



Atrium Health

IMPORTANT

Dear Applicant

Enclosed you will find the Delineation of Privileges Form specific to your specialty. This form reflects the minimum qualifications as outlined and approved by the Atrium Health Medical Staff.

- Please thoroughly review and select your desired clinical privileges. Check the box corresponding to the privileges that you are requesting. Applicants should only request those privileges where the criteria has been achieved.
- After you have selected your privileges, sign, date, and submit the **required documentation** for each privilege selected. (i.e. case logs, fellowship director letter, ACLS documentation)
- Where case logs are required, please include 1) Date of procedure, 2) Medical Record Number, 3) Procedure Type and 4) Privilege Number listed on the Delineation of Privileges Form.
- Privileges for which you have not selected or do not meet the minimum criteria cannot be performed.
- If you wish to perform privileges and do not have documentation of the minimum criteria requirements as outlined on the Delineation of Privileges Form, you will need to request permission to proctor through Medical Staff Services.
- Failure to return the Delineation of Privileges Form along with the required documentation will **delay** your start date.

If you have any questions or concerns, please contact the Medical Staff Services teammate assigned to your file.

**ATRIUM HEALTH
ADVANCED PRACTICE PROVIDER
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER
SPECIALTY OF RADIOLOGY**

SUMMARY OF OCCUPATION:

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

ORGANIZATIONAL RELATIONSHIP:

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

QUALIFICATIONS:

1. The ADVANCED PRACTICE PROVIDER shall maintain qualifications as specified in the POLICY ON CLINICAL PRIVILEGES FOR ADVANCED PRACTICE PROVIDERS. His/her past experience and training shall be commensurate with privileges requested.
2. The scope of duties and responsibilities of the ADVANCED PRACTICE PROVIDER shall be delineated on an approved Delineation of Privileges form and approved by the Board.
3. The Supervising Physician shall delegate only tasks and procedures to his or her ADVANCED PRACTICE PROVIDER which are within or contemplated by the clinical privileges granted to the Supervising Physician by the Medical Executive Committee and the Board of Commissioners and which the ADVANCED PRACTICE PROVIDER has been approved to perform. It is understood that the supervision of an ADVANCED PRACTICE PROVIDER shall never be transferred to a physician who is not currently a fully appointed member of Atrium Health Medical Staff.
4. If the Medical Staff appointment or Clinical Privileges of the Sponsoring Physician are resigned, revoked or terminated, the ADVANCED PRACTICE PROVIDER's permission to practice shall automatically terminate and his or her clinical privileges shall be automatically relinquished.

SUPERVISION:

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

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

**ATRIUM HEALTH
DELINEATION OF PRIVILEGES FORM
ADVANCED PRACTICE PROVIDERS
SPECIALTY OF RADIOLOGY**

Print Name _____

	YES		NO*	I have participated in direct patient care in the hospital setting within the past two (2) years.
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***If the answer is No, please do not complete this form. Contact your Medical Staff Services Coordinator for additional instructions regarding the required proctoring process.**

- Initial appointment** **Reappointment** **Updated DOP/Sponsoring Physician Change**

To be eligible for Advanced Practice Provider (APP) core privileges, the applicant must meet the following qualifications:

- If the applicant completed their APP training program in the past two (2) years, the applicant must:
 1. Provide documentation of successful completion of an accredited Nurse Practitioner or Physician's Assistant graduate program where you participated in direct patient care in the hospital setting; **AND**
 2. Verification from the program director that the Applicant successful completed the program. Experience must include evidence of current clinical competence during the past two (2) years. The Applicant has the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, and other qualifications and for resolving any doubts; **OR**
 2. If you are unable to provide current clinical competence during the past two (2) years, check the applicable core privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for thirty (30) encounters related to APP Radiology core privileges requested.

