**UNIVERSITY OF MARYLAND MEDICAL CENTER**

**Specified Services for Nurse Practitioners**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area of Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Certifying Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification Number (required):\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| Request | **Specified Services** | Approved Procedure: **Chair Approval: Initial if Yes**  **Write Not Approved if No** |
| 🗸 | **Category 0: In the case of an emergency, any member of the Affiliate Staff, to the degree permitted by his/her license and regardless of Affiliate Staff status, service or clinical privileges, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. *\*Approved per the Medical Staff Bylaws*** | 🗸 |
|  | **Category I – Core Privileges** |  |
|  | **NP – Core Privileges Criteria:** To be eligible for core privileges, applicants must have completed a CCNE or NLN accredited NP program and be nationally certified in the specialty.  **Core Privileges Include the Following:**  Obtains complete history and physical examinations of patients  Establishes medical diagnosis for common short-term or chronic stable health problems  Orders: Laboratory and/or Diagnostic Tests  Interprets basic laboratory and/or diagnostic procedures  Establishes treatment plan with full prescriptive authority  Implements treatment plan  Performs therapeutic interventions  Communicates with the patient, family and interdisciplinary team to optimize treatment. |  |

**Moderate (Conscious) Sedation: All Nurse Practitioner Specialties**

|  |  |  |
| --- | --- | --- |
| Request | Moderate (Conscious) Sedation Privilege | Approved Procedure: **Chair Approval: Initial if Yes**  **Write Not Approved if No** |
|  | **Providers who are prescribing or administering controlled substances during procedures MUST request this privilege.**  Criteria for Approval:   1. Proof of Current BLS, PALS, or NRP certification  *(please attach)* 2. Completion of Age-Appropriate Moderate Sedation Education in-service every two years. *(required for appointment and reappointment)* 3. For initial credentialing, documentation of supervised performance |  |

**Category II –Procedural Skills: *Adult/Acute Care/Family/Psych/Women’s Health NP***

**Copies of Simulation/Competency logs must be included.**

[ ] Initial Appointment [ ] Requesting additional Skills [ ] Reappointment

|  |  |  |
| --- | --- | --- |
| Request | Privilege | Approved Procedure: **Chair Approval: Initial if Yes**  **Write Not Approved if No** |
|  | Arterial Pressure Monitoring Catheters |  |
|  | Dermal or Bone Marrow Biopsies |  |
|  | Central Line Insertion |  |
|  | Chest Tube Insertion |  |
|  | Bronchoscopy |  |
|  | Dental Blocks |  |
|  | Incision and Drainage of Abscess |  |
|  | Intra-Aortic Balloon Pump Removal |  |
|  | Intra-Ventricular Catheter Placement |  |
|  | Joint Aspiration |  |
|  | Lumbar Puncture |  |
|  | Paracentesis |  |
|  | Pulmonary Artery Catheters |  |
|  | Removal of Foreign Bodies: Wound |  |
|  | Splinting of Extremities |  |
|  | Suturing: Simple Wound Closure |  |
|  | Suturing: Complex Wound Closure |  |
|  | Thoracentesis |  |
|  | Ultrasound: Beside FAST Technique |  |
|  | Wound Debridement and Wash-Out |  |
|  |  |  |
|  |  |  |

**Category II –Procedural Skills: Women’s/Neonatal/PediatricNurse PractitionerSpecialties (as listed below)**

**Copies of Simulation/Competency logs must be included.**

[ ] Initial Appointment [ ] Requesting additional Skills [ ] Reappointment

|  |  |  |
| --- | --- | --- |
| Request | Privilege | Approved Procedure: **Chair Approval: Initial if Yes**  **Write Not Approved if No** |
|  | **Women’s Health** |  |
|  | Endometrial Biopsy |  |
|  |  |  |
|  | **Neonatology** |  |
|  | Arterial Puncture |  |
|  | Arterial Line Placement-Peripheral |  |
|  | Chest Tube Insertion |  |
|  | Endotracheal Intubation |  |
|  | Lumbar Puncture |  |
|  | Paracentesis |  |
|  | Suprapubic Bladder Tap |  |
|  | Thoracentesis |  |
|  | Umbilical Arterial Catheter Insertion |  |
|  | Umbilical Venous Catheter Insertion |  |
|  |  |  |
|  | **Pediatric Acute/Specialty Care** |  |
|  | Arterial Puncture |  |
|  | Lumbar Puncture |  |
|  |  |  |
|  | **Pediatric Cardiac Surgery** |  |
|  | Chest Tube Insertion |  |
|  | Arterial Line Placement |  |
|  | Central Line Placement |  |
|  | Endotracheal Intubation |  |
|  |  |  |
|  | **Pediatric Critical Care** |  |
|  | Arterial Puncture |  |
|  | Arterial Line Placement-Peripheral |  |
|  | Central Line Placement |  |
|  | Chest Tube Insertion |  |
|  | Endotracheal Intubation |  |
|  | Lumbar Puncture |  |
|  | Thoracentesis |  |
|  | Ultrasound: Beside FAST Technique |  |
|  |  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NP Manager Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division Chief *(if applicable)*  Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chairman Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Confirming Signature Date

