

## 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
  - 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 the minimum required criteria or documentation as outlined on the delineation of privileges form, you will need to request permission to proctor through Medical Staff Services.
6. Return all pages of the DOP by email or fax (jpeg images not accepted)
- 7.

### 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  
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER  
SPECIALTY OF RADIOLOGY**

**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 Radiology 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" shall mean the physical presence of a sponsoring/supervising physician in the hospital, in close proximity and immediately available to furnish assistance and direction to the Allied Health Professional as needed.
3. "Personal Supervision" shall mean the physical presence of a sponsoring/supervising physician in the room with the Allied Health Professional during the performance of a procedure.

**ATRIUM HEALTH  
 DELINEATION OF PRIVILEGES FORM  
 ALLIED HEALTH PROFESSIONALS  
 SPECIALTY OF RADIOLOGY**

Print Name \_\_\_\_\_

- Initial appointment       Reappointment       Updated DOP/Sponsoring Physician Change

**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>RADIOLOGY CORE PRIVILEGES</b>
							N/A	N/A	N/A	CAHP-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 Allied Health Professional 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 Allied Health Professionals 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, 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; lumbar puncture.

Print Name \_\_\_\_\_

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>TELEMEDICINE ONLY PRIVILEGES</b>
							N/A	N/A	N/A	CAHP-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 Allied Health Professional.</p> <p>PLEASE NOTE: Telemedicine activities require prior approval from the Facility Medical Executive Committee.</p>

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland		<b>INTERVENTIONAL, VASCULAR AND NEURORADIOLOGY (RADIOLOGY) CORE PRIVILEGES</b>
							N/A	N/A	N/A	CAHP-RAD-2	<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 intensive care setting in conformance with unit policies. The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician.</p>

**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 Allied Health Professionals 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; lumbar puncture.

Print Name \_\_\_\_\_

CMC	Pineville	University City	CR	Lincoln	Cabarrus	Union	Stanly	Anson	Cleveland	<b>RADIATION ONCOLOGY CORE PRIVILEGES</b>	
								N/A		CAHP-RAD-4	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. The Physician Assistant/Nurse Practitioner may not admit patients to the hospital.

**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; lumbar puncture.

Print Name \_\_\_\_\_

**SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA)**

**Must be performed with a physician under proximate supervision.**

**Applicants for these privileges shall present evidence of appropriate training and current competence and qualifications to perform the requested procedures. The applicant must submit documentation that these cases were performed with a proctoring physician present.**

**\*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	CAHP-RAD-3	SPECIAL PROCEDURES			
										**PROXIMATE SUPERVISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location	
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (a)*	Image-guided thoracentesis, Paracentesis, and Aspiration-Superficial Fluid Collection	15		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (b)*	Femoral arterial/venous catheterization	5		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (c)*	Internal jugular venous catheter insertion	10		
							N/A	N/A	N/A	CAHP-RAD-3 (d)*	Placement of peripherally inserted central venous catheters	10		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (e)*	Hysterosalpingogram	10		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (g)*	Removal of tunneled temporary dialysis catheters	5		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (h)*	Portacath Removal	5		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (i)*	Ultrasound Guided Thyroid Biopsy	10		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (j)*	Joint Injection/Aspiration (to include contrast injection for diagnostic imaging)	10		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (k)*	Bone Marrow Biopsy/Aspiration	10		
			N/A			N/A	N/A	N/A	N/A	CAHP-RAD-3 (l)*	Administration of Intrathecal Chemotherapeutic Agents	10		

Print Name \_\_\_\_\_

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAHP-RAD-3	SPECIAL PROCEDURES			
										**PROXIMATE SUPERVISION REQUIRED	Minimum Number Required	Number Performed Within The Past 2 Years	Location	
			N/A				N/A	N/A	N/A	CAHP-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	N/A	CAHP-RAD-3 (n)*	Image-guided Liver Biopsy	10		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (o)*	US Guided Biopsy of Superficial Soft Tissue Masses / Lymph Nodes	5		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (p)*	Nephrostomy or Abscess Drainage Catheter Check / Exchange	10		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (q)*	Tunneled Catheter Insertion, Exchange or Removal (must have performed a minimum of 25 central line accesses prior to being proctored). This excludes port placements.	10		
			N/A				N/A	N/A	N/A	CAHP-RAD-3 (r)*	Myelography	10		

**CRITERIA FOR MAINTENANCE OF PRIVILEGES (CAHP-RAD-3):**

The applicant must provide documentation of current competence and performance of at least two (2) cases, for each privilege held, over the past two (2) years based on results of ongoing professional practice evaluation and outcomes. 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 cases will be requested to voluntarily withdraw their request for such clinical privileges.



Print Name \_\_\_\_\_

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAHP-RAD-5	<b>** FLUOROSCOPIC PROCEDURES IN PEDIATRIC PATIENTS</b>			
										<b>**PROXIMATE SUPERVISION REQUIRED</b>	<b>Minimum Number Required</b>	<b>Number Performed Within The Past 2 Years</b>	<b>Location</b>	
							N/A	N/A	N/A	CAHP-RAD-5 (a)	Gastrografin/Barium Upper GI Series; Gastrografin/Barium Enema; Gastrografin/Barium Swallow; Gastrografin/Barium Small Bowel Follow Through; Modified Barium Swallow	30		
							N/A	N/A	N/A	CAHP-RAD-5 (b)	Cystourethrogram including voiding (VCUG)	5		
							N/A	N/A	N/A	CAHP-RAD-5 (c)	Tube Check; Sinus Tract Injection; Chest Fluoroscopy	5		

**SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA)**

**\*\*\*Special radiology procedures that must be performed with a physician under general supervision**

**\*\*\*Applicants for these privileges shall present evidence of appropriate training and current competence and qualifications to perform the requested procedures. The applicant must submit documentation that these cases were performed with a proctoring physician present. Study must be reviewed with the radiologist before the patient leaves the department.**

CMC	Pine.	Univ.	CR	Lin.	CAB	Union	Stanly	Anson	CLE	CAHP-RAD-6	<b>*** FLUOROSCOPIC PROCEDURES IN ADULT PATIENTS</b>			
										<b>**GENERAL SUPERVISION REQUIRED</b>	<b>Minimum Number Required</b>	<b>Number Performed Within The Past 2 Years</b>	<b>Location</b>	
							N/A	N/A	N/A	CAHP-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		

**CRITERIA FOR MAINTENANCE OF PRIVILEGES (CAHP-RAD-5 and CAHP-RAD-6):**

The applicant must provide documentation of current competence and performance of at least ten (10) fluoroscopy cases performed over the past two (2) years based on results of ongoing professional practice evaluation and outcomes. 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 cases will be requested to voluntarily withdraw their request for such clinical privileges.

**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: \_\_\_\_\_

	<b>DATE</b>	<b>MEDICAL RECORD NUMBER</b>	<b>PROCEDURE TYPE</b>	<b>Name of procedure (as listed on DOP, e.g. CAHP-RAD-3(a))</b>
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			<b>TOTAL</b>	