

**NURSE PRACTITIONER (NP) CLINICAL PRIVILEGES — ORTHOPEDIC SURGERY**

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

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Effective From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Initial Appointment (initial privileges)

\_\_\_\_\_ Reappointment (renewal of privileges)

*All new applicants must meet the following requirements as approved by the governing body effective: \_\_\_\_/\_\_\_\_/\_\_\_\_.*

**Applicant:** Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the Hospital for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. ***If you wish to exclude any procedures, please strike through those procedures which you do not wish to request, initial, and date.***

**Department Chief:** Check the appropriate box for recommendation on the last page of this form. Check the appropriate box for recommendation on the last page of this form and include your recommendation for Focused Professional Practice Evaluation (FPPE)<sup>1</sup>. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

**Other Conditions**

- If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s), regardless of education, training, and experience. Exclusive or employment contracts are indicated by [EC].
- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
- This core procedure list is not intended to be an all encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

**Affiliation with Medical Staff / Physician Involvement**

*[NOTE — This section may not be applicable in some organizations. If the NP is practicing independently and a signed collaborative or supervising agreement is not required by law or by the organization, this section should be deleted.]*

The exercise of these clinical privileges requires a designated collaborating/supervising physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with a written agreement and policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, nursing administration and the governing body. A copy of the written agreement signed by both parties is to be provided to the hospital. The hospital leadership (governing body, senior administration, and medical staff) has determined that its mission and culture [supports / does not support] the expansion of privileges for APPs through on-site training e.g., direct supervision.

In addition, the collaborating / supervising physician must:

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<sup>1</sup> For Joint Commission and HFAP accredited hospitals only.

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- Participate as requested in the evaluation of competency (i.e., FPPE, OPPE, at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the scope of practice defined by law and the written agreement;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.

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**QUALIFICATIONS FOR NURSE PRACTITIONER (NP) CORE PRIVILEGES**

<b>Education and training</b>	<i>Completion of a master's, post-master's, or doctorate from a nurse practitioner program accredited by the Commission on Collegiate of Nursing Education (CCNE) or the Accreditation Commission for Education in Nursing (ACEN)</i>
<b>Certification</b>	<i>Current certification by the American Nurses Credentialing Center or an equivalent body is required for initial applicants and reapplicants.</i>
<b>Licensure</b>	<i>Current active licensure to practice as an advanced practice registered nurse in the nurse practitioner category in the State of [state name] is required for initial applicants and reapplicants.</i>
<b>Required current experience - initial</b>	<b>General Core:</b> <i>Demonstrated current competence and provision of care, treatment, or services, to at least [n] patients in the past 12 months or completion of master's /post masters degree program in the past 12 months. Experience must correlate to requested privileges.</i>
	<b>Orthopedic Surgery with Direct Supervision:</b> <i>As for general core.</i>
	<b>Orthopedic Surgery without Direct Supervision:</b> <ol style="list-style-type: none"> <li>1. [Current certification as an Orthopaedic Nurse Practitioner (ONP-C) by the Orthopaedic Nursing Certification Board (ONCB)], and demonstrated current competence and provision of care, treatment, or services, to at least [n] orthopedic patients in the past 12 months. Experience must correlate to the orthopedic privileges requested. OR</li> <li>2. Demonstrated current competence and provision of care, treatment, or services, to at least [n] orthopedic patients in the past 12 months. Experience must correlate to the orthopedic privileges requested.</li> </ol>
<b>Required current experience – renewal</b>	<i>An adequate volume of experience ([n] orthopedic patients) for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested.</i>
<b>Ability to perform (health status)</b>	<i>Evidence of current ability to perform privileges requested is required of all applicants and reapplicants.</i>

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**CORE PRIVILEGES — NURSE PRACTITIONER (NP) - GENERAL**

- Requested** Assess, diagnose, monitor, promote health and protection from disease, and manage patients within age group of patients seen by collaborating/supervising physician including the development of treatment plans and health counseling. Nurse practitioners [may/may not] admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. General core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.
- Perform history and physical
  - Apply, remove, and change dressings and bandages
  - Counsel and instruct patients, families, and caregivers as appropriate
  - Direct care as specified by medical staff approved protocols
  - Implement therapeutic intervention for specific conditions when appropriate
  - Initiate appropriate referrals
  - Make daily rounds on hospitalized patients
  - Make preoperative and postoperative teaching visits with patients
  - Order and initial interpretation of diagnostic testing and therapeutic modalities such as routine laboratory tests, medications, hemodynamic monitoring, treatments, IV fluids and electrolytes, EMG, electrocardiogram, and radiologic examinations including arthrogram, ultrasound, CT, MRI, and bone scan studies, etc.
  - Perform venous punctures for blood sampling, cultures, and IV catheterization
  - Record progress notes
  - Dictate discharge summaries

