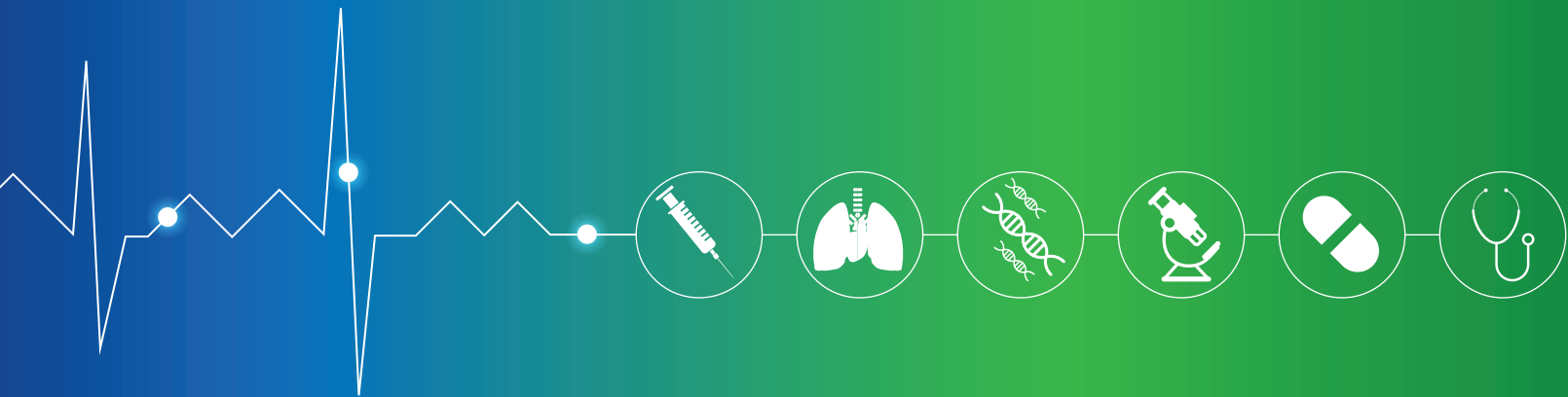


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Fourth Edition

# Core Privileges for **AHPs**

*Develop and Implement Criteria-Based  
Privileging for Nonphysician Practitioners*



Maggie Palmer, MSA, CPCS, CPMSM



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*Core Privileges for AHPs: Develop and Implement Criteria-Based Privileging for Nonphysician Practitioners*, Fourth Edition, is published by HCPro, a Simplify Compliance brand.

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# About the Author

## **Maggie Palmer, MSA, CPCS, CPMSM**

Maggie Palmer, MSA, CPCS, CPMSM, is a healthcare administration professional with over 24 years of experience in medical staff services and numerous other areas of healthcare. Palmer holds a master's degree in healthcare administration from Central Michigan University. She has held dual certification from the National Association Medical Staff Services (NAMSS) since 2000.

Palmer is currently the vice president of medical staff professional services and regulatory affairs at Parkland Health & Hospital System in Dallas. Palmer's previous experience includes vice president of medical staff and clinical contractor services at IntelliCentrics, national director of credentialing for Tenet Health in Dallas, director at Scripps Health in San Diego, executive director of Hawaii Credential Verification Service, credentials specialist at Castle Medical Center, and Straub Clinic and Hospital. She has also served as a consultant and interim medical staff director in various organizations across the United States.

Palmer currently serves as faculty for the NAMSS. She formerly served as the bylaws chair for the NAMSS and as a board member of the Hawaii Association of Medical Service Professionals (HAMSP). She also served as president of the California Association Medical Staff Services. She is an active member of the National Credentialing Forum. Palmer serves on the HCPro Advisory Board for the Credentialing Resource Center and is the author of *Core Privileges for Physicians*, Seventh Edition (HCPro, 2019).





# Introduction

The privileging of nonphysician practitioners<sup>1</sup> poses challenges that differ from those encountered when privileging physicians. Before an organization can focus on credentialing and privileging these types of practitioners, it is essential to have a broad understanding of the issues related to the various disciplines of nonphysician practitioners.

Over the years, the following have emerged as trouble spots or stumbling blocks in this area:

- The lack of a clear definition of the types of practitioners who require privileging
- The wide range of clinical scopes defined by healthcare organizations
- Varying and unclear licensure requirements from state to state
- An increasing number of physicians employing nonphysician practitioners for clinical assistance

Understanding recent and ongoing changes in healthcare will also help organizations chart future courses for utilizing these practitioners.

The importance of identifying applicable state statutes for all nonphysician practitioners cannot be overemphasized. It is paramount that organizations understand the difference between what scope of practice is permitted by the state licensing organization and what clinical privileges will be permitted by the healthcare facility.

In recent years, many pieces of state and federal legislation have been introduced for nonphysician practitioners, particularly advanced practice professionals (APP), that propose:

- Expansion of their scopes of practice
- Extending the level of their clinical independence
- Entitling more categories to direct reimbursement

Many of these efforts have been successful. For example, the number of states allowing nurse practitioners (NP) to practice independently is increasing every year.

