

ATRIUM HEALTH LINCOLN
ALLIED HEALTH PROFESSIONAL
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER
GENERAL SURGERY

I have reviewed the DOP/Roster provided to me by MSS and confirm as indicated below:

- ☐ My DOP is accurate and reflects privileges relevant to my current practice
- ☐ I have listed privileges that should be removed:

Printed Name: _____

Signature: _____

Date: _____

If your roster indicates that you hold any of the privileges listed below, you must provide the maintenance criteria as described, in order to maintain the privilege. Your maintenance criteria and attestation must be returned together.

| | |
|----------------|-----------------------------------|
| AHPS-SUR-1(a)* | Insertion of Arterial Lines |
| AHPS-SUR-1(b)* | Central Venous Catheter Insertion |
| AHPS-SUR-1(c)* | Insertion of Chest Tubes |

***CRITERIA FOR MAINTENANCE OF PRIVILEGES FOR GENERAL SURGERY SPECIAL PRIVILEGES:**

The Practitioner must provide documentation of current competence and performance of a minimum of five (5) representative samples of the (AHPS-SUR-1) special procedures over a twenty-four (24) month period based on results of ongoing professional practice evaluation and outcomes to be eligible to reapply for the special procedures. This will be reviewed at the time of reappointment. Practitioner who would like to continue hold any special privileges (AHPS-SUR-1) but are unable to document the minimal number of five (5) representative samples will be requested to voluntarily withdraw their request for such privileges.

STOP:

UNLESS YOU ARE REQUESTING NEW OR ADDITIONAL PRIVILEGES, YOU DO NOT NEED TO GO BEYOND THIS POINT.

**ATRIUM HEALTH LINCOLN
ALLIED HEALTH PROFESSIONAL
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GENERAL SURGERY**

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 Lincoln 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 Lincoln.

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 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 a Allied Health Professional and introduce him/herself as a 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.
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 Supervising 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 LINCOLN
ALLIED HEALTH PROFESSIONAL
DEPARTMENT OF SURGERY
DELINEATION OF PRIVILEGES FORM**

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

**NOTE: "CORE" privileges cannot be amended or altered in any way.
 *SPECIAL PRIVILEGES (SEE QUALIFICATIONS AND/OR SPECIFIC CRITERIA)**

Allied Health Professionals must apply for "CORE" privileges in order to be eligible for special procedure clinical privileges.

*** 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.**

SPECIALTY OF GENERAL SURGERY:

| CHSL | | TELEMEDICINE PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS |
|------|--------------|--|
| | AHPS-SUR-TEL | <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 Medical Executive Committee.</p> |

| CHSL | | GENERAL SURGERY CORE CLINICAL PRIVILEGES |
|------|------------|---|
| | AHPS-SUR-1 | Evaluate, diagnose, and provide pre-operative, intra-operative, post-operative care, treatment and services consistent with surgical practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and assisting in surgery for patients within the age group seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital but may initiate/place orders on behalf of the supervising physician. |

The Allied Health Professional may, in consultation with the supervising physician, perform the following duties: initiate/place orders on behalf of the supervising physician assisting in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and any other action delegated by the surgeon; Perform anoscopy; 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; make pre-operative and post-operative teaching visits with patients; obtain and record medical/social history and perform physical examinations including rectal and genitor-urinary examinations as indicated; order diagnostic testing and therapeutic modalities; participate in volume replacement or auto-transfusion techniques, as appropriate; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; record progress notes; select and apply appropriate wound dressings, including liquid or spray occlusive materials, absorbent material affixed with tape or circumferential wrapping, immobilizing dressing (soft or rigid), or medicated dressings; write discharge summaries.

| | | SPECIAL PROCEDURES RELATED TO GENERAL SURGERY | | | | |
|--|----------------|---|-------------------------|--------|------|----------|
| | | *PROXIMATE SUPERVISION REQUIRED* | Minimum Number Required | Number | Year | Location |
| | AHPS-SUR-1(a)* | Insertion of Arterial Lines | 3 | | | |
| | AHPS-SUR-1(b)* | Central Venous Catheter Insertion | 3 | | | |
| | AHPS-SUR-1(c)* | Insertion of Chest Tubes | 3 | | | |

***REQUIRED PREVIOUS EXPERIENCE:**

1. Applicants must present evidence of appropriate training; **AND**
2. Demonstrated current competence and evidence of performance within the past twenty-four (24) months of at least the "minimum number performed" as indicated above.

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ACKNOWLEDGMENT OF ALLIED HEALTH PROFESSIONAL:

I have requested only those services for which, by education, training, current experience, and demonstrated performance, I am qualified to perform and which I wish to exercise at Atrium Health Lincoln as indicated above; and I understand that, in exercising any specific services granted and in carrying out the responsibilities assigned to me, I am constrained by any hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation. I fully understand and agree that a condition of this application is that any misrepresentation, misstatement, or omission from this application whether intentional or not, is cause for automatic and immediate rejection of this application and may result in the denial of permission to practice at the hospital(s). In the event that privileges have been granted prior to the discovery of such misrepresentation, misstatement, or omission, such discovery may result in summary suspension of privileges.

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

Date

Print Name

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AFFIRMATION OF PRIMARY SPONSORING PHYSICIAN FOR ALLIED HEALTH PROFESSIONAL

As the primary sponsoring physician for the above referenced Allied Health Professional, I affirm that information provided in or attached to this application is accurate to the best of my knowledge and belief.

Signature of Sponsoring Physician

Date

Print Name of Sponsoring Physician