

Privileges for: APRN - Occupational Med

Request

- ST. ELIZABETH - EDGEWOOD
- ST. ELIZABETH - FLORENCE
- ST. ELIZABETH - FT. THOMAS
- ST. ELIZABETH - GRANT CO. (Surgical & other invasive procedures requiring general anesthetic are not offered)

MEC Approval: November 17, 2011

Board Approval: November 20, 2011

Department/Section Chair Signature

Date

Nursing Administration Approval

Sr. V.P. of Nursing or Designee Signature

Date

Must be sponsored by a physician who is a member of the Medical Staff of St. Elizabeth Healthcare

MINIMUM REQUIREMENT:

Current license to practice nursing in Kentucky

Successful completion of an accredited nurse practitioner training program and Certification by Kentucky as a Nurse Practitioner

PRIVILEGES REQUESTED:

Pursuant to Bylaws Section 6.1.4, practitioners may exercise the privileges requested and awarded below only at facilities where St. Elizabeth Healthcare offers those services.

NOTE: For each privilege that the practitioner requests below, the supervising physician must, prior to submission to the section chair, indicate the level of supervision that he or she intends to exercise by initialing and dating each requested privilege below in the block provided:

* For privileges that may be exercised via phone availability (and not more than 30 minutes travel time away), type the "A" in the COMMENTS box. (A Physician Assistant must have 18 months of continuous experience before this option is available.)

* For privileges requiring on-site supervision, type the "O" in the COMMENTS box.

* For privileges requiring direct supervision, type the "D" in the COMMENTS box.

If a supervision level is blacked out, the MEC and Board have determined that that level of supervision may not be employed.

DEFINITIONS OF LEVELS OF SUPERVISION:

DIRECT SUPERVISION: This means the supervising physician is sufficiently nearby that the AHP may verbally summon the supervisor's help if needed when the AHP is performing a function requiring direct supervision. Although the physician may be performing some other task at the time, the supervising physician must be able to immediately provide direction and assume the performance of the task if difficulties arise. This does not require that the physician is actually in sight of the AHP or watching "over the shoulder" of all AHPs as may be required during the training period of Physician Assistants to ensure that the Physician Assistant is competent to perform the task.

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ON-SITE SUPERVISION: Requires the physical presence of the supervising physician in the same location (i.e. the hospital) as the AHP, but does not require the physical presence in the same room.

AVAILABLE BY PHONE: The supervising physician must be continuously available for direct communication with the AHP and must be in a location that, under normal conditions, is not more than 30 minutes travel time from the AHP's location.

CORE PRIVILEGES: Core privileges as an Occupational and Environmental Medicine Nurse Practitioner include the care, treatment or services listed immediately below. I specifically acknowledge that my certification and training alone do not necessarily qualify me to perform all core privileges or assure competence in all clinical areas. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below. Please line through and initial any specific privileges within a checked privilege group that you are not requesting.

_____ I am privileged to collaborate with more than one physician group.

_____ I am requesting affiliation without privileges

_____ Perform physical examinations: Acute illness evaluations and treatment; Fitness for Duty and Return to Work evaluations (-A- -0- -D-)

_____ Assist clients in the planning, development and implementation of occupational health programs and regulatory compliance (-A- -0- -D-)

_____ Assist and advise clients on FMLA, return to work, case management , and OSHA issues; Advise client on ergonomic and safety issues identified (-A- or -0-)

_____ Evidence based clinical evaluation and treatment of patients with injures or illnesses to include: focused musculoskeletal examination and diagnosis and recommend appropriate work duty modifications in consultation with supervising physicians (-A- or -O-)

_____ Prescribe non-scheduled pharmacologic agents within the scope of the supervising physician's area of expertise and training (Kentucky Board of Nursing eligibility plus CAPA-NC form required) (-A- or -O-)

PROCEDURES:

Administration of local anesthetic; Cleansing and dressing of wounds; remove sutures; Preliminary interpretation of diagnostic studies; Order appropriate diagnostic studies within the supervising physician's area of expertise and training; Make appropriate referrals to other health professionals, Business Health Services or community agencies; Minor burn care (thermal, solar, radiation, electrical, friction or chemical); Complete documentation of all patient encounters in EMR and/or paper chart subject to countersignature requirements of rules and regulations; Patient counseling and patient instruction; Administer injections (subcutaneous, intramuscular, intravenous) and immunizations; Phlebotomy; Perform breath alcohol testing and collection of urine drug screens (-A- or -O-)

Additional Privileges: In addition to the core privileges requested above, I am requesting the additional privileges below. In addition to meeting the minimum requirements for core privileges, applicants must provide documentation (training course certification letter from supervising physician) demonstrating appropriate education, training, ability and current competence. Credentialing bodies or persons may request additional documentation or information. By signing this request, I believe that my specific training, experience and current competence qualifies me to perform each privilege that I have requested by checking in the spaces below.

_____ Application of splints, supports and dressings (-A- -0- -D-)

_____ Wound care, including repair of minor traumatic wounds with suture, staples, strips or adhesive (-A- -0- -D-)

_____ Incision and drainage of abscesses (-A- -0- -D-)

_____ Removal of superficial foreign bodies from the eye and uncomplicated foreign body removal from the nose, ear, or skin/soft tissue (-A- -0- -D-)

_____ Ophthalmological injuries/conditions utilizing fluorescein stain and/or slit lamp (-A- -0- -D-)

_____ Reduction of small joint dislocations (-A- -0- -D-)

_____ Prescription of controlled substances within the scope of authority and within the scope of the supervising physician's area of expertise and training (KY Board of Nursing eligibility and CAPA-CS, DEA) (-A- -0- -D-)

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SUPERVISING PHYSICIAN ENDORSEMENT: As the applicant's supervising physician, I have read the foregoing application for Scope of Practice and have indicated by my initials and date above the appropriate levels of supervision I will employ to promote the safety and care of our patients at a generally recognized professional level of quality and efficiency. I acknowledge my continuing responsibility for supervising this applicant until such time as he or she secures another supervising physician.

Supervising Physician's Signature

Date

Supervising Physician's Printed Name

Date

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Last 4 digits of S.S.N. _____

I agree that the use of my electronic signature below indicates my intent to sign this document as if it were my original handwritten signature.

Applicants Signature: _____

Date: _____