The changing services provided by healthcare organizations have also affected nonphysician practitioners' credentialing. These changes have prompted extended utilization in a variety of settings that are no longer solely within the domain of the acute care facility. Increasing numbers of physicians are recognizing the benefits to be gained by allowing an expansion of scope for APPs and are approaching healthcare organizations, seeking approval for them to provide additional services within that setting.

### Sources Used to Develop the Core Privilege Forms

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Each nonphysician practitioner discipline has been researched from the aspects of state licensing requirements, statements of professional organizations, required education and training, general supervision requirements, and a general overview of the description of the profession.

Organizations can use the sample privilege delineation forms to tailor their own privileging requirements to each discipline.

The privilege delineation forms outline the qualifications and potential clinical practice for each of the disciplines, including anesthesiologist assistants, pathologists' assistants, radiologist assistants, psychologists, certified nurse midwives, NPs, certified registered nurse anesthetists, clinical nurse specialists, registered nurse first assistants, and physician assistants (PA). Because many of the disciplines have become subspecialized, there are sample forms for NPs and PAs in subspecialty disciplines, such as orthopedics, women's health, acute care, psychiatric and mental health, etc. As healthcare organizations seek to define the level of care they want to permit, they will find these forms to be valuable tools.

We have included references to various types of certifications available for advanced practice nurses and PAs as applicable on the core privileging forms. However, just as healthcare organizations and medical staffs need to make their own decision related to the requirements for specialty-specific board certification for physicians, organizations must also consider whether they will require specialty- or subspecialty-specific certification for advanced practice nurses and PAs.

### Customizing the Core Privilege Forms

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According to CMS, delineation of clinical privileges must be hospital-specific. Therefore, when developing your core privileging system, list only the services and procedures that your hospital currently provides, e.g., an activity/task/procedure that the hospital can support and is conducted within the hospital. Do not include services and procedures that your hospital might offer in the future—the forms will not be hospital-specific if they contain services that the hospital does not currently provide.

It is increasingly imperative for organizations to fully understand the nuances associated with statutory and regulatory requirements for NP and PA practice. Some state laws describe the scope in a rather perfunctory manner while other states are a great deal more specific about not only the defined scope of practice but also (particularly in the case of NPs) the specific education, training, and/or certification required to perform the scope of practice.

Once your hospital adopts a policy governing the threshold or basic qualifications for eligibility to apply for privileges, it should develop a process for the medical staff to prepare specific criteria for evaluating privilege requests. For example, if your hospital requires nonphysician practitioners to have formal training for a specialty area, the medical staff should decide which procedures and conditions should be listed within the specialty. The medical staff then should identify what constitutes acceptable training in the specialty. The medical staff also should determine requirements for recent experience, such as documentation of the number and types of cases performed in the past 12 months or the minimum number of patients treated within the past 12 months.

Throughout the document, you will see [n] used in place of a specific number of cases. Your hospital should define the minimum case/patient volume (the “[n]”) required to maintain clinical competence as recommended by the applicable department chair and the medical executive committee and subject to approval by the governing board.

The presence of APPs in hospitals has grown exponentially during the past decade because collaborating and supervising physicians have realized the value of APPs and often seek to expand the role of APPs. Furthermore, APPs seek to increase their knowledge and skill base and thus their scope of practice. The impending physician shortage provides a third incentive for organizations to create mechanisms to expand privileges for APPs. This adds to the complexity of privileging for these additional privileges or procedures and requires that the appropriate structure or mechanism be put in place. Academic hospitals inherently have a framework in place for on-site education and training. However, in community hospitals, this is not typically the case.

Therefore, the first step in this process must be that the healthcare organization’s leadership (governing body, senior administration, and medical staff) determines that its mission and culture would support expansion of privileges for APPs through an on-site education and training program. One aspect of this decision would be to ensure that the facility’s professional liability carrier would include this activity.

Once the decision is made to move forward, the organization is now ready to determine the policy and procedures necessary to accomplish its goal. Because this is a complex issue, we have provided a template policy and procedure to address the expansion or “Privilege to Learn/Training Up” of privileges for APPs, located on page xii.

If your organization determines that training up for APPs under direct supervision is not going to occur, then your privilege forms need to require that applicants’ training and experience must correlate to the requested privileges, and the eligibility route for direct supervision to allow for training up is not provided.

## Procedure Lists

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The core procedure lists on the relevant privilege forms provide examples of the procedures that may be performed within a particular nonphysician practitioner discipline. Please note that these lists are not all-inclusive but, rather, are a sampling of procedures that may fall under a particular specialty.

These lists also must be hospital-specific, as noted above. Each facility should review the privilege request forms and associated procedure lists and then modify the privilege request form by adding or deleting procedures as necessary.

Nonphysician practitioners in your facility might not perform all of these procedures or they might perform additional procedures that are not listed in this book. Customize these lists to match the scope of your hospital services. Your chief of surgery, operating room scheduling supervisor, medical director of the endoscopy suite, and other clinical chiefs should assist in the review of the procedure lists relevant to the specialty area of clinical practice. Many organizations have found that creating an APP committee and using their expertise to create credentialing and privileging guidelines is extremely valuable.

The medical executive committee should oversee the process. Once the process is complete, the medical executive committee will make its recommendation to the governing board.

### Important Disclaimer

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The sample core privileging forms that follow include a large amount of controversial information—particularly concerning the criteria for determining competence for specific specialties and procedures. These forms should be considered sample drafts only—they are not specific or definitive recommendations by the author.