**CORE PRIVILEGES — NURSE PRACTITIONER (NP) — ORTHOPEDIC SURGERY**

<input type="checkbox"/> <b>Requested</b> With Direct Supervision	<input type="checkbox"/> <b>Requested</b> Without Direct Supervision
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Care for orthopedic patients within age group of patients seen by collaborating/ supervising physician to include assisting in surgery. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Administer digital block, regional anesthesia, isolated peripheral nerve anesthesia, field infiltrations of anesthetic solutions
- Apply braces, casts, splints, and other orthopedic appliances
- Assist in positioning patients in operating room; help with intraoperative care and post operative management
- 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 orthopedic surgeon
- Debridement, suture, and general care for superficial wounds and minor superficial surgical procedures
- Order, prescribe, dispense, and administer medication, orthosis, orthotics, braces, and other orthopedic devices as may be allowed by state legislation
- Perform compartment pressure measurements
- Perform diagnostic and therapeutic procedures such as, but not limited to:
  - aspirations and injections of joints, bursars, and cysts [determine core or non core]
  - closed reductions of fractures and dislocations
  - injections of tendons, trigger point

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- bone graft harvesting [determine core or non core]
- Perform minor outpatient surgical procedures such as, but not limited to:
  - tendon repair
  - incision and drainage of superficial abscesses
  - wound closure and management
  - needle biopsy
  - percutaneous pinning of fractures
  - k-wire removal
  - hardware removal

**SPECIAL NON-CORE PRIVILEGES (SEE SPECIFIC CRITERIA)**

Non-Core Privileges are requested individually in addition to requesting the core. Each individual requesting Non-Core Privileges must meet the specific threshold criteria as applicable to the initial applicant or reapplicant.

**ADMINISTRATION OF SEDATION AND ANALGESIA**

**Requested** See Hospital Policy for Sedation and Analgesia by Non-Anesthesiologists.

**PERFORM ASPIRATIONS AND INJECTIONS OF JOINTS, BURSARS, AND CYSTS WITH DIRECT SUPERVISION**

**[Criteria:** Initial applicants must qualify for and be granted core privileges as a NP.

**Renewal of privilege:** The performance of at least [n] aspirations or injections with direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.]

**Requested**

**PERFORM ASPIRATIONS AND INJECTIONS OF JOINTS, BURSARS, AND CYSTS WITHOUT DIRECT SUPERVISION**

**[Criteria:** Initial applicants must qualify for and be granted core privileges as a NP. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of training in the past 12 months with evidence of an adequate volume of aspirations or injections during training, or
2. Demonstrated current competence without direct supervision and the performance of at least [n] aspirations or injections in the past 12 months.

**Renewal of privilege:** The performance of at least [n] aspirations or injections without direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.]

**Requested**

**BONE GRAFT HARVESTING WITH DIRECT SUPERVISION**

**[Criteria:** Initial applicants must qualify for and be granted core privileges as a NP.

**Renewal of privilege:** The harvesting of at least [n] bone grafts with direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.]

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 **Requested****BONE GRAFT HARVESTING WITHOUT DIRECT SUPERVISION**

**[Criteria:** Initial applicants must qualify for and be granted core privileges as a NP. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of training in the past 12 months with evidence of an adequate volume of bone graft harvests during training, or
2. Demonstrated current competence without direct supervision and the harvesting of at least [n] bone grafts in the past 12 months.

**Renewal of privilege:** The harvesting of at least [n] bone grafts without direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.]

 **Requested****PERFORM FLUOROSCOPY WITH DIRECT SUPERVISION**

NOTE: THERE MAY BE STATE SPECIFIC REQUIREMENTS OR LIMITATIONS

**[Criteria:** Initial applicants must qualify for and be granted core privileges as a NP and successful completion of a written examination on didactic content. **Renewal of privilege:** The performance of at least [n] fluoroscopies with direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes, and successful completion of the organization's written examination on didactic content.]

 **Requested****PERFORM FLUOROSCOPY WITHOUT DIRECT SUPERVISION**

NOTE: THERE MAY BE STATE SPECIFIC REQUIREMENTS OR LIMITATIONS

**[Criteria:** Initial applicants must qualify for and be granted core privileges as a NP and successful completion of a written examination on didactic content. In addition, one of the following is required for evidence of demonstrated current competence and current experience:

1. Successful completion of training that included a combination of didactic, hands on, and preceptorship with evidence of the performance of an adequate volume of fluoroscopies during training,

OR

2. Demonstrated current competence without direct supervision and the performance of at least [n] fluoroscopies in the past 12 months.

**Renewal of privilege:** The performance of at least [n] fluoroscopies without direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes, and successful completion of the organization's written examination on didactic content.]

 **Requested**

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**PRESCRIPTIVE AUTHORITY [AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT] IN ACCORDANCE WITH STATE AND FEDERAL LAW**

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- Requested** The delegation to the NP to administer or dispense drugs shall include the prescribing of controlled substances.

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**ACKNOWLEDGEMENT OF PRACTITIONER**

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Sample, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged advanced practice professionals.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**DEPARTMENT CHIEF'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

- Recommend requested clinical privileges
- Recommend clinical privileges with the following conditions/modifications:
- Do not recommend the following requested clinical privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Department Chief Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY**

**Credentials Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Medical Executive Committee Action** \_\_\_\_\_ **Date** \_\_\_\_\_

**Governing Body Action** \_\_\_\_\_ **Date** \_\_\_\_\_