- If the applicant completed their APP training program greater than two (2) years ago, the applicant must:
 1. Demonstrate that he/she has provided inpatient services for at least thirty (30) patients, for services directly related to the APP Radiology core privileges requested, during the past two (2) years in an accredited hospital or healthcare facility; **OR**
 1. Check the applicable core privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for thirty (30) encounters related to APP Radiology core privileges requested.

 Print Name

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

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

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

NOTE 4: If you are unable to meet the competency criteria defined by the Medical and Dental Staff or core and/or special privileges, you will need to request permission to proctor by selecting the applicable proctoring box(s) below. Proctoring is required for privileges when an applicant/appointee does not meet the initial qualifications or reappointment criteria.

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		RADIOLOGY CORE PRIVILEGES	Proctoring Requested
										CAPP-RAD-1	Assess, evaluate, manage care, and diagnose conditions by various radiologic imaging modalities for patients within the age group seen by the supervising physician. May provide care to patients in the intensive care setting in conformance with unit policies. The ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.	

NOTE: General Radiology Core Clinical Privileges include: Assist with invasive procedures; counsel and instruct patients and significant others as appropriate; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician or other healthcare professional of problems that exceed the ADVANCED PRACTICE PROVIDERS scope of practice; obtain and record medical/social history and 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 contrast material injections; record progress notes and write discharge summaries; remove chest tubes; assess patient in the Emergency Department prior to primary supervising physician's arrival; bladder catheterization; nasogastric/dobhoff catheter placement; removal of percutaneously placed fluid and abscess drainage catheters; removal of peripherally inserted central venous catheters; wound and catheter care; epidermal and dermal suturing of external minor lacerations; removal of sutures and application of dressings; administration of specified medications, IV fluids and transfusion of blood and blood products when indicated; control of external hemorrhage; hematoma post catheter removal; use of thrombin to achieve hemostasis; assist as required during interventional radiology, vascular radiology, and interventional neuroradiology and miscellaneous operative procedures; feeding tube placement.

 Print Name

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		INTERVENTIONAL, VASCULAR, AND NEURORADIOLOGY CORE PRIVILEGES	Proctoring Requested
								N/A	N/A	CAPP-RAD-2	Assess, evaluate, manage care, and diagnose conditions by various radiologic imaging modalities for patients within the age group seen by the supervising physician. May provide care to patients in the intensive care setting in conformance with unit policies. The ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.	

NOTE: Interventional, Vascular, and Neuroradiology Radiology Core Clinical Privileges include: Assist with invasive procedures, counsel and instruct patients and significant others as appropriate; direct care as specified by medical staff approved protocols; perform initial interpretations on scans and X-rays; initiate referral to appropriate physician or other healthcare professional of problems that exceed the ADVANCED PRACTICE PROVIDERS scope of practice; 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 contrast material injections; record progress notes; and write discharge summaries; remove chest tubes; Drainage catheter maintenance including irrigation, manipulation, suturing, and dressing change; provide education and special instructions for the patient and patient's family, including telephone follow-up of interventional radiology, vascular radiology and interventional neuroradiology patients post discharge; follow-up should include answering patient's questions and providing instructions to the patient; provide post-hospital instructions to interventional radiology, vascular radiology, and interventional neuroradiology patients related to wound and catheter care, diet, activity, and medications, including prescriptions for discharge medications as directed by the primary supervising physician; write routine pre and postoperative orders in conformance with approved standing orders; participate and assist in the pre-procedure preparation of interventional radiology, vascular radiology, and neuroradiology patients, including preparing the patient for the specific procedure; monitor exercise and pharmacological stress myocardial perfusion scans; participate and assist in the intra procedural care of the interventional radiology, vascular radiology, and interventional neuroradiology patient; coordinate special procedure and image-guided procedure schedule daily; participate and assist in the post procedural care of the interventional radiology, vascular radiology, and interventional neuroradiology patient, removal of arterial catheters.