Before adopting these forms, carefully review and modify them to meet the specific needs and environment of your hospital or healthcare facility. The descriptions of the core, the special procedures, the procedure lists, and the criteria should all be customized to your organization. The forms should be consistent with your organization's current medical staff bylaw provisions governing the credentialing and privileging processes. Have the forms reviewed by knowledgeable legal counsel to ensure that they comply with relevant local, state, and federal laws and regulations.

For hospitals that have clinics operating under the provider number of the hospital, those clinics and the practitioners working in those clinics need to be included in the medical staff privileging process. The content of the core forms provided in this book are primarily focused on the “traditional hospital” setting. Because there may be additional procedures or testing done in the clinic or ambulatory environment for which the nonphysician practitioner must be privileged, organizations should be aware of their responsibility to include all such clinical activities, whether they occur in the hospital or in the provider-based clinic.

NOTE: The content of these forms delineates the concept of “Privilege to Learn” or “training up” and allows organizations to identify the core and the procedures that require direct supervision. Organizations that transition the content of these forms into an electronic privileging module must ensure that this concept is accurately displayed within the software.

### Sample Policy & Procedure for Expansion (“Privilege to Learn/Train Up”) of Privileges for Advanced Practice Professionals (APP)

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#### Background

The presence of APPs in hospitals has grown exponentially during the past decade. For purposes of this policy, APPs are defined as physician assistants (PA) and advanced practice registered nurses, with this latter group including certified registered nurse anesthetists, certified nurse midwives, nurse practitioners, and clinical nurse specialists. Collaborating and supervising physicians have realized the value of APPs and often seek to expand the role of APPs. Further, APPs seek to increase their knowledge and skill base and thus their scope of practice.

Thus the first step in this process must be that the healthcare organization's leadership (governing body, senior administration, and medical staff) determines that its mission and culture would support expansion of privileges for APPs through an on-site education and training program. One aspect of this decision would be to ensure that the facility's professional liability carrier would include this activity. Once the decision is made to move forward, the organization is now ready to determine the policy and procedures necessary to accomplish its goal.

## Objective

The objective of this policy is to make certain that patient safety and quality are adequately protected by establishing a safe and effective training process to increase the capabilities and competencies (cognitive and procedural) of each APP who requests additional clinical privileges for which he or she has limited or no training and experience. The mechanism by which this training process is accomplished will be through the granting of privileges under direct supervision.

## Policy

Any practitioner seeking clinical privileges (including privileges under direct supervision) to provide care, treatment, or services must first be granted permission to do so by the governing body based upon a recommendation by the medical executive committee.

Requests for clinical privileges are processed only when the potential APP applicant meets the governing body's current minimum threshold criteria. If potential APP applicants do not meet these criteria, their applications will not be processed.

In the event there is a request for a privilege for which there is no established criteria for APPs and/or the privileges were previously granted only to physicians, the governing body must determine whether it will allow APPs the privilege in question. If the governing body allows the privilege for APPs, criteria will be developed in accordance with medical staff policy.

APPs who do not meet established eligibility criteria and cannot demonstrate the requisite competence for the requested expansion of privileges may be allowed "Privilege to Learn/Train Up" through privileges granted under the direct supervision of their collaborating or supervising physician or designee.

For the purposes of this policy, direct supervision means that the collaborating or supervising physician or designee is acting as a preceptor<sup>2</sup> and is therefore required to be physically present.

## Procedure

APPs and their collaborating or supervising physicians will submit a written request "Privilege to Learn/Train Up" to the medical staff services department. A prerequisite is that the physician preceptor(s) must have the privilege(s) being requested by the APP. The request will include:

- A. The specific privilege(s) requested
- B. The name(s) of preceptor(s)
- C. The anticipated length of training
- D. Competency measures
- E. Patient population (if applicable)

## Introduction

The request for privileges under direct supervision will be considered in accordance with the medical staff bylaws and policies and procedures related to clinical privileging, e.g., department chair review and recommendation (if applicable), credentials committee review and recommendation (if applicable), medical executive committee review and recommendation, and governing body action.

If the APP holding privileges under direct supervision wishes to request the independent practice of the privilege and the collaborating or supervising physician confirms that the APP is competent to perform the privileges independently, then the medical staff policy for modification of clinical privileges should be followed.

## Clinical Privileges Instructions and General Qualification Requirements

---

The following information is presented in order to help organizations develop their own delineation of privileges (DOP) according to the specific services they provide. The templates can be used as worksheets to build your DOP criteria and work with your specialty chief/chair, and then converted into your specific format, or you can utilize the format as is. The items below are best practice, industry standard recommendations that should be considered when developing criteria. Please note that not every form is designed to encompass all possible criteria, procedures, and qualifications; that is up to the organizations to determine what is appropriate.

### Instructions for applicant and chair/chief:

These instructions can appear as a separate document or be imbedded directly on the DOP, as is demonstrated on the forms in this book.

Remember to keep in mind how you are publishing the DOPs (i.e., via paper or electronic). This will guide you on how to present your instructions.