*(required if any requested service is not approved)* Revised 4/2017

**UMMC Credentialing of Nurse Practitioners/Physician Assistants for Invasive Procedures: Appendix I**

***New Procedure and Competency Check List***

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

***To obtain approval for procedures not previously approved. You may use this form to document any new procedure(s), and submit to the Medical Staff Office either with the original Delineation of privileges or with the Additional privilege form.***

*Title of Procedure****: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

*Education Program: \_\_\_\_\_\_\_\_\_\_\_\_ Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Workshop: \_\_\_\_\_\_\_\_Dates \_*

*Other: \_\_\_\_\_\_\_Dates \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Date Observed Performed Evaluated By Comments***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
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| 7. |  |  |  |  |
| 8. |  |  |  |  |
| 9. |  |  |  |  |
| 10. |  |  |  |  |

(Use additional paper if necessary)

I *certify that has performed the above procedure and is able to carry out the procedure* ***competently and*** *independently.*

Signature of Credentialed Provider Print Name Date

indicating competency to perform procedure independently and

who witnessed the final procedure

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Division Chief Print Name Date

Signature of the Physician-In-Chief of Shock Trauma Center, Director of Critical Care ***or*** Print Name Date

By the Director of the Medical Intensive Care Unit.

**Education and Supervised Procedure Requirements for Credentialing Advanced Practice Providers:**

**Initial Procedural Credentialing:** All NPs/PAs without prior procedural privileges must complete the relevant MASTRI (Simulation program) procedural training and then demonstrate successful completion of the minimum number of supervised, required procedures, prior to requesting the procedural privileges**.**

**Re-Credentialing or Newly Hired NPs**

**NP/PA** **not having documentation of 10 successful (uncomplicated) procedural competencies** must attend the MASTRI program and re-credential at the minimum number of supervised procedures requested.

| **Procedure** | **Education program** | **Minimum number of supervised procedures prior to credentialing** |
| --- | --- | --- |
| Arterial Pressure Monitoring Catheters | Successfully completes MASTRI Arterial line-specific training and waveform interpretation clinical skills workshop | 5 |
| Central Venous Catheters | Successfully completes MASTRI CVC-specific training. | 5 |
| Bronchoscopy | Successfully completes a Bronchoscopy simulation course in the MASTRI center. Course can also be done elsewhere, documentation required. | 10 |
| Incision and Drainage of abscess | Successful completion of I&D training first. | 3 |
| Intra-Aortic Balloon Pump Removal | Didactic education obtained from collaborating physician or designee | 5 |
| Lumbar Puncture | Successfully completes MASTRI training first. | 5 |
| Open Thoracostomy Tubes | Successfully completes MASTRI Thoracostomy tube insertion training | 8 |
| Paracentesis | Successfully completes MASTRI training first. | 5 |
| Pulmonary Artery Catheters | Successfully completes MASTRI PA catheter training | 8 |
| Seldinger (pig-tail) Thoracostomy tubes | Successfully completes MASTRI Seldinger insertion training | 5 |
| Splinting Extremities | Successfully completes the simulation course at the MASTRI center or observed documented cases | 3 |
| Suturing-wound closure | Successful completion of Suture Workshop and then demonstration of wound closure | 5 |
| Thoracentesis | Successfully completes MASTRI Thoracentesis training | 8 |

**Other Procedures:** If an NP/PA would like to become credentialed in a procedure not listed above, he/she must work with the supervising physician or nurse practitioner to develop an educational program, receive didactic education, and perform an agreed upon number of supervised procedures.

**The New Procedure and Competency Checklist (Appendix I) must be submitted along with delineation. Once the PA receives credentials to perform a new procedure, an amended Delegation Agreement must be sent to the Maryland Board of Physicians**