

## DOP INSTRUCTIONS

1. Complete the attached DOP
2. Use the current privilege roster we have provided in your packet to cross-reference privileges if needed
3. Identify the privileges you need then check each facility box where the privilege will be practiced (see IMAGE #1)
4. If you currently hold a privilege requiring maintenance criteria (see IMAGE #2 as an example) you must submit the required documentation to keep the privilege. Maintenance criteria is highlighted throughout the DOP for you. **No Maintenance – No Privilege**
5. If you are requesting a privilege you do not already hold (check your privilege roster), you must meet the initial criteria detailed on the DOP.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)

### IMAGE #1

You need privilege CALL-1 at Pineville, Cabarrus and Stanly so this is how your request should look

Please check appropriate blocks when applying for privileges:

CMC	PVL	UNV	CR	LIN	CAB	UNN	STN	ANS	CLV		ALLERGY AND IMMUNOLOGY CORE PRIVILEGES
	X		N/A		X		X		N/A	CALL-1	Privileges to evaluate, diagnose, and manage patients of all ages presenting with conditions or disorders involving the immune system, both acquired and congenital.
<p>NOTE: Privileges include but are not limited to: asthma, anaphylaxis, rhinitis, eczema, urticaria, and adverse reactions to drugs, foods, and insect stings as well as immune deficiency diseases (both acquired and congenital), defects in host defense, and problems related to autoimmune disease, organ transplantation or malignancies of the immune system. Privileges also include allergy testing and desensitization.</p> <p>These core privileges do not include any of the special procedures listed below.</p>											

### IMAGE #2

#### Maintenance Criteria for Continued Privileges (CHEM-1):

The Physician must perform a minimum of ten (10) representative samples of Adult Hematology Core procedures over the past two (2) years based on acceptable results of ongoing professional practice evaluation and outcomes to reapply for Adult Hematology Core privileges. This will be reviewed at the time of reappointment. Physicians who would like to continue to hold any Adult Hematology Core 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.

**ATRIUM HEALTH  
ALLIED HEALTH PROFESSIONAL  
REAPPOINTMENT PHYSICIAN ASSISTANT OR NURSE PRACTITIONER DOP  
SPECIALTY OF EMERGENCY MEDICINE**

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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 Emergency 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.

**QUALIFICATIONS - continued:**

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  
REAPPOINTMENT DELINEATION OF PRIVILEGES FORM  
ALLIED HEALTH PROFESSIONAL  
DEPARTMENT OF EMERGENCY MEDICINE**

**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	Cabarrus	Union	Stanly	Anson	Cleveland		<b>EMERGENCY MEDICINE CORE CLINICAL PRIVILEGES</b>
											<i>It is noted that Allied Health Professionals may independently treat acuity codes 2, 3, 4, and 5 patients in the Emergency Department and may assist in the care of acuity code 1 patients.</i>
			N/A							CAHP-EMD-1	Assess, evaluate, diagnose, and initially treat patients of all ages who present in the Emergency Department with any symptom, illness, injury, or condition, and provide services necessary to ameliorate minor illnesses or injuries. Stabilize patients with major illnesses or injuries and assess all patients to determine if additional care is necessary. Privileges do not include long-term care of patients on an inpatient basis. The Allied Health Professional may not admit patients to the hospital.

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: perform therapeutic procedures as directed; perform anoscopy; apply, remove, and change dressings and bandages; apply, remove, and manage splints; immobilize (spine, long bone, soft tissue) and transport; perform wound debridement, suturing of external minor lacerations, removal of sutures and general care for superficial wounds and minor superficial surgical procedures; aseptic and isolation technique; remove central venous catheters; removal of monitoring lines; insert and remove nasogastric tubes; drains; manage epistaxis; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary pelvic examinations as indicated; ocular tonometry; slit-lamp examination; order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, blood or blood products, x-ray, EKG, IV fluids, and electrolytes; perform arterial puncture and blood gas sampling; perform ear, nose, rectum, soft tissue, throat, vaginal, and gastric lavage; perform incision and drainage of superficial abscesses; perform preliminary interpretations of EKGs and radiographs or other imaging studies with immediate second reading by supervising physician (or radiologist); perform urinary bladder catheterization (short-term and indwelling); perform venous punctures for blood sampling, cultures, and IV catheterization; reduce joint dislocations; perform removal of superficial foreign body; perform trephination and removal of nail; perform serial exams, order stress testing, modify orders, or disposition patients in an Observation Unit, after consultation with the emergency medicine attending physician; direct care as specified by medical staff approved protocols; initiate referral to appropriate physician; counsel and instruct patients and significant others as appropriate on medications, disease, and preventive healthcare; record progress notes; write discharge summaries; apply, remove and manage casts; arthrocentesis/joint aspiration; lumbar puncture.

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

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	SPECIAL PROCEDURES				
										PERSONAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CAHP-EMD-1(c)	Emergency Endotracheal Intubation	10		
CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	SPECIAL PROCEDURES				
										PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CAHP-EMD-1(a)	Insertion of Central Venous Catheters	5		
			N/A							CAHP-EMD-1(f)	Percutaneous external thoracic drainage - Pigtail	10		
			N/A							CAHP-EMD-1(g)	Percutaneous external thoracic drainage - Thoracostomy tube	10		
CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	SPECIAL PROCEDURES				
										GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
			N/A							CAHP-EMD-1(d)	Paracentesis	5		
			N/A							CAHP-EMD-1(e)	Thoracentesis	10		

**CRITERIA FOR MAINTENANCE OF PRIVILEGES (CAHP-EMD-1(a, c, d, e)):**

The Practitioner must submit a minimum of 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.

**CRITERIA FOR MAINTENANCE OF PRIVILEGES (CAHP-EMD-1(f, g)):**

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.

**REQUIRED PREVIOUS EXPERIENCE FOR SPECIAL PROCEDURES:**

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence of performance within the past two (2) years of at least the "minimum number required" as indicated above.

**PRIVILEGES REQUESTED BY:**

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

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

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

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

\_\_\_\_\_  
Date

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

**SPONSORING PHYSICIAN:**

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

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date

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

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**CASE LOG**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

	<b>DATE</b>	<b>MEDICAL RECORD NUMBER</b>	<b>PROCEDURE TYPE</b>	<b>Name of procedure (as listed on DOP, e.g. CAHP-EMD-1(a))</b>
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			<b>TOTAL</b>	