 Print Name

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		RADIATION ONCOLOGY CORE PRIVILEGES	Proctoring Requested
								N/A	N/A	CAPP-RAD-4	<p>Assess, evaluate, manage care, and diagnose conditions by various radiologic imaging modalities for patients within the age group seen by the supervising physician. May provide care to patients in the hospital, including the intensive care setting in conformance with unit policies.</p> <p>The ADVANCED PRACTICE PROVIDER may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.</p>	

NOTE: Radiation Oncology Core Privileges include: Assist with invasive procedures, counsel and instruct patients and significant others as appropriate; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician or other healthcare professional of problems that exceed the Physician Assistant/Nurse Practitioner's scope of practice; obtain and record medical/ social history and 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 contrast material injections; record consultation and progress notes; and write discharge summaries. Assess patient in the Emergency Department, Radiation Department Clinic, or inpatients prior to primary supervising physician's arrival.

CMC	Pineville	University City	Carolinas Rehab	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		TELEMEDICINE CORE PRIVILEGES	Proctoring Requested
							N/A	N/A		CAPP-RAD-T	<p>Telemedicine privileges are defined as privileges for the use of electronic communication or other communication technologies' to provide or support clinical care at a distance. Telemedicine privileges shall include 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 _____

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

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CAPP-RAD-3	SPECIAL PROCEDURES RELATED TO RADIOLOGY					
											Must apply for and maintain a Radiology Core Privilege					
											GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
							N/A	N/A		CAPP-RAD-3(d)	Placement of peripherally inserted central venous catheters	10				
			N/A				N/A	N/A		CAPP-RAD-3(e)	Hysterosalpingogram	10				
			N/A				N/A	N/A		CAPP-RAD-3(g)	Removal of tunneled temporary dialysis catheters	5				
			N/A				N/A	N/A		CAPP-RAD-3(h)	Portacath Removal	5				
			N/A				N/A	N/A		CAPP-RAD-3(j)	Joint Injection/Aspiration (to include contrast injection for diagnostic imaging)	10				
			N/A				N/A	N/A		CAPP-RAD-3(k)	Image guided bone and bone marrow biopsy or aspiration	10				
			N/A				N/A	N/A		CAPP-RAD-3(o)	Image guided aspiration or biopsy of superficial structures and/or viscera including the thyroid, lymph node, soft tissue, salivary glands and muscle	10				
			N/A				N/A	N/A		CAPP-RAD-3(r)	Myelography / Cisternograms	10				
			N/A				N/A	N/A		CAPP-RAD-3(x)	Image guided placement of non-tunneled drains	10				

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CAPP-RAD-3	SPECIAL PROCEDURES RELATED TO RADIOLOGY Must apply for and maintain a Radiology Core Privilege				
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
			N/A				N/A	N/A		CAPP-RAD-3(s)	Thoracentesis	10			
			N/A				N/A	N/A		CAPP-RAD-3(t)	Paracentesis	10			
			N/A				N/A	N/A		CAPP-RAD-3(u)	Aspiration – Superficial Fluid Collection	5			
			N/A				N/A	N/A		CAPP-RAD-3(y)	Central venous catheterization insertion and removal, nontunneled (all sites)	10			
			N/A				N/A	N/A		CAPP-RAD-3(w)	Lumbar Puncture	5			
CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CAPP-RAD-3	SPECIAL PROCEDURES RELATED TO RADIOLOGY Must apply for and maintain a Radiology Core Privilege				
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
			N/A				N/A	N/A		CAPP-RAD-3(l)	Administration of Intrathecal Chemotherapeutic Agents	10			
			N/A				N/A	N/A		CAPP-RAD-3(m)	Abdominal and Chest tunneled or non-tunneled catheter placement/ removal for ascites, pleural effusion, or pneumothorax. This excludes peritoneal dialysis catheters.	10			
			N/A				N/A	N/A		CAPP-RAD-3(n)	Image guided aspiration or biopsy of deep structures and/or viscera within the abdomen, pelvis and retroperitoneum (e.g., liver, adrenal or renal biopsies)	10			

