Delineation of Privileges and Credentialing for Critical Care Procedures

Marialice Gulledge, DNP, ANP-BC
Chief, Nurse Practitioner
Trauma and Acute Care Surgery

Disclosure

Faculty/presenters/authors/content reviews/planners disclose no conflict of interest relative to this educational activity.

Learning Objectives:

- Participant will be able to define key concepts: advanced clinical practitioner, credentialing, privileging, delineation of privileges, core and (non core) or special (critical care) procedures.
- Participant will be able to define: general, proximate and personal supervision for special (critical care) procedures).

Successful completion:

- To successfully complete this course, participants must attend the entire event and complete/submit the evaluation at the end of the session.
- Society of Trauma Nurses is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

General Concepts:

Advanced Clinical Provider (ACP)

- Skilled member of a health care team who is qualified by academic or clinical education to provide patient services under the supervision of the Medical Staff of an institution or organization.
- *aka: Allied Health Provider (AHP), Advanced Practice Provider (APP), Nurse Practitioner (NP),and Physician Assistant (PA).*

General concepts:

Credentialing:

- Process of assessing and verifying the qualifications of a health care practitioner to provide services in or for a health care organization (JCAHO, 2011).
- "is the process that evaluates a practitioners' qualifications for meeting the requirements of the requested appointment" (Ackerman, et al., 2012, p. 67).

General concepts:

Privileging:

- Process whereby a specific scope and content of a patient care services (*aka clinical privileges*) are authorized for a health care practitioner by a health care organization, based on an individuals credentials and performance.
- A “privilege” is “defined as an advantage, right or benefit that is not available to everyone” - the rights and advantages enjoyed by a group of people as a result of their education, training and/or experience (CNA, 2009).

General Concept:

Delineation of Privileges (DOP)

- Scope of all duties and responsibilities shall be delineated on an approved Delineation of Privileges form approved by hospital Board.
- Medical Staff members can provide care and perform care in two ways:
  1. They may be credentialed as part of their departmental delineation of privileges (core privileges).
  2. They may secure permission to be proctored for additional (non core clinical privileges) they desire but for which they are not presently qualified.
     - Proctoring provides an opportunity for objective evaluation of clinical competence to perform a procedure, including the technical and cognitive skill set utilized.

Core privileges:

- Encompasses the knowledge and skill central to an ACP/AHP educational experience and training. Includes:
  - Health history, physical examination, differential diagnosis, ongoing plan of care with recommendations for treatment, etc.
  - Ordering diagnostic testing, interpretation of testing, collaboration with multidisciplinary team for treatment plan, prescribing medications, and skilled therapy or treatments (Ackerman, et al., 2012, p. 68).

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 within the organization

CMC	PINEVILLE	UNIVERSITY	CR		GENERAL SURGERY CORE CLINICAL PRIVILEGES
				AHPS-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.
NOTE: Surgical Core Clinical Privileges include 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; Assisting/Performing Advanced Cardiac Life Support (ACLS) in accordance with certification; Perform anoscopy; counsel and instruct patients as appropriate; perform wound debridement, suturing, and general care for superficial wounds and minor superficial surgical procedures; Initiate referral to appropriate physician or other healthcare professional of problems that exceed the Allied Health Professional's scope of practice; insert and remove nasogastric tubes, 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; monitor and manage stable acute and chronic illnesses of population served; 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; participate in volume replacement or auto-transfusion techniques, as appropriate; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; perform urinary bladder catheterization (short-term and indwelling); perform venous punctures for blood sampling, cultures, and iv catheterization; 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.					

Example:

GENERAL SURGERY CORE CLINICAL PRIVILEGES

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.

NOTE: Surgical Core Clinical Privileges include 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; Assisting/Performing Advanced Cardiac Life Support (ACLS) in accordance with certification; Perform anoscopy; counsel and instruct patients as appropriate; perform wound debridement, suturing, and general care for superficial wounds and minor superficial surgical procedures; Initiate referral to appropriate physician or other healthcare professional of problems that exceed the Allied Health Professional's scope of practice; insert and remove nasogastric tubes, 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; monitor and manage stable acute and chronic illnesses of population served; 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; participate in volume replacement or auto-transfusion techniques, as appropriate; perform field infiltrations of anesthetic solutions; perform incision and drainage of superficial abscesses; perform urinary bladder catheterization (short-term and indwelling); perform venous punctures for blood sampling, cultures, and iv catheterization; 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.