- Applicant: Review education and basic formal training requirements, current competency and FPPE competence, and maintenance requirements thoroughly. Check the “Request” 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.
- [Supervising physician]: Review and sign off indicating the privileges requested are appropriate for services performed.
- [Chair/chief]: Check the appropriate box for recommendation for each procedure (or group of procedures) on the last page of this form (and include your recommendation for focused professional practice evaluation). If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

### Other requirements:

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.

- Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached qualifications and competency grid.
- Note that privileges granted may be only exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence and other qualifications and for resolving any doubts.
- 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].

## Education/training documentation for initial granting

Qualifications for core privileges should include:

- Successful completion of an accredited professional education/training program in the appropriate specialty/subspecialty, as outlined on the Delineation of Privileges.

## Current clinical competence

In addition to the required education, experience, and/or training specified on each DOP form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well.”

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment for maintenance of privileges. Current clinical competence may be location specific (acute hospital care/ambulatory surgery center) and/or age specific (adult, pediatric, neonatal). Current clinical competence may be evaluated from case logs provided by other facilities where the applicant has practiced.

When board certification is required by an organization, they may wish to put parameters around a timeframe to become board certified such as “current certification or board eligible (with achievement of certification within [n] years of completion of training) leading to specialty/subspecialty certification in [SPECIALTY]. Note that there are also exceptions that allow them to pursue certification while under the “Privilege to Learn/Train Up.”

Both FPPE and current clinical competence assessments are privilege specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the HOSPITAL XYZ facility(ies) where privileges/membership are held.

To utilize the column for FPPE/Current Competency you may wish to simply designate:

- I= Initial
- R= Reappointment

Sample language that can be included with “Initial Application (Proof of Current Clinical Competence)”:

Department chair recommendation will be obtained from primary practice facility [AND/OR] a copy of the applicant’s delineation of privileges currently held at his or her primary practice facility. If applicant recently



## Introduction

completed training in the past two years, a recommendation from the training program will be required [AND/OR] a copy of the program final summative evaluation.

Sample language that can be included with “Reappointment Application (Proof of Current Clinical Competence)”:

Department chair recommendation will be obtained from primary practice facility [AND/OR] a copy of the applicant’s delineation of privileges currently held at his or her primary practice facility.

## ***Case logs***

All required case logs and/or aggregate date/procedure lists [MUST/MAY/SHOULD] contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, an explanation is required.

\*A “case” is defined as an episode of care, either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

## **Current clinical competence: Maintenance of privileges**

Hospital XYZ source data will be aggregated to review cases and procedures performed. If this does not meet the minimum requirement for core and/or special privileges, the practitioner will be required to submit additional case logs from other facilities and the department chair recommendation will be obtained from the practitioner’s primary facility.

## ***Low volume/no volume practitioners***

Consideration should be made for low/no volume practitioners. If a decision is made to maintain their privileges, it would be appropriate to obtain case logs from other facilities along with a recommendation from the supervising physician, chief/chair at that facility. If the applicant has low volume, an organization may wish to perform a chart review of those cases to ascertain competency.

## ***Ongoing professional performance evaluation (OPPE)***

OPPE is evaluated periodically (more frequently than annually) in the facility where privileges are held.

To ensure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the HOSPITAL XYZ facility(ies) where he or she has membership. OPPE must occur regularly on patient encounters in the HOSPITAL XYZ facility(ies) where privileges/membership are held.

## **Footnotes**

1. Organizations may also categorize this group of practitioners as allied health professionals or advanced practice professionals. This includes advanced practice nurses, physician assistants, radiology assistants, anesthesiology assistants, and pathology assistants performing a medical level of care, as well as other disciplines such as registered nurse first assistants, surgical assistants, and surgical technicians who

perform invasive surgical tasks under a defined degree of supervision and are required by CMS' *Conditions of Participation* to be granted clinical privileges.

2. Precepting is a process through which a practitioner gains experience and/or training on new skills and knowledge. Proctoring is a different activity that confirms previously acquired competency. Precepting and proctoring are therefore not interchangeable terms.



## **SECTION 1**

# Clinical Privileges for Advanced Practice Nurses



# Certified Nurse Midwife Clinical Privileges

Name: \_\_\_\_\_ Effective from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

- Initial privileges (initial appointment)
- Renewal of privileges (reappointment)
- Modification/request for additional privileges

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

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].

**Applicant:** Review the Clinical Privileges Instructions and General Qualification Requirements Document, current competency, focused professional practice evaluation (FPPE) competence, and maintenance requirements thoroughly. 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 resolving any doubts related to qualifications for requested privileges.

Check the “Request” box for each privilege requested.

**[Chair/chief]:** Check the appropriate box for recommendation on the last page of this form [and include your recommendation for FPPE<sup>1</sup>]. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

## Other requirements

- 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.
- Any complications/poor outcomes for any procedure should be delineated and accompanied by an explanation.
- Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.
- If proctoring is indicated, you will be provided a list of (or assigned) proctors. It is the responsibility of the applicant, once approved for the procedures that require proctoring, to work with the assigned proctors in scheduling the surgery and concurrent observation. All completed documentation/reports/forms are the responsibility of the applicant to submit to the medical staff office in a timely manner (ideally within 24 hours of procedure).

### Affiliation with Medical Staff/Physician Involvement

---

NOTE: This section may not be applicable in some organizations. This section should be deleted if the certified nurse midwife is practicing independently and a signed collaborative or supervising agreement is not required by law or by the organization.