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CAPP-RAD-3	SPECIAL PROCEDURES RELATED TO RADIOLOGY					
											Must apply for and maintain a Radiology Core Privilege					
											PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
			N/A				N/A	N/A		CAPP-RAD-3(p)	Image guided catheter/drain check & exchange (excludes biliary)	10				
			N/A				N/A	N/A		CAPP-RAD-3(q)	Tunneled Catheter Insertion, Exchange or Removal (must have performed a minimum of 15 central line accesses prior to being proctored). This excludes port placements.	10				
			N/A				N/A	N/A		CAPP-RAD-3(y)	Image guided lumbar drain placement	10				

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-RAD-3):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the "minimum number required" as indicated above; **OR**
2. Check the applicable privilege "Proctoring Requested" box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the "minimum number required" as indicated above.

MAINTENANCE CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-RAD-3):

The APP must submit a minimum of two (2) 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CAPP-RAD-5	FLUOROSCOPIC PROCEDURES IN PEDIATRIC PATIENTS					
											Must apply for and maintain a Radiology Core Privilege					
											GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
							N/A	N/A		CAPP-RAD-5(a)	Gastrografin/Barium Upper GI Series; Gastrografin/Barium Enema; Gastrografin/Barium Swallow; Gastrografin/Barium Small Bowel Follow Through; Modified Barium Swallow, Tube Check; Sinus Tract Injection; Chest Fluoroscopy	30				
							N/A	N/A		CAPP-RAD-5(b)	Cystourethrogram including voiding (VCUG)	5				
											PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
							N/A	N/A		CAPP-RAD-5(c)	Enteric Tube Placement	5				

Refer

Print Name _____

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	CAPP-RAD-6	FLUOROSCOPIC PROCEDURES IN ADULT PATIENTS				
											Must apply for and maintain a Radiology Core Privilege				
											GENERAL SUPERVISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location	Proctoring Requested
							N/A	N/A		CAPP-RAD-6(a)	Cystogram; Retrograde Urethrogram; Tube Check; Nasogastric Dobhoff Tube-Placement/ Manipulation; T-Tube Cholangiogram; Sinus Tract Injection; Chest Fluoroscopy; Gastrografin/barium Upper GI Series; Gastrografin / Barium Enema; Gastrografin / Barium Swallow; Gastrografin / Barium Small Bowel Follow through; Modified barium swallow; Cystourethrogram including voiding; G – J tube Check	40			

REQUIRED COMPETENCY CRITERIA FOR SPECIAL PRIVILEGES (CAPP-RAD-5 AND CAPP-RAD-6):

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrate current competence and evidence of performance within the past two (2) years of at least the “minimum number required” as indicated above; **OR**
2. Check the applicable privilege “Proctoring Requested” box(s) to indicate to your Medical Staff Services Coordinator that you require proctoring. You must provide documentation of proctoring for at least the “minimum number required” as indicated above.

MAINTENANCE CRITERIA FOR CONTINUED SPECIAL PRIVILEGES (CAPP-RAD-5(a), CAPP-RAD-5(b), CAPP-RAD-5(c), AND CAPP-RAD-6(a)):

The APP must submit a representative sample of a minimum of ten (10) fluoroscopy cases, with at least one (1) case for each privilege held, performed 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. If you are unable to meet the required case volume, indicate so to your Medical Staff Services Coordinator who can assist you with the permission to proctor process.

PRIVILEGES REQUESTED BY:

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

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

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

Signature of Applicant

Date

Printed or typed name of Applicant

SPONSORING PHYSICIAN:

Signature of Sponsoring Physician

Date

Printed or typed name of Sponsoring Physician

Signature of Sponsoring Physician

Date

Printed or typed name of Sponsoring Physician

CASE LOG

Name: _____

Date: _____

	DATE	MEDICAL RECORD NUMBER	PROCEDURE TYPE	Name of procedure (as listed on DOP, e.g. CAPP-RAD-3(d))
1				
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27				
28				
29				
30				
			TOTAL	