ATRIUM HEALTH ADVANCED PRACTICE PROVIDER 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 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:

- 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 Medicine 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 (lifeor 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 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 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.

ATRIUM HEALTH REAPPOINTMENT DELINEATION OF PRIVILEGES FORM ADVANCED PRACTICE PROVIDER SPECIALTIES OF INTERNAL MEDICINE

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.

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.

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		GENERAL INTERNAL MEDICINE (ADULT) CORE PRIVILEGES
										CAPP-MED-1	Provide care, treatment, and services consistent with adult 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 but may initiate/place orders on behalf of the supervising physician.

The ADVANCED PRACTICE PROVIDER 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 including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; remove chest tubes; record progress notes; write discharge summaries; lumbar puncture.

Print Name

СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-MED-1	SPE	CIAL PRO	CEDURES	
			·		·					PROXIMATE SI	JPERVISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAPP-MED-1 (b)*	PICC Lines (excluding internal jugular lines and subclavian placement)	15		
											JPERVISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAPP-MED-1 (c)*	Insertion of arterial lines	10		
										CAPP-MED-1 (d)*	Cardiac Stress Testing - Exercise	10		
										CAPP-MED-1 (e)*	Cardiac Stress Testing – Drug Induced	10		
										CAPP-MED-1 (f)*	Insertion - Subcutaneous Birth Control Implant	10		
										CAPP-MED-1 (g)*	Removal - Subcutaneous Birth Control Implant	10		
										CAPP-MED-1 (h)*	Joint Injections	10		
										CAPP-MED-1 (i)*	Incision and Drainage of Superficial Abscess	10		

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

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.

Print Name

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
									N/A	CAPP-MED-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 ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The ADVANCED PRACTICE PROVIDER 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	Cabar	rrus U	Jnion	Stanly	Anson	Cleveland		ARDIOVAS RIVILEGES		EASE CORE
											d id w s P to	agnosed wit entified as ithin the ag upervising RACTICE F the hospita	at risk for o ge group of physician. PROVIDER	cular disease and those cardiac vascular events f patients seen by the The ADVANCED may not admit patients initiate/place orders on
physicia rounds and gei of supe	an; perfor on hospit nitor-urina rficial abs	m wound o alized patie ry examina cesses; pro	ebrideme ents with c tions as ir eliminary i	nt and gor at the o ndicated; nterpreta	eneral c directior order d ation of	care for n of the liagnost electroc	superf superv tic testil cardiog	ficial wo /ising p ng and ram wi	bunds and hysician; therapeut th physicia	d minor superficial surgi obtain and record medi tic modalities; perform fi	cal procedures; initia cal/social history and eld infiltrations of ane progress notes; write	te referral to perform ph sthetic solut discharge s	o appropriat ysical exam tions; perfor	ehalf of the supervising e physician; make daily inations including rectal m incision and drainage Provide basic care and
	-	-								tification. Documentatio	n of current certificat			
Directir смс	-	ning Advan ^{Univ. CR}	ced Cardi	ас Life S сав	Support (Union	(ACLS) Stanly	in acco		e with cer	CAPP-MED-3			PROCEDU Number	RES
	-	-								CAPP-MED-3 PROXIMATE	n of current certificat		PROCEDU	RES
	-	-							CLE N/A	CAPP-MED-3 PROXIMATE REQ CAPP-MED-3 (a)*	SUPERVISION	SPECIAL Minimum Number	PROCEDU Number Performed Within The Past 2	
	Pine.	-		САВ		Stanly		on	CLE	CAPP-MED-3 PROXIMATE REQ	SUPERVISION UIRED Insertion of Central Venous Catheters	SPECIAL Minimum Number Required 10	PROCEDU Number Performed Within The Past 2 Years PROCEDU	Location
СМС	Pine.	Univ. CR	Lin.	CAB N/A	Union	Stanly N/A	Anso	on	CLE N/A	CAPP-MED-3 PROXIMATE REQ	SUPERVISION UIRED	SPECIAL Minimum Number Required 10	PROCEDU Number Performed Within The Past 2 Years	Location

Print Name

СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-MED-3		SPECIAL	PROCEDU	RES
					1					GENERAL SUPER		Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAPP-MED-3 (c)*	Cardiac Stress Testing – Drug Induced (This includes the ability to obtain the Confirmation of Consent)	10		
СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-MED-3		SPECIAL	PROCEDU	RES
										GENERAL SUPER	ISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
					N/A		N/A		N/A	CAPP-MED-3 (d)*	Tilt Table Testing (This includes the ability to obtain the Confirmation of Consent)	10		
										CAPP-MED-3(e)	Implantable Loop Recorder Implantation and Removal	10		

Maintenance Criteria for Continued Special Privileges (CAPP-MED-3):

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.