The exercise of these clinical privileges requires a designated 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 governing body. A copy of the written agreement signed by both parties is to be provided to the hospital.

In addition, the supervising physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary)
- Be physically located on hospital premises/in the anesthetizing or operative area and immediately available 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 agree that the supervised practitioner will not exceed the clinical privileges defined by law and the written agreement
- Cosign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies

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 advanced practice professionals (APP) through on-site training, e.g., direct supervision. See Hospital Policy on Expansion (“Train Up”) of Privileges for APPs.

## Qualifications for Certified Nurse Midwife

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
<p>Certified nurse midwife</p>	<p>Successful completion of a nurse midwifery program accredited by the Accreditation Commission for Midwifery Education (ACME) (formerly American College of Nurse-Midwives—ACNM).</p> <p>AND</p> <p>Current active certification by the American Midwifery Certification Board (AMCB) [or be actively seeking certification]</p> <p>*Failure of certification exam requires certified nurse midwife to cease practicing as an advanced practice registered nurse (check your state law)</p> <p>AND</p> <p>Current active license to practice as an advanced practice nurse in the certified nurse midwife category in the state of [state name]</p> <p>AND</p> <p>Provide documentation of collaborative agreement(s) with OB/GYN physician(s) who have OB/GYN privileges at the hospital</p> <p>AND</p> <p>Current BCLS</p> <p>Current ACLS, preferred</p>	<p>Demonstrated current competence and evidence of performance of at least [n] deliveries as primary attending in the past 12 months or completion of an accredited nurse midwifery program in the past 12 months. Experience must correlate to the privileges requested.</p> <p>Aggregate data/procedure list/case log from primary practice facility for the previous 12-month time period identifying those procedures that mirror, or relate, in least in part, to those being requested. If possible, identifying the top 10 diagnosis codes and the number of inpatients per code.</p> <p>Department chair/ chief and/or supervising physician recommendation will be obtained from primary practice facility.</p> <p>Current Delineation of Privileges document from facility where majority of patient care is provided.</p> <p>Any complications/ poor outcomes should be delineated and accompanied by an explanation.</p>	<p>First [n] cases including [as applicable]:</p> <p>[n] Direct observation</p> <p>[n] Concurrent</p> <p>[n] Retrospective chart review</p>	<p>[Maintenance of certification is required]</p> <p>Adequate volume of experience ([n] deliveries) as primary attending for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.</p> <p>Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.</p>



## Certified Nurse Midwife Clinical Privileges

### Certified nurse midwife—Consultation

In accordance with hospital policy, the certified nurse midwife **should seek consultation** with the collaborating physician in accordance with hospital policy for women who present with the following conditions. This list is not inclusive of all possible complications:

#### **Pre-existing medical conditions**, including:

- Active or significant liver disease (e.g., active hepatitis B, cirrhosis, etc.)
- Any other serious medical condition, including those requiring daily medication
- Chronic hypertension
- Chronic renal disease
- Collagen vascular disease
- Diabetes mellitus
- Hemoglobinopathies or other blood dyscrasia
- HIV-positive status
- Neurologic disorders
- Severe asthma, active tuberculosis, or other significant lung disease
- Thromboembolic disease/cardiac disease

#### **Obstetrical complications**, including:

- Active chemical drug dependency, involving opiates, cocaine, sedative-hypnotics, or other drugs, the withdrawal from which can be life-threatening
- Active herpes simplex virus lesions in the presence of ruptured membranes or labor
- Cervical cerclage present
- Conditions which require ultrasound evaluation—excluding limited third-trimester ultrasound
- Evidence of intrauterine growth restriction (IUGR)
- Evidence of oligohydramnios
- Isoimmunization
- Known significant fetal anomalies
- No prenatal care
- Placenta previa (if in late second or third trimester)
- Pregnancy-induced hypertension without evidence of preeclampsia
- Preterm labor <36 weeks' gestation

Suspected placental abruption, or chronic abruption

Uterine infection

After consultation with the collaborating physician, the patient may 1) remain under certified nurse midwife management, 2) be collaboratively managed for the remainder of the intrapartal period, or 3) be medically managed by the physician.

In accordance with hospital policy, the certified nurse midwife must seek consultation with the collaborating physician in accordance with hospital policy for women who present with the following conditions, except in potentially life-threatening circumstances in which appropriate consultation may be obtained by any qualified physician. This list is not inclusive of all possible complications:

Vaginal birth after caesarian (VBAC)

VBAC with pitocin or other complications

History of shoulder dystocia

Suspected fetal weight of 4,500 g

Multiple gestation

Pre-gestational or pre-existing insulin dependence

Abnormal presentation (breech)

Intrauterine fetal demise

Labor 42 weeks' gestation

Abnormal vaginal bleeding or persistent bleeding

Mild preeclampsia

Severe preeclampsia

Maternal fever >100.4°F

Abnormal fetal heart rate pattern

Arrest of cervical dilation

Lack of progress in second stage (1 hour—multipara, 2 hours—primipara)

Moderate or thick meconium \* thick mec with abnormal FHR

Prolapsed cord

Uncontrolled postpartum hemorrhage

Retained placenta

Other medical or obstetrical abnormalities as determined by medical doctor or certified nurse midwife

After consultation with the collaborating physician, the patient may 1) remain under certified nurse midwife management, 2) be collaboratively managed for the remainder of the intrapartal period, or 3) be medically managed by the physician.

