

**UNMH Nurse Practitioner (CNP) and Physician Assistant (PA)
Ambulatory Special Non-Core Procedures (Appendix A)**

Name: _____ **Effective Dates: From** _____ **To** _____

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees, effective March 31, 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 SPECIAL NON-CORE AMBULATORY (OUTPATIENT) PROCEDURES:

Initial Privileges: To be eligible to apply for privileges for special non-core ambulatory (outpatient) procedures, the applicant must meet the following criteria:

1. Currently privileged with core privileges as a CNP or PA at UNM Hospitals and Clinics; **AND**
2. Successful completion of training in requested procedure(s), or documentation of a special course for requested procedure(s) accompanied with demonstrated proctoring for requested procedure(s) with acceptable outcomes; **AND**
3. Required current experience: Demonstrated current competency and provision of care, and evidence of an acceptable volume of requested procedure(s) with acceptable results in the past twelve (12) months.

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Renewal of Privileges: To be eligible to renew privileges, 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.

NON-CORE PRIVILEGES: Toenail Trephination

Requested

QUALIFICATIONS FOR TOENAIL REMOVAL:

Initial Privileges: To be eligible to apply for privileges for special non-core privileges for toenail removal, the applicant must meet the following criteria:

1. Demonstrated current competence, with evidence of training and supervision of at least five (5) toenail removals with acceptable outcomes.

Renewal of Privileges: To be eligible to renew privileges, 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.

NON-CORE PRIVILEGES: Toenail Removal

Requested

QUALIFICATIONS FOR DIAGNOSTIC JOINT AND BURSA ASPIRATIONS AND JOINT INJECTIONS:

Initial Privileges: To be eligible to apply for privileges for special non-core privileges for diagnostic joint and bursa aspirations and joint injections, the applicant must meet the following criteria:

1. Demonstrated current competence, with evidence of training and supervised placement of at least five (5) procedures specific to each joint requested, with acceptable outcomes.

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Renewal of Privileges: To be eligible to renew privileges, 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.

NON-CORE PRIVILEGES: Diagnostic Joint and Bursa Aspirations

- 1. Ankle/foot
- 2. Elbow
- 3. Knee
- 4. Shoulder
- 5. Wrist/hand

Requested

NON-CORE PRIVILEGES: Joint Injections (Steroid and/or Anesthetic)

- 1. Ankle/foot
- 2. Elbow
- 3. Knee
- 4. Shoulder
- 5. Wrist/hand

Requested

QUALIFICATIONS FOR NERVE BLOCKS, TRIGGER POINT INJECTIONS, OR STEROID INJECTIONS:

Initial Privileges: To be eligible to apply for privileges for special non-core privileges for nerve blocks, trigger point injections, or steroid injections, the applicant must meet the following criteria:

- 1. Demonstrated current competence, with evidence of training and supervised placement of at least five (5) procedures specific to each site requested, with acceptable outcomes.

Renewal of Privileges: To be eligible to renew privileges, 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.

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NON-CORE PRIVILEGES: Nerve Blocks, Peripheral (Single Injection)

- 1. Digital

Requested

NON-CORE PRIVILEGES: Trigger Point Injections (Intramuscular)

- 1. Back
- 2. Neck

Requested

NON-CORE PRIVILEGES: Steroid Injections

- 1. Plantar Fascia

Requested

QUALIFICATIONS FOR INFRARED COAGULATION AND RUBBER BAND LIGATION FOR HEMORRHOIDS:

Initial Privileges: To be eligible to apply for privileges for special non-core privileges in infrared coagulation and rubber band ligation for hemorrhoids, the applicant must meet the following criteria:

- 2. Demonstrated current competence, with evidence of training and supervised proctoring of least five (5) procedures by a physician who current holds these clinical privileges with acceptable outcomes.

Renewal of Privileges: To be eligible to renew privileges, 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.

NON-CORE PRIVILEGES: Infrared Coagulation for Hemorrhoids

Requested

NON-CORE PRIVILEGES: Rubber Band Ligation for Hemorrhoids

Requested

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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 UNMH 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

Supervising Physician/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 March 31, 2017