

UNMH Nurse Practitioner (CNP) Psychiatry Clinical Privileges

Name: _____ Effective Dates: From _____ To _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective May 19, 2017:

- Initial Privileges (initial appointment)
- Renewal of Privileges (reappointment)
- Expansion of Privileges (modification)

INSTRUCTIONS:

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.

Department Chair: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation.

OTHER REQUIREMENTS:

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

QUALIFICATIONS FOR NURSE PRACTITIONER (CNP) PSYCHIATRY:

Initial Privileges: To be eligible to apply for privileges as a psychiatric nurse practitioner, the applicant must meet the following criteria:

1. Completion of a master’s/post master’s degree or certification in an accredited nursing program within the nurse practitioner specialty area that included 500 hours of supervised clinical practicum; **AND**
2. Current certification by the American Nurses Credentialing Center (ANCC) in Psychiatry; **AND**
3. Current active licensure to practice professional nursing in the State of New Mexico; **AND**
4. Current active certification by the New Mexico Board of Nursing as an advanced nurse practitioner in the nurse practitioner category; **AND**
5. Maintain current BLS and current area-specific advance life support certification (i.e., NRP) as required by job if applicable.
6. Required current experience: Demonstrated current competency and provision of care, reflective of the scope of privileges requested, for an adequate number of patients during the

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past twelve (12) months, or successful completion of a master's or post-master's degree within the past twelve (12) months. Practitioner's experience must correlate to the privileges requested.

Renewal of Privileges: To be eligible to renew privileges in as a psychiatric nurse practitioner, the applicant must meet the following criteria: Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested, for the past twenty-four (24) months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

CORE PRIVILEGES: Nurse Practitioner Psychiatry

Assess, diagnose, monitor, treat, refer, and manage acutely, critically, and chronically ill adolescents, young adults, adults, and geriatric patients in the inpatient and/or outpatient setting. This includes the development of treatment plans, health counseling, and appropriate patient and family education. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with Medical Staff policy regarding emergency and consultative call services. The core privileges in this specialty include the procedures in the below procedure list and such other procedures that are extensions of the same techniques and skills

Requested

Psychiatric Nurse Practitioner Core Procedures List

This list is a sampling of procedures included in the psychiatric nurse practitioner core procedure list. This is not intended to be an all-encompassing list, but rather reflective of the categories/ types of procedures included in the core.

To the applicant: If you wish to exclude any procedures listed in the core, strike through then initial and date those procedures you do not wish to request.

1. Make daily rounds on hospitalized patients, including admission and discharge documentation.
2. Initiate therapeutic modalities such as medications, treatments, IV fluids, and electrolytes.
3. Ordering of, and preliminary interpretation of, laboratory, diagnostic imaging, and electrocardiographic examinations.
4. Evaluations and assessments for opioid replacement therapy.

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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 UNM Hospitals and clinics. I understand that: a) in exercising any clinical privileges granted 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 medical staff bylaws or related documents.

Signature

Date Signed

Clinical Director/Division Chief Recommendation(s)

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and recommend action and presently requested above.

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Department Chair Recommendation

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

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the conditions/modifications noted below
- Do not recommend the clinical privileges noted below

Explanation: _____

Department Chair Signature

Date Signed

Criteria Approved by UNMH Board of Trustees on May 19, 2017