## Core Privileges for Certified Nurse Midwife

This is not intended to be an all-encompassing procedures 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.

Request (applicant to select)	<b>Certified Nurse Midwife Level I (core)</b> <i>Applicants for Level I privileges have successfully graduated from an accredited program that includes classroom training and clinical experience. Studies include courses in maternity and pediatric care, pharmacology, well-woman care, neonatal care, family planning, and gynecological care.</i>	Approve (yes or no)	Proctor (if yes, # of cases)	Deny (if yes, comments)	Pending (if yes, comments)
	Assess, diagnose, monitor, promote health and protection from disease, and manage care to adolescent and adult females focusing on pregnancy, childbirth, the postpartum period, gynecological needs, and the care of the well newborn [during the first 28 days of life]. Certified nurse midwives [may/may not] admit patients to the hospital. They may provide care to patients in the intensive care setting in conformance with unit policies, as well as assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.				
	Admission orders [after notification of collaborating physician]				
	Perform history and physical examination				

## Certified Nurse Midwife Clinical Privileges

Request (applicant to select)	Certified Nurse Midwife Level I (core)	Approve (yes or no)	Proctor (if yes, # of cases)	Deny (if yes, comments)	Pending (if yes, comments)
	<p>A certified nurse midwife may manage the care of women without medical or obstetrical complications with the following conditions:</p> <ul style="list-style-type: none"> <li>• Evaluation of complaint of labor at term with an uncomplicated pregnancy</li> <li>• Evaluation of complaint of rupture of membranes at term with an uncomplicated pregnancy</li> <li>• Evaluation of complaint of premature onset of contractions (the diagnosis of preterm labor warrants transfer of care to the physician service)</li> <li>• Evaluation of complaint of spontaneous rupture of membranes at term (confirmation of preterm rupture of membranes warrants transfer of care to the physician service)</li> </ul>				
	Uncomplicated urinary tract infection				
	Uncomplicated vaginitis, positive chlamydia or gonorrhea culture				
	Common mild infection-related diseases				
	Status/postmotor vehicle accident or other abdominal trauma without evidence of vaginal bleeding, placental abruption, or preterm labor				
	Gastrointestinal distress				
	Women with documented lower uterine segment transverse incision who have received appropriate counseling regarding a trial of labor and have agreed to such a trial				

## Certified Nurse Midwife Clinical Privileges

Request (applicant to select)	Certified Nurse Midwife Level I (core)	Approve (yes or no)	Proctor (if yes, # of cases)	Deny (if yes, comments)	Pending (if yes, comments)
	<p>Intrapartum management:</p> <ul style="list-style-type: none"> <li>• Confirmation and assessment of labor and its progress</li> <li>• Assessment of maternal and fetal status during labor, including conducting fetal surveillance and interpretation of fetal monitor tracing</li> <li>• Order routine laboratory, radiological, sonographical, and other diagnostic examinations</li> <li>• Collect specimens for pathological examination</li> <li>• Perform amniotomy</li> <li>• Comanage (with collaborating/ consulting physician) moderate- and high-risk conditions, including but not limited to preeclampsia, gestational diabetes, preterm labor, chorioamnionitis</li> <li>• Perform induction of labor [after consultation with physician]</li> <li>• Initiate amnioinfusion [after consultation with physician]</li> <li>• Apply management strategies and therapeutics to facilitate physiologic labor progress (not less than 36 weeks' gestational age and not more than 42 weeks' completed gestation)</li> <li>• Manage spontaneous vaginal delivery</li> <li>• Perform cord blood sampling</li> <li>• Explore the uterus and manually remove placenta fragments</li> <li>• Perform and repair midline/ mediolateral episiotomies</li> <li>• Repair first- and second-degree perineal lacerations and other associated lacerations</li> <li>• Apply techniques for management of emergency complications and abnormal intrapartum events</li> </ul>				

## Certified Nurse Midwife Clinical Privileges

Request (applicant to select)	Certified Nurse Midwife Level I (core)	Approve (yes or no)	Proctor (if yes, # of cases)	Deny (if yes, comments)	Pending (if yes, comments)
	Apply external scalp monitor				
	Apply fetal scalp electrode				
	Apply intrauterine pressure catheter as indicated				
	<p>Postpartum management:</p> <ul style="list-style-type: none"> <li>• Provide care to mothers and infants in the postpartum period</li> <li>• Perform hemorrhage stabilization with physician consultation if needed</li> <li>• Manage midwifery elements of selected high-risk conditions after consultation with physician</li> <li>• Monitor vital signs, lochia, fundus, and bladder functions in the immediate postpartum period</li> <li>• Conduct postpartum rounds and examination</li> <li>• Facilitation of the initiation, establishment, and continuation of lactation</li> </ul>				
	<p>Manage the care of the well newborn:</p> <ul style="list-style-type: none"> <li>• Evaluate the newborn including initial gestational age assessment and initial and ongoing physical and behavioral assessment</li> <li>• Apply methods to facilitate adaptation to extrauterine life: Stabilization at birth, resuscitation, and emergency management</li> <li>• Refer newborn to pediatrician for further evaluation and care as indicated</li> </ul>				

