

STANLY REGIONAL MEDICAL CENTER  
REAPPOINTMENT DELINEATION OF PRIVILEGES FORM  
ADVANCED PRACTICE PROVIDER  
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER  
SPECIALTY OF INTERNAL MEDICINE

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 Stanly Regional Medical Center, 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 Stanly Regional Medical Center.

**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 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 a 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.
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 Stanly Regional Medical Center.

Print Name:

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 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 ADVANCED PRACTICE PROVIDER 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.

**REAPPOINTMENT DELINEATION OF PRIVILEGES FORM  
ADVANCED PRACTICE PROVIDERS  
SPECIALTY OF INTERNAL MEDICINE**

Print Name:

**NOTE: "CORE" privileges cannot be amended or altered in any way.  
\*SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA)**  
ADVANCED PRACTICE PROVIDERS must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges at any facility within Stanly Regional Medical Center.

SRMC		<b>SPECIALTY OF WOUND CARE</b>
	APP-MED-14	<b>WOUND CARE CORE PRIVILEGES</b>

Provide care, treatment, and services consistent with Rheumatology 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 ADVANCED PRACTICE PROVIDER may not admit patients to the hospital.

The ADVANCED PRACTICE PROVIDER may, in consultation with the supervising physician, perform the following duties: apply, remove, and change dressings and bandages; counsel and instruct patients and significant others as appropriate; perform wound debridement and general care for wounds and minor surgical procedures; chemical or enzymatic debridement applying debriding medication to the wound and covering it with dressing; surgical or sharp debridement of removing dead (necrotic) tissue; mechanical debridement methods, i.e., high-pressure whirlpool baths, syringes or catheters which remove dead or infected tissue by force; autolytic debridement for wounds; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician; remove central venous catheters; monitor and manage stable acute and chronic illnesses of the population served; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, x-ray, EKG, IV fluids and electrolytes; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; perform urinary bladder catheterization (short-term and indwelling); remove chest tubes; perform arterial blood gases perform venous punctures for blood sampling, cultures, and IV catheterization; record progress notes; write discharge summaries.

It is noted that wound debridement is the surgical, chemical or mechanical removal of wound or burn tissue to promote healing, decrease inflammation, and fight infection. The procedure(s) removes tissue from pressure ulcers, burns, and other wounds. Parts of the body involved may include skin, fascia, muscle or supportive tissue below the skin's surface.

Wound Care Core privileges do not preclude physicians who have been trained in wound management as part of their specialty from exercising those privileges.

SRMC	APP-MED-14	<b>SPECIAL PROCEDURES</b>				
		<b>**GENERAL SUPERVISION</b>	Minimum performed	Number	Year	Location
	APP-MED-14 (a) *	Application of Skin Substitutes	10			
	APP-MED-14 (b) *	Hyperbaric Supervision	10			

**\* REQUIRED PREVIOUS EXPERIENCE REQUIRED FOR APP-MED-14:**

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 twenty-four (24) months.  
**OR**
3. 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.

Print Name:

**Maintenance Criteria for Continued Privileges:**

The Practitioner must provide documentation of current clinical competence and performance of a minimum of ten (10) representative samples of the over a twenty-four month 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.

SRMC		<b>TELEMEDICINE PRIVILEGES FOR ADVANCED PRACTICE PROVIDERS</b>
	APP-MED-15	<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 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 ADVANCED PRACTICE PROVIDER.</p> <p>PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee.</p>

Print Name:

SRMC		<b>ULTRASOUND GUIDANCE FOR NON-DIAGNOSTIC DIRECTIONAL/ THERAPEUTIC USE ONLY</b>			
		Minimum Number Performed	NUMBER	YEAR	LOCATION
	APP-US-1	Ultrasound Guidance for Non-Diagnostic (Directional/ Therapeutic) Use Only	10		

APPLICANT MUST:

1. Submit a written request to use ultrasound. Also list type(s) of procedures for which privileges are requested (example: thoracentesis and paracentesis); **AND**
2. Either
  - (a) Show evidence of qualification by completion of a formal training program;  
**OR**
  - (b) Show evidence of attending a Continuing Education Accreditation course on the use of ultrasound in which privileges are requested, as well as evidence of hands-on experience;  
**OR**
  - (c) Submit documentation log book of 10 cases in which small parts ultrasound scanner was utilized;  
**OR**
  - (d) Show evidence of participation in a CHS mini-course through the Department of Internal Medicine or Emergency Medicine, confirming the ability to identify the pertinent structures.

In reviewing requests for privileges, the Allied Health Review Committee will determine if the course content and hands-on experience are judged to be satisfactory for the recommendation of privileges.

I hereby request privileges to perform ultrasound guidance for non-diagnostic directional/therapeutic use only for the following procedures and have enclosed evidence of certification of my training as follows:

\_\_\_\_\_

\_\_\_\_\_

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. Case Experience at Other Hospitals: Please provide a list of cases and the name and address of the proctor(s).

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Applicant

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name of Sponsoring Physician

=====

Approval by:

CHS Medical Executive Committee: 08/17/2017  
Board of Commissioners: 09/12/2017