



Printed Name

Clinical Privileges Profile
Clinical Nurse Specialist
Mental Health

Kettering Medical Center System

- Kettering Medical Center** **Sycamore Medical Center**
- Kettering Behavioral Medical Center**

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.

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

Other requirements

- Note that privileges granted may be exercised only at the site(s) and/or setting(s) 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 and/or department policy.
- This document is focused on defining the 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.

QUALIFICATIONS FOR CLINICAL NURSE SPECIALIST (CNS) –PSYCHIATRIC AND MENTAL HEALTH

To be eligible to apply for clinical privileges as a clinical nurse specialist (CNS) in psychiatric and mental health, the applicant must meet the following criteria:

Successful completion