## Certified Nurse Midwife Clinical Privileges

Request (applicant to select)	<b>Certified Nurse Midwife Level II</b> <i>Applicants for Level II privileges require documentation of training and/or experience specific to the privilege requested. Unless otherwise noted, documentation must be within the last two years and in one of the following forms: 1) Letter from a training program verifying training specific to the procedure within the past 24 months; OR 2) Letter or certificate from an additional training course indicating training specific to the procedure has successfully been completed within the past 24 months; OR 3) Documentation of competency from collaborating physician; OR 4) Documentation of 5 cases specific to each procedure requested completed within the past 24 months (copies of operative reports, chart notes or a list of cases performed). May wish to determine if Privilege to Learn or Train Up (direct supervision) or documentation of current competency (direct or indirect supervision) is needed.</i>	Approve (yes or no)	Proctor (if yes, # of cases)	Deny (if yes, comments)	Pending (if yes, comments)
	Anesthesia, paracervical				
	Anesthesia, pudendal				
	Newborn circumcision				
	First assist at cesarean section				
	Basic ultrasound exam				
	Repair of third-degree lacerations				
	Repair of fourth-degree lacerations				
	Hysterosalpingogram				

**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 applicant or reapplicant.

**Qualifications for performing vacuum extraction**

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Perform vacuum extraction with direct supervision	Initial applicants must qualify for and be granted core privileges as a certified nurse midwife.	Privilege to Learn (or Train Up)	First [n] cases including [as applicable]:  [n] Direct observation  [n] Concurrent  [n] Retrospective chart review	The performance of at least [n] vacuum extractions under direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.  Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.
Perform vacuum extraction without direct supervision	Initial applicants must qualify for and be granted core privileges as a certified nurse midwife.	Successful completion of an education program accredited by the ACME that included training in vacuum extraction  OR  Demonstrated current competence without direct supervision and evidence of the performance of at least [n] vacuum extractions in the past 12 months	First [n] cases including [as applicable]:  [n] Direct observation  [n] Concurrent  [n] Retrospective chart review	The performance of at least [n] vacuum extractions without direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.  Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.



## Certified Nurse Midwife Clinical Privileges

### Non-core privileges: Vacuum extractions

Request (applicant to select)	Certified Nurse Midwife	Approve (yes or no)	Proctor (if yes, # of cases)	Deny (if yes, comments)	Pending (if yes, comments)
	Vacuum extractions with direct supervision				
	Vacuum extractions without direct supervision				

### Qualifications for managing external version breech

Specialty/ Procedure Delineation of Privilege Form	Education/ Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Manage external version breech with direct supervision	Initial applicants must qualify for and be granted core privileges as a certified nurse midwife.	Privilege to Learn (or Train Up)	First [n] cases including [as applicable]: [n] Direct observation [n] Concurrent [n] Retrospective chart review	The performance of at least [n] external versions under direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.  Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

## Certified Nurse Midwife Clinical Privileges

Specialty/ Procedure Delineation of Privilege Form	Education/ Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Manage external version breech without direct supervision	Initial applicants must qualify for and be granted core privileges as a certified nurse midwife.	Successful completion of an education program accredited by the ACME that included training in external version  OR Demonstrated current competence without direct supervision and evidence of the performance of at least [n] external versions in the past 12 months	First [n] cases including [as applicable]:  [n] Direct observation [n] Concurrent  [n] Retrospective chart review	The performance of at least [n] external versions without direct supervision in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes.  Evidence of current physical and mental ability to perform privileges requested is required of all applicants for renewal of privileges.

### Non-core privileges: Manage external version breech

Request (applicant to select)	Certified Nurse Midwife	Approve (yes or no)	Proctor (if yes, # of cases)	Deny (if yes, comments)	Pending (if yes, comments)
	Manage external version breech with direct supervision				
	Manage external version breech without direct supervision				

## Certified Nurse Midwife Clinical Privileges

### Qualifications for prescriptive authority

Specialty/ Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of Current Clinical Competence)	FPPE— Validation of Competence	Maintenance Requirements
Prescriptive authority in accordance with state and federal law	Initial applicants must qualify for and be granted core privileges as a certified nurse midwife.  Review state-specific prescriptive authority requirements.			

### Non-core privileges: Prescriptive authority

Request (applicant to select)	Certified Nurse Midwife	Approve (yes or no)	Proctor (if yes, # of cases)	Deny (if yes, comments)	Pending (if yes, comments)
	Prescriptive authority in accordance with state and federal law				

Privilege Description	Neonates (0–28 days)	Infants (29 days–2 years)	Children & Adolescents (2–18 years)	Adults & Adolescents (13 & above)
Limitation	Clinical privileges are granted only to the extent privileges are available at each facility.			
	Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility (applies to multifacility delineation of privilege forms only).			
	Lightly shaded areas represent privileges granted only to those practitioners holding a valid contract to provide those services.			

## Acknowledgment of Practitioner

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I have requested only those privileges that by education, training, current experience, and demonstrated performance I am qualified to perform and that I wish to exercise at [hospital name], and I understand that:

- 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.
- 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.

