



**HEMATOLOGY/ONCOLOGY
DELINEATION OF PRIVILEGES
Nurse Practitioner**

Applicant's Full Name	Michigan License Number
Primary Service:	
Supervising Physician:	
Nurse Practitioner Certification:	
<input type="checkbox"/> Gerontological NP (GNP-BC)	<input type="checkbox"/> Family NP (FNP-BC)
<input type="checkbox"/> Acute Care NP (ACNP-BC)	<input type="checkbox"/> Pediatric Primary Care NP (PNP-BC or PPCNP-BC)
<input type="checkbox"/> Adult-Gerontology Acute Care NP (AGACNP-BC)	<input type="checkbox"/> Adult NP (ANP-BC)
<input type="checkbox"/> Adult-Gerontology Primary Care NP (AGPCNP-BC)	<input type="checkbox"/> Women's Health NP (WHNP-BC)
	<input type="checkbox"/> Pediatric Acute Care NP (CPNP-AC)

Nurse Practitioners (NPs) are licensed Registered Nurses in the State of Michigan pursuant to Article 15, Part 172 of the Public Health Code. Authority as delegated by the supervising physician to prescribe medical treatment and medications and to order diagnostic tests is derived from the delegation of that authority by the licensed physicians signed below, who shall supervise the performance of those delegated functions, in accordance with the Michigan Public Health Code (1978, PA 368). Nurse Practitioners may perform medical functions delegated to him or her by a supervising physician when the physician is satisfied that the NP is competent, delegation is consistent with sound medical practice, and functions are performed under physician supervision (direct or indirect). A supervising physician shall delegate only tasks and procedures to the NP which are within the supervising physician's scope of practice. Within the physician-NP relationship, the NP exercises autonomy in medical decision making and provides a broad range of diagnostic and therapeutic services. The University of Michigan Hospitals and Health Centers (UMHHC) recognize that the full scope of NP function will vary with training and experience.

UMHHC recognizes a set of core privileges that a NP may perform that is not individualized by specialty. The NP is required to exercise only those core privileges and procedures that are delegated by the supervising physician, and are within the supervising physician's scope of practice and clinical privileges, and that are age and experience appropriate.

In addition to the core privileges, specialty procedures may be requested. The UMHHC expects that only those privileges necessary to carry out the NP's function will be requested by the NP and recommended for approval by the department. UMHHC will not approve privileges for which the NP has had training but which are not expected to be part of the scope of practice at UMHHC. If a NP is requesting privileges in more than one department, he/she must submit separate privileging documents to differentiate the supervising physician(s) and roles/responsibilities pertaining to each area of practice.

Minimum Qualifications:

- Possession of a license as a Registered Nurse in the State of Michigan
- Possession of Specialty Certification as a Nurse Practitioner in the State of Michigan as specified in section 333.17210 of the Michigan Public Health Code
- Satisfactory completion of an accredited nurse practitioner program recognized by the Michigan Board of Nursing
- ACLS, PALS, or NRP Certification if required by services requested in Level II Supplemental Privileges

Supervision:

- Supervising Physicians must be members in good standing of the UMHHC Medical Staff.
- Any change in supervising Physician must be reported to UMHHC Medical Staff Services.
- Under Michigan Public Health Code, supervision of a Nurse Practitioner requires the continuous availability of direct communication in person or by radio, telephone or telecommunications.

Prohibited functions:

A Nurse Practitioner shall not:

- Perform any activity that is outside the scope of practice/privileges of his or her supervising physician as approved by the UMHHC.
- Perform an abortion (MCL333.17015).
- Prescribe a medication designed for and expressly prepared for producing an abortion or prescribe any medication with the intention of causing fetal death (MCL 750.15 and R338.2305).

LEVEL I CORE PRIVILEGES

Privileges:

Core Privileges for Nurse Practitioners includes the admission, diagnostic evaluation, consultation and treatment of patients of all ages as delegated by an attending physician. This will include managing patients with complex, acute, and chronic health conditions and may be in a variety of clinical settings. These core privileges may include, but are not limited to the following:

- Performing detailed patient history and physical examinations
- Conducting appropriate preventive screening and health promotion procedures based on age and history
- Ordering, performing, and interpreting results of sleep studies, laboratory studies, EKGs, EMGs, EEGs, radiology examinations and other diagnostic studies
- Performing routine visual and hearing examinations and screening
- Formulating the appropriate differential diagnosis based on history, physical and diagnostic findings
- Developing and implementing treatment plans
- Providing patient education and counseling
- Monitoring the effectiveness of therapeutic interventions
- Authorized prescribing for non-controlled substances. **Prescription of controlled substances requires separate controlled substance delegation to be updated annually.**
- Coordinating follow up care for patients
- Making referrals to various internal and external services
- Writing patient care orders
- Obtaining pre-procedure and surgical consents
- Writing pre and post procedure notes and orders
- Performing consultations
- Direct and perform cardiopulmonary resuscitation efforts, defibrillation (BLS required)
- Ordering restraints or seclusion in the hospital setting
- Ordering durable medical equipment
- Suturing, stapling, removal of sutures or staples, and wound debridement
- Nasal and otic foreign body removal

