		JUTORED REQUEST
		lacound	to be p		by the c					Special Privileges(CA	HP-PFD-16(g-h))			
The P	ractitione	er must	submit a	at least f	our (4) o							sults of onc	noina professio	nal practice evaluation
														ecial privileges but are
											and to complete the ne			

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland			TERM NEWBORN NURSERY PRIVILEGES
			N/A								CAHP-PED-17	Provide care, treatment, and services consistent with term newborn practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling for patients within the age group of patients seen by the sponsoring physician(s). Allied Health Professionals may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.
diagnos by med medica	se, and trea ical staff ap I/social hist	at neonatal oproved pro tory and per	illnesses, i tocols; initi form physi	ncluding ad ate referral cal examin	cute condit I to approp ations; orc	ions, or a riate phys ler diagno	iny other sician; ma ostic testir	condition ke daily r ng and the	that is within ounds on ho	the expertis spitalized pa dalities; perf	se and knowledge tients with or at the	orders on behalf of the supervising physician; assess, of the Allied Health Professional; direct care as specified e direction of the supervising physician; obtain and record is of anesthetic solutions; perform routine immunizations;

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.

<u>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.</u>

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	

Approval by the CHS Medical Executive Committee: 05/18/2017; 08/17/2017; 11/09/2017; 11/08/2018; 09/20/2018 Approval by the Board of Commissioners: 06/13/2017; 09/12/2017; 12/12/2017; 12/11/2018; 03/12/2019