Consultation: Consultation is the process whereby a certified nurse midwife, who maintains primary management responsibility for the woman’s care, seeks the advice or opinion of a physician.

Collaboration: The process whereby a certified nurse midwife and physician jointly manage the care of a woman or newborn who has become medically, gynecologically, or obstetrically complicated. The scope of collaboration may encompass the physical care of the client, including delivery, by the certified nurse midwife, according to a mutually agreed-upon plan of care. When the physician must assume a dominant role in the care of the client due to increased risk status, the certified nurse midwife may continue to participate in physical care, counseling, guidance, teaching, and support. Effective communication between the certified nurse midwife and physician is essential for ongoing collaborative management.

Referral: Referral to medical management occurs at the discretion of either the certified nurse midwife or the collaborating physician.

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

## Endorsement of Physician Employer(s)/Supervisors

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I acknowledge that certified nurse midwives are credentialed for certain activities as outlined within the certified nurse midwife privilege form. Each certified nurse midwife is required to have a collaborative agreement with an OB/GYN physician who is a member, in good standing, of the medical staff at the XYZ Hospital at which the certified nurse midwife is practicing. The collaborative agreement must meet the “Guidelines for Collaborative Agreements Between Certified Nurse Midwives and Physicians” as attached. As a collaborating physician, I have reviewed the privilege form and “Guidelines for Collaborative Agreements Between Certified Nurse Midwives and Physicians” with \_\_\_\_\_, certified nurse midwife, and attest that I do have a written agreement with the certified nurse midwife identified above which meets these guidelines.

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

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

## Certified Nurse Midwife Clinical Privileges

### [Chair/Chief]'s Recommendation

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I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

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

Privilege	Condition/modification/explanation

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[Chair/Chief] signature \_\_\_\_\_ Date \_\_\_\_\_

### For Medical Staff Services Department Use Only

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Credentials committee action \_\_\_\_\_ Date \_\_\_\_\_

Medical executive committee action \_\_\_\_\_ Date \_\_\_\_\_

[Governing board] action \_\_\_\_\_ Date \_\_\_\_\_

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### Guidelines for collaborative agreements between certified nurse midwives and physicians

**Purpose:** The purpose of these guidelines is to identify issues which must be addressed in collaboration agreements between certified nurse midwives and physicians (MD) for certified nurse midwives to be considered for professional staff privileges. Collaboration agreements may address additional issues, and these guidelines are not intended as an exhaustive framework for all of the considerations which may be included in such an agreement.

**Development:** The development of a collaboration agreement is a complex task. The collaboration agreement reflects mutual trust and effort between the certified nurse midwives and MDs. Collaboration agreements should be developed jointly by the certified nurse midwives and collaborating physicians. Each certified nurse midwife is required to have a signed collaboration agreement with at least one MD who is a member in good standing of the medical staff. More than one certified nurse midwife or more than one MD may be the party to a collaboration agreement, provided that each of the midwives and physicians are individually bound to the responsibilities and obligations set forth in the agreement. Collaboration agreements should be reviewed and renewed at least every two years prior to the time of the certified nurse midwife's application for reappointment and may be reviewed and modified more frequently if the circumstances warrant changes.

### Requirements:

1. Background: A collaboration agreement must include the following background information:
  - Name, practice address, and telephone numbers of the certified nurse midwife(s)
  - Name, address, and telephone numbers of collaborating MD or MDs
2. Call consulting coverage: The collaboration agreement must include a statement identifying the arrangements between the certified nurse midwives and MDs for call coverage and consultation for patients consistent with the hospital policies and good patient care for availability and timeliness.
3. Written practice guidelines: The collaboration agreement will provide for written practice guidelines which are agreed upon with the collaborating MD. The practice guidelines may be part of the collaboration agreement or an attachment which is addressed in the collaboration agreement. The practice guidelines shall contain a description of the scope of the certified nurse midwife's practice and relationship with the collaborating MD.
4. Practice and consultation review: The collaboration agreement shall describe the process through which the certified nurse midwife and MD will review patient care to identify any areas that require changes in the practice guidelines or changes in the scope of the certified nurse midwife's practice or the consulting relationship with the MD. A general review and discussion of the practice should be held not less frequently than once a year and more often as circumstances or the understandings between the parties may require.
5. Description of scope of certified nurse midwife's prescriptive practice: The collaboration agreement shall include a description of the general scope of the certified nurse midwife's prescribing practice and should identify the drugs and devices that the certified nurse midwife may prescribe, with any limitations, without review by the consulting MD. The consulting MD and the certified nurse midwife shall regularly review the prescriptive practices consistent with the community standards for care. The nature and frequency of such review may be based upon the nature of the practice, the patient acuity, and the experience of the providers. The collaboration agreement should describe a schedule and general method for review of the prescriptive practices.
6. Signatures of parties: The collaboration agreement must be signed by each of the certified nurse midwives and MD who agree to collaborate on patient care in the manner described in the agreement. It is not adequate to have the agreement signed on behalf of the practice group, corporation, or other entity. An entity may be an additional party to a collaboration agreement, but it must be signed by the individuals who will be collaborating.

### Footnote

1. For Joint Commission– and HFAP–accredited hospitals.

Fourth Edition

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Maggie Palmer, MSA, CPCS, CPMSM

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