Example:

SURGICAL CRITICAL CARE CORE PRIVILEGES

Management of care including risk appraisal, interpretation of diagnostic tests, providing treatment for patients with complex needs who are critically ill within the age group of patients seen by the sponsoring physician(s). The Allied Health Professional may not admit patients to the hospital

NOTE: Surgical Critical Care Core Clinical Privileges include: Perform history and physical examinations on new admissions or consultations at the direction of the supervising physician; make daily rounds on hospitalized patients with or at the direction of the supervising physician; obtain and record medical/social history and perform physical examinations including rectal and genitourinary examinations as indicated; record progress notes; document discharge and transfer summaries; write admission, transfer and discharge orders on behalf of the supervising physician; order and interpret electrocardiograms with second reading by the supervising physician; order and perform initial interpretations of radiographic exam with second reading by the supervising physician and/or radiologist; may order diagnostic testing and therapeutic modalities, as delineated in the collaborative practice agreement, including laboratory tests, blood and blood product administration, medications, treatments, ventilator management, IV fluids and electrolytes; perform endotracheal extubation; may remove chest tubes; perform tracheostomy tube changes, downsizing or decannulation; perform local infiltration of anesthetic solutions; order topical anesthesia; perform wound debridement and general care for superficial wounds and minor superficial surgical procedures; perform incision and drainage of superficial abscesses with and without packing; apply, remove, and change dressings and bandages; perform urinary bladder catheterization (short term and indwelling); perform venous punctures for blood sampling, cultures and IV catheterization; remove central venous and pulmonary artery catheters; insert and remove oral/nasal gastric tubes; counsel and instruct patients and significant others as appropriate; direct care as specified by medical staff approved protocols; perform emergency treatment; emergent management of acute cardiopulmonary arrest following Advanced Cardiac Life Support (ACLS), in accordance with certification; initiate referral to appropriate physician or other healthcare professional for problems that exceed the Allied Health Professional's scope of practice; assist 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 supervising surgeon.

Special procedures (critical care) credentialing:

- Varies by institution - examples: special procedures can be stratified by risk (low, medium, or high) or by the level of supervision (general, proximate, or personal) required

  - Typically awarded after a requested and after a specified period of time with demonstration of competency.
  - Require direct proctoring by a provider credentialed to do that procedure.
  - Documentation of demonstrated progression to independent competence to perform skill set.

Supervision of all DOP tasks and procedures:

- "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.

- "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.

- "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 (CMC, 2011).

Special procedures- proximate:

1. Percutaneous arterial lines
2. Central Venous Catheter Insertion
3. Insertion of Chest tubes/thoracentesis
4. Paracentesis
5. Lumbar Puncture
6. PICC
7. Pulmonary artery catheter

Requirement:

- Present evidence of appropriate training AND Demonstrate ongoing competency with a minimum number of ten of each procedure within 24 month period.
- This is reviewed at the time of reappointment. ACP/AHP who would like to continue hold any special privileges, but are unable to document the minimal number of ten (10) representative samples will be requested to voluntarily withdraw their request for such privileges.

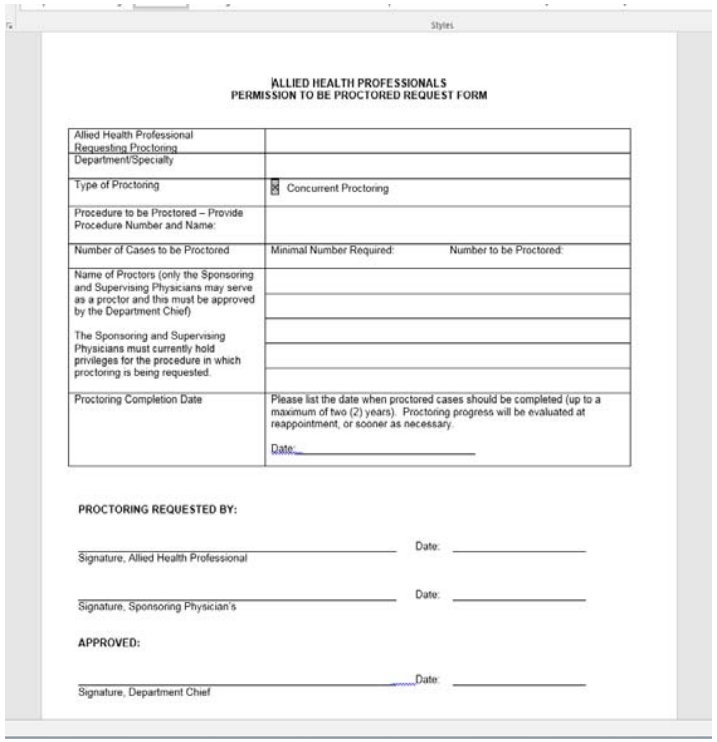
Special procedures - personal:

1. Endotracheal intubation
2. Fiberoptic Bronchoscopy in the intubated patient for removal of secretions diagnosis of pneumonia

Requirement:

- Present evidence of appropriate training AND Demonstrate ongoing competency with a minimum number of ten of each procedure within 24 month period.
- This is reviewed at the time of reappointment. ACP/AHP who would like to continue hold any special privileges, but are unable to document the minimal number of ten (10) representative samples will be requested to voluntarily withdraw their request for such privileges.