• CAPP – MED-3(e) Implantable Loop Recorder Implantation and Removal - (ten) 10 cases over the past two (2) years.

maximum of 50% performed in the approved simulation laboratory

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		CRITICAL	CARE MEI	DICINE CORE
			N1/A							CAPP-MED-4 M	anagement of		ding risk appraisal,
			N/A										c tests, providing
													mplex needs who are
													p of patients seen by
											e sponsoring		
													urgical, postsurgical, are). The ADVANCED
													not admit patients to
													ace orders on behalf
											the supervising		
									ysician, perform the follo				
behalf o	of the supe	ervising phy	sician; Per	form histo	ory and phy	/sical exa	mination	s on new	admissions or consultati	ions at the direction o	f the supervising	g physician; i	make daily rounds on
hospita	lized patie	ents with or a	at the direc	tion of the	e supervisii	ng physici	an; obta	in and rec	ord medical/social histor	y and perform physic	al examinations	including red	ctal and genitourinary
									r summaries; order and ding by the supervising p				
									ations, treatments, vent				
									ecannulation; perform lo				
									al procedures; perform i				
						of acute	cardiopu	ılmonary a	arrest following Advance	d Cardiac Life Suppo	rt (ACLS) in acc	ordance with	n current certification;
initiate смс		appropriate	physician;					CLE					
СМС	Pine.	Univ. CR	Lin.	CAB	Union St	anly Ar	ison	CLE		SPECIAI	PROCEDUR	ES	
									Must app	ly for and maintain (Critical Care M	edicine Core	e Privileges
	•								PROXIMAT	E SUPERVISION		Number	
									REG	QUIRED	Minimum	Performed Within The	
											Number	Past 2	1
									CAPP-MED-4(a)*	Insertion of Ches	Required at 10	Years	Location
		N/A								Tubes			
									CAPP-MED-4(b)*	Insertion of Cent	ral 10		
		N/A								Venous Catheter			
										(Subclavian)	3		
									CAPP-MED-4(c)*	Peripherally	15		
		N/A								Inserted Central	15		
										Venous Catheter	-e		
						1			1		a 1		
										-	•		
										(PICC) Lines			
		N/A							CAPP-MED-4(d)*	(PICC) Lines Insertion of	10		
		N/A							CAPP-MED-4(d)*	(PICC) Lines	10		

СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE		SPECIAL PR	OCEDUR	ES	
											ly for and maintain Critic	al Care M	edicine Core	e Privileges
											SUPERVISION		Number Performed	
										REC	QUIRED	Minimum	Within The	
												Number Required	Past 2 Years	Location
										CAPP-MED-4(e)*	Intra-aortic balloon	5		
			N/A								pump removal	-		
	•									PERSONAL	SUPERVISION		Number	
										REC	QUIRED	Minimum	Performed Within The	
												Number	Past 2	La cardia c
										CAPP-MED-4(f)*	Fiberoptic	Required 10	Years	Location
			N/A								Bronchoscopy in	10		
											the intubated			
											patient for removal			
											of secretions			
											diagnosis of			
											pneumonia			
	•		•	•	•		•	•		**GENERAL	SUPERVISION		Number	
										REC	QUIRED	Minimum	Performed Within The	
												Number	Past 2	Looption
										CAPP-MED-4(g)*	Emergency/Urgent	Required 10	Years	Location
			N/A							0,	Endotracheal	10		
											Intubation			
		1	N/A		1					CAPP-MED-4(h)*	Thoracentesis	10	1	
			IN/A											
			N/A							CAPP-MED-4(i)*	Paracentesis	10		
			N/A		1					CAPP-MED-4(k)*	Insertion of	15		
			11/7								Percutaneous			
											Arterial Lines			
			N/A							CAPP-MED-4(I)*	Insertion of Central	15		
											Venous			
											Catheters(Femoral/			
											Internal Jugular)			

Print Name

Maintenance Criteria for Continued Privileges (CAPP-MED-4) 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
•	Paracentesis	5
•	Percutaneous Arterial Lines (radial femoral)	5
•	Thoracentesis	5
•	Emergency/Urgent Endotracheal Intubation	10

