

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

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-URO-1(a)*	Cystoscopies with Removal of Foreign Bodies from the Bladder
CAHP-URO-1(b)*	Meatotomy
CAHP-URO-1(c)*	Complex Foley Catheter Placement
CAHP-URO-1(d)*	Diagnostic Cystoscopies
CAHP-URO-1(e)*	Administration of Intravesical Chemotherapy
CAHP-URO-1(f)*	Transrectal Ultrasound of the Prostate with Biopsy
CAHP-URO-1(g)*	Fusion Prostate Ultrasound and Biopsy

CRITERIA FOR MAINTENANCE OF PRIVILEGES:

The Practitioner must submit a representative sample of a minimum of ten (10) cases, to include at least 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.

STOP:

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

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SPECIALTY OF UROLOGY**

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 Surgery 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 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 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
 DELINEATION OF PRIVILEGES FORM
 ALLIED HEALTH PROFESSIONAL
 SPECIALTY OF UROLOGY**

Print Name _____

- 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 at any facility within Atrium Health.

*** 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	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		TELEMEDICINE PRIVILEGES FOR ALLIED HEALTH PROFESSIONALS
											CAHP-URO-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: evaluate, diagnose, and provide pre-operative and postoperative care for patients undergoing urological procedures to include; the performance of physical exams; diagnosing conditions; the development of treatment plans, health counseling 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 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>

Print Name _____

CMC	Pineville	University	CR	Lincoln	NorthEast	Union	Stanly	Anson	Cleveland	Kings Mountain		UROLOGY CORE CLINICAL PRIVILEGES
											CAHP-URO-1	Evaluate, diagnose, and provide pre-operative, intraoperative, and postoperative care for patients undergoing urological procedures to include; the performance of physical exams; diagnosing conditions; the development of treatment plans, health counseling 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 closure; initiate referral to appropriate physician; make daily rounds on hospitalized 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; perform field infiltrations of anesthetic solutions; perform wound debridement, suturing, and general care for superficial wounds and minor superficial surgical procedures; reduction of paraphimosis; treatment of priapism; record progress notes; write discharge summaries.

CMC	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	Cle.	KM	CAHP-URO-1	SPECIAL PROCEDURES RELATED TO UROLOGY			
											GENERAL SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
											CAHP-URO-1(a)*	Cystoscopies with Removal of Foreign Bodies from the Bladder	5		
											CAHP-URO-1(b)*	Meatotomy	5		
											CAHP-URO-1(c)*	Complex Foley Catheter Placement	10		
											CAHP-URO-1(d)*	Diagnostic Cystoscopies	50		

Print Name _____

CMC	Pine.	Univ.	CR	Lin.	NE	Union	Stanly	Anson	Cle.	KM	CAHP-URO-1	SPECIAL PROCEDURES RELATED TO UROLOGY			
											PROXIMATE SUPERVISION REQUIRED		Minimum Number Required	Number Performed Within The Past 2 Years	Location
											CAHP-URO-1(e)*	Administration of Intravesical Chemotherapy	5		
											CAHP-URO-1(f)*	Transrectal Ultrasound of the Prostate with Biopsy	10		
											CAHP-URO-1(g)*	Fusion Prostate Ultrasound and Biopsy	10		

*** REQUIRED PREVIOUS EXPERIENCE:**

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 performed” as indicated above.

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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-URO-1(a))
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
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15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
			TOTAL	