

**ATRIUM HEALTH
ALLIED HEALTH PROFESSIONAL
PHYSICIAN ASSISTANT OR NURSE PRACTITIONER
SPECIALTY OF NEUROLOGICAL 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.

CAHP-NSU-1(a)*	Lumbar Puncture for Insertion of Lumbar Drains
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CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The Practitioner must submit a minimum of two (2) cases 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.

STOP:

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

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PHYSICIAN ASSISTANT OR NURSE PRACTITIONER
SPECIALTY OF NEUROLOGICAL 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 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 Neurosurgery 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.

Print Name

QUALIFICATION – 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 PROFESSIONAL
 SPECIALTY OF NEUROLOGICAL SURGERY**

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	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		NEUROLOGICAL SURGERY CORE CLINICAL PRIVILEGES
											CAHP-NSU-1	Management of care for patients with disorders of the nervous system, brain, skull and blood supplies, including the extra cranial blood supply; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; undergoing neurological surgery evaluation and procedures within the age group seen by the supervising physician (inclusive of neurological or postneurosurgical, postsurgical, postcardiac/thoracic surgical care); participate and assist in pre-operative, intra-operative and post-operative care; assisting in surgery; perform and record history and physical examinations; provide post-hospital instructions related to wound care, diet, activity and medications; provide education and special instructions for the patient and patient's family. 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 and any other action delegated by the surgeon; make daily rounds on hospitalized patients with or at the direction of the supervising physician; order diagnostic testing and therapeutic modalities; perform field infiltrations of anesthetic solutions; remove cranial and spinal drains, and electrodes; placement and removal of skull fixation; shunt taps; shunt programming; Baclofen pump programming; manage intracranial monitors; apply wound dressings, including liquid or spray occlusive materials; absorbent material affixed with tape or circumferential wrapping; immobilizing dressing (soft or rigid) or medicated dressings; initiate referral to appropriate physician; lumbar puncture.

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	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	Cle.	KM	SPECIAL PROCEDURES				
											Must apply for and maintain Core Privileges				
											GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
											CAHP-NSU-1(a)*	Lumbar Puncture for Insertion of Lumbar Drains	4		

*** REQUIRED PREVIOUS EXPERIENCE:**

1. Applicants must present evidence of appropriate training; **AND**
2. Provide letter from the Department Chief and documentation from their Supervising Physician of the applicant's participation in the specialty orientation/mentoring program that includes rotations within each subspecialty; i.e. experience in first assisting in the operating room, pediatrics, vascular neurosurgery, tumor and complex spine; **OR**
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. Submit the PERMISSION TO BE PROCTORED REQUEST FORM requesting concurrent proctoring by a physician who currently holds privileges to perform the requested procedure. You must provide documentation of proctoring for four (4) procedures for each privilege requested.

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

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Print Name

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		NEUROSURGERY TELEMEDICINE ONLY PRIVILEGES
										N/A	CAHP-NSU-2	Management of care for patients with disorders of the nervous system, brain, skull and blood supplies, including the extra cranial blood supply; disorders of the pituitary gland; disorders of the spinal cord, meninges, and vertebral column; undergoing neurological surgery evaluation and procedures within the age group seen by the supervising physician; participate and assist in pre-operative, intra-operative and post-operative care; assisting in surgery; perform and record history and physical examinations; provide post-hospital instructions related to wound care, diet, activity and medications; provide education and special instructions for the patient and patient's family.

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. CAHP-NSU-1(a))
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2				
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25				
26				
27				
28				
29				
30				
			TOTAL	