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

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	:	SPECIALTY	OF DERMA	TOLOGY
											with derma berformance conditions, the nealth couns group of pa physician(s). PROVIDER nospital but m he supervisir	tology pra of physica e developm eling for pa atients seer The AD may not a nay initiate/pl ng physician	
surgery, other he directior	if applica althcare of the s	able; perforn professiona	n wound c al for prob physician;	lebrideme lems that obtain ar	ent and ge t exceed t nd record	neral cai he ADV/ medical/	re for su ANCED social hi	perficial wo PRACTIC story and	ounds and minor superf E PROVIDER's scope	icial surgical procedu of practice; make da	ires; initiate r aily rounds or	eferrals to ap hospitalized	n as Mohs micrographic opropriate physicians or d patients with or at the utic field infiltrations of
СМС		Univ. CR	Lin.				inson Cl		CAPP-MED-5		SPECIAL I	PROCEDU	RES
										SUPERVISION UIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
									CAPP-MED-5 (a)*	Cryosurgery	10		
									CAPP-MED-5 (b)*	Electrosurgery/ Electrodessication	10 1		
									CAPP-MED-5 (c)*	Biopsies and simple and complex excisions	10		
									CAPP-MED-5 (d)*	Perform incision and drainage of superficial abscesses	10		
evaluation and the second s	on and o	utcomes to I	eapply fo	m of <mark>five (</mark> r current :	(5) cases, special pri	for each vileges.	special This will	privilege h be review	ed at the time of reappo	ivileges (CAPP-ME 2) years based on ac ointment. Practitione	ceptable resi rs who would	l like to conti	ng professional practice nue to hold any special e necessary proctoring

Print Name

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		ENDOCRINOLOGY CORE PRIVILEGES
										CAPP-MED-6	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 ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The ADVANCED PRACTICE PROVIDER 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 O	GASTROE	ENTEROLOGY
										CAPP-MED-7	with gastroend performance of conditions, the health counselin of patients physician(s). PROVIDER ma but may initial supervising phy	erology pr of physical developme ng for patien seen b The AD\ y not admit e/place ord sician.	ANCED PRACTICE patients to the hospital ers on behalf of the
													half of the supervising
													ospitalized patients with
		n of the si	ipervising	physician	; order d	agnostic	testing	and therap	eutic modalities; peg ti	ibe replacement-i	mature tract; reco	ord progress	notes; write discharge
summa							-						
СМС	Pine.	Univ. CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-MED-7		SPECIAL I	PROCEDUR	RES
										SUPERVISION QUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
									CAPP-MED-7(a)	Paracentesis	10		
				Mai	ntenance		for Con	tinued Spe	cial Gastroenterology	Privileges (CAPP			
	etitionor m	uct cubmit	o minimum									noing profess	vional 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

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		HEMATOLOGY/MEDICAL ONCOLOGY CORE PRIVILEGES
										CAPP-MED-8	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).The ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The ADVANCED PRACTICE PROVIDER 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 or other healthcare professional of problems that exceed the ADVANCED PRACTICE PROVIDERs scope of practice; 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; perform field infiltrations of anesthetic solutions; order diagnostic testing and therapeutic modalities; record progress notes; write discharge summaries; lumbar puncture.

СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-MED-8		SPECIAL	PROCEDU	RES
										PROXIMATE S REQU		Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAPP-MED-8(a)*	Bone Marrow Aspiration and Biopsy	10		
										CAPP-MED-8(c)*	Administration of Intrathecal Antineoplastic Agents	5		
										CAPP-MED-8(d)*	Punch Biopsy	10		
										CAPP-MED-8(g)*	Fat Pad Aspirate	5		

Print Name

Maintenance Criteria for Continued Special Privileges (CAPP-MED-8a, c, d):

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.

Maintenance Criteria for Continued Special Privileges (CAPP-MED-8g):

The Practitioner must submit two (2) cases every 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	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-MED-8	SPE	ECIAL PRO	OCEDURES	6
										PROXIMATE SU	PERVISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAPP-MED-8(e)*	Write oral/subcutaneous/Intra muscular/ intravenous/ intraperitoneal antineoplastic agents per protocol prescribed by the attending oncologist	30		

APPLICANT MUST:

(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.

Print Name

СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAPP-MED-8	SPE	CIAL PRO	CEDURES	
										GENERAL SU	PERVISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CAPP-MED-8(f)*	Extracorporeal photopheresis (ECP)	5		

Maintenance Criteria for Continued Special Privileges (CAPP-MED-8f):

The Practitioner must submit two (2) cases every 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		ersity ity	CR	Lincoln	Cabarru	s Unior	n Star	nly A	Anson	Cleveland		HOSPITALIS	T CORE PR	IVILEGES
													with hospitalis History & Ph diagnosing of treatment pla within the ag sponsoring PRACTICE F to the hospi	st practice, in ysicals, inte conditions, ins, health o ge group of physician(s) PROVIDER r tal but may	and services consistent cluding performance of rpretation of labs and the development of counseling for patients patients seen by the . The ADVANCED may not admit patients initiate/placement of pervising physician.
												form the following duties: i			
												on hospitalized patients with	, or at the dire	ection of, the	supervising physician;
	nd interp	<u> </u>					dalities;	write pro	<u> </u>	notes	; write discharge	e summaries.			
СМС	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	C	APP-MED-9	SF	PECIAL PRO	CEDURES	
											PROXIMATE SU	JPERVISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
										CA	PP-MED-9(a)*	Insertion of Central Venous Catheters	10		

Maintenance Criteria for Continued Special Privileges (CAPP-MED-9):

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.