FPPE Requirements: Each new appointee will have a senior faculty member identified to serve as a clinical mentor and review of initial professional practice. This advisory and monitoring function will occur for the first six months of appointment. After successful completion of this initial six month period, the appointee's professional practice will be monitored through the ongoing Professional Practice Evaluation process. It is understood that the FPPE may not be completed at the end of six months. As part of this initial FPPE, a provider profile will be reviewed for clinical activity and for medical record compliance. Outpatient and/or inpatient notes will be evaluated for key components including history, physical examination, and medical decision making. Retrospective medical record review by the senior faculty member will be carried out for five charts during the first three months of appointment. Reporting will be made through the Division leadership.

Core Requested (Applicant) Core Recommended approval (Service Chief)

LEVEL II SUPPLEMENTAL PRIVILEGES (not included in Nurse Practitioner Core Privileges)

Additional privileges not included in Core Privileges for Nurse Practitioners will include the performance of diagnostic and therapeutic procedures as appropriate to current role for which privileges are being requested. Nurse Practitioners should only request, and the department should only recommend for approval, privileges which are necessary to function in the current role for which privileges are being requested. These additional privileges may include those from the following representative list, not intended to be all-encompassing, but rather to reflect the categories/types of procedures included in the description of privileges.

Department or population specific listing of Level II privileges does not prohibit the performance of those functions by nurse practitioners in other departments, as delegated by members of the medical staff who possess those privileges.

Hematology/Oncology:

Requested (Applicant)	To be completed by Department		Privilege	Minimum Training & Experience
	Recommended approval (Service Chief)	Not recommended for approval (Service Chief)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incision and drainage	Supervised instruction in at least 3 of each requested procedure; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fine needle aspirates	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar puncture	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin Punch Biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Core Biopsy	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soft tissue fluid aspiration	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of anterior nasal packing/splints and drains as appropriate to area of practice	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Broviac repair. Ordering de-clotting of Broviacs and ports	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aspiration/injection of superficial cysts or seromas	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intrathecal injection of chemotherapy by lumbar puncture, as ordered by an authorized attending physician.	Acknowledgment of reading and adherence to policy UMHHC Policy 07-01-010: Chemotherapy at UMHHC. Requires chemotherapy privileges, described above.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intrathecal injection of chemotherapy via CSF reservoir, as ordered by an authorized attending physician.	Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone marrow infusion or transplant	Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s) for each anatomic location. For renewal, participation in 3 or more of each procedure during the previous 12 month period.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bone marrow biopsy or harvest	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Removal of tubes, including JP tubes from the abdomen, kidney and groin, percutaneous nephrostomy tubes and other surgical drainage tubes.	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary catheter irrigations for clots	Supervised instruction in at least 3 of each requested procedure for each anatomic location; independently perform the procedure 3 times under the direct observation of an appropriately privileged physician or a privileged NP or PA assigned by the physician(s). For renewal, participation in 3 or more of each procedure during the previous 12 month period.

SPECIAL PRIVILEGES

A separate application is required to APPLY or REAPPLY for SEDATION PRIVILEGES

Please go to URL: www.med.umich.edu/i/oca for instructions, or contact your credentialing representative.

TO BE COMPLETED BY APPLICANT:

I authorize and release from liability, any hospital, licensing board, certification board, individual or institution who in good faith and without malice, provides necessary information for the verification of my professional credentials to the Medical Staff of The University of Michigan Health System.

Applicant Signature: _____ Date: _____

DEPARTMENT ACTION:

Approval: _____ As Requested _____ As Modified

Explain any modifications:

ACKNOWLEDGMENT OF DELEGATING PHYSICIAN(S): The above-named practitioner shall work in collaboration with physicians in the exercise of clinical privileges, including those privileges exercised pursuant to delegation and supervision. I believe the above-named practitioner is competent and qualified to perform the requested privileges. Consistent with MCL 333.17409(5), I am signing on behalf of the group of physicians privileged in this clinical department/service.

I have reviewed and/or discussed the privileges requested and find them to be commensurate with his/her training and experience, and recommend that his/her application proceed.

Justification for approval is based on careful review of the applicant's education, postgraduate clinical training, demonstrated clinical proficiency and Board Certification or qualifications to sit for the Boards.

**Supervising
Physician:**

Signature

Date

Print Name

Department Chair:

Signature

Date

Print Name

Service Chief:

Signature

Date

Print Name