Permission to Proctor Request



ALLIED HEALTH PROFESSIONALS
PERMISSION TO BE PROCTORED REQUEST FORM

Allied Health Professional Requesting Proctoring	
Department/Specialty	
Type of Proctoring	☒ Concurrent Proctoring
Procedure to be Proctored – Provide Procedure Number and Name:	
Number of Cases to be Proctored	Minimal Number Required: Number to be Proctored:
Name of Proctors (only the Sponsoring and Supervising Physicians may serve as a proctor and this must be approved by the Department Chief) The Sponsoring and Supervising Physicians must currently hold privileges for the procedure in which proctoring is being requested.	
Proctoring Completion Date	Please list the date when proctored cases should be completed (up to a maximum of two (2) years). Proctoring progress will be evaluated at reappointment, or sooner as necessary. Date:

PROCTORING REQUESTED BY:

Signature, Allied Health Professional Date:

Signature, Sponsoring Physician's Date:

APPROVED:

Signature, Department Chief Date:

- For procedures which require **proximate** or **personal** supervision
  - One request to proctor form for each special procedure requested.
  - Medical staff will determine appropriateness of request and grant permission to be proctored.
  - Procedures are documented on proctoring form and returned to Medical Staff when completed for privileging.

Example of special procedures proctoring form:

This is an ongoing "procedure check off" – Completed AFTER approval has been granted by the *permission to proctor* request.

DATE: _____ **AGE OF PATIENT** _____

MEDICAL RECORD NUMBER: _____

ADMITTING DIAGNOSIS OR COMPLAINT: _____

PROCEDURE PERFORMED _____

DISCHARGE DIAGNOSIS: _____

PROCTOR'S APPRAISAL:

Please utilize the following rating scale in your evaluations:

1. Reviewed care/outcome was expected and acceptable. REVIEWER COMFORTABLE.
2. Reviewed care/outcome not necessarily routine, but not totally unexpected. REVIEWER STILL COMFORTABLE.
3. Reviewed care/outcome unexpected. REVIEWER UNCOMFORTABLE.
4. Reviewed care/outcome very unexpected. REVIEWER DISPLEASED.
5. Unable to Evaluate.

PLEASE CHECK THE APPROPRIATE NUMBER	1	2	3	4	5	COMMENTS
1. Necessity for Admission/Procedure						
2. History						
3. Physical Examination						
4. Use of Laboratory Studies						
5. Use of Imaging Studies						
6. Use of Drug Therapy						
7. Follow-up Care						
8. Level of Care						
9. Consultations						
10. Progress Notes						
11. Complications						
12. Pre-Procedure/Work-up						
13. Procedure Judgment						
14. Procedure Technique						
15. Knowledge of Procedure						
16. Results of Procedure						
17. Procedure Time						
18. Overall Quality of Care						
19. General Comments						
OVERALL QUALITY OF CARE						

GENERALCOMMENTS: _____

_____

PROCTOR'S SIGNATURE _____ Date: _____

FOR OFFICE USE ONLY: Report was reviewed by Department Chief, or his/her designee, and found to have performed at a level acceptable for recommendation

References:

1. Carolinas Medical Center. (2011). *Policy on clinical privileges for allied health professions* (of the bylaws medical and dental staff). Retrieved on Jan 31, 2016 from https://carolinashealthcare.sharepoint.com/sites/CCACP/Shared%20Documents/CHS%20By-Laws%20for%20ACPs%20and%20Medical%20Staff/CMCSysAHPPolicy0212.pd
2. CNA. (2009). *Medical Staff Credentialing: Eight strategies for safer physician and provider privilegin*g. Retrieved on February 8, 2016 from https://www.cna.com/vcm_content/CNA/internet/Static%20File%20for%20Download/Risk%20Control/Medical%20Services/MedStaffCredentialing.pdf
3. Joint Commission Association (2011): *Ambulatory Care Program: The who, what, when and where's of credentialing and privileging,* Retrieved on February 6, 2016 from http://www.jointcommission.org/assets/1/6/AHC_who_what_when_and_where_credentialing_booklet.pdf
4. Ackerman, M., Bezek S. K., & Swantz, A. (2012). *Credentialing and privileging for nurse practitioners and physician assistants*. In R. M. Kleinpell, W. A. Boyle, & T. G. Buchman. (Eds.). *Integrating nurse practitioners and physician assistants into the ICU (66-71)*. Mount Prospect, Il: SCCM.