Print Name

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		INFECTIOUS DISEASES CORE PRIVILEGES
										CAPP-MED-10	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 ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.
physicia	in; perform	n wound de	bridement	and gene	ral care fo	r superfic	ial wound	ds and m	inor superficial surgical	procedures; initiate	initiate/place orders on behalf of the supervising 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.

Print Name

СМС	Pinevill		versity City	CR	Lincoln	Cabar	rus Ur	iion S	Stanly	Anson	Cleveland		NEPHROLO	GY CORE P	RIVILEGES
													with nephrolo promotes he presents and disability for patients seen ADVANCED admit patiel	gy practice v ealth, prev l/or manage chronic di patients wi by the sup PRACTICE nts to the	and services consistent with a focus on care that ents kidney disease, as the complications of sease, and prevents thin the age group of ervising physician. The PROVIDER may not e hospital but may ehalf of the supervising
							noultati	an with	the e	un on vioin	a nhuaiaian narfarm th		,	ardara an h	half of the ounomising
physici on hosp urinary absces	an; perfo pitalized examina ses; reco	orm wou patient ations a ord prog	und deb s with o is indica gress no	ridement r at the d ated; orde otes; writ	t and ge lirection er diagn e discha	neral car of the su ostic tes arge sum	re for supervisir upervisir sting and nmaries.	perficial lg physi l therap	woun cian; c eutic r	ds and m obtain and modalities	inor superficial surgical d record medical/social ; perform field infiltratio	procedures; initiate re history and perform p	ferral to appr hysical exam	opriate phys inations incl	ehalf of the supervising ician; make daily rounds uding rectal and genitor- d drainage of superficial
CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE		CAPP-MED-11		SPECIAL	PROCEDU	RES
												SUPERVISION UIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location
											CAPP-MED-11(a)*	Placement of Femoral or Interna Jugular Vascular Catheters	10		
											CAPP-MED-11(b)*	Remove Permacaths	10		

Maintenance Criteria for Continued Special Privileges (CAPP-MED-11):

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.

Print Name

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		PULMONARY DISEASE CORE PRIVILEGES
										CAPP-MED-12	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 ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.

The ADVANCED PRACTICE PROVIDER 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; remove chest tubes; perform field infiltrations of anesthetic solutions; record progress notes; write discharge summaries.

Print Name

СМС	Pineville		versity City	CR	Lincoln	Caba	rrus l	Union	Stanly	Anson	Cleveland		RHEUMATO	LOGY COR	E PRIVILEGES
The AD	DVANCE	D PR4	ACTICE	PROVI	DER ma	ay, in co	nsultati	ion wit	th the s	supervising	q physician, perform tr		with Rheuma performance conditions, th health couns group of patie physician(s). PROVIDER r hospital but n of the superv	tology practi of physical e e developme eling for pati ents seen by The ADVAN nay not adm nay initiate/p ising physici	and services consistent ice, including the exams, diagnosing ent of treatment plans, ents within the age the sponsoring NCED PRACTICE nit patients to the place orders on behalf ian.
physici	an; initia	te refer	ral to ap	ppropriat	e physic	ian; mal	ke daily	round	ls on ho	ospitalized		direction of the super	vising physici	an; obtain ar	nd record medical/social
CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Ans	son	CLE	CAPP-MED-13		SPECIAL	PROCEDUI	RES
											GENERAL SUPE	RVISION REQUIREI) Minimum Number Required	Number Performed Within The Past 2 Years	Location
											CAPP-MED-13(a)*	Joint Injections	10		
											CAPP-MED-13(b)*	Cortisone and Hyaluronic Acid Injections	10		

Maintenance Criteria for Continued Special Privileges (CAPP-MED-13):

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.

CAPP-MED-13(c)*

Trigger Point

Injections

10

СМС	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		TELEMEDICINE ONLY PRIVILEEGS
										CAPP-MED-T	Provide care, treatment, and services consistent with the practice of the sponsoring physician(s), 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).

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>

Date

Signature of Applicant
Printed or typed name of Applicant
SPONSORING PHYSICIAN:
Signature of Sponsoring Physician

Printed or typed name of Sponsoring Physician

Signature of Sponsoring Physician

Date

Date

Printed or typed name of Sponsoring Physician

Approved by the CHS Medical Executive Committee: 02/16/2017; 05/18/2017; 08/17/2017; 09/20/2018, 06/18/2020, AH MEC 02/04/2021; AH MEC 02/03/2022 Approved by the Board of Commissioners: 03/14/2017; 06/13/2017; 09/12/2017; 03/12/2019, 08/11/2020. 02/09/2021; 02/08/2022 Name: _____

CASE LOG

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CAPP-MED-1(a))
				CAPP-MED-1(a))
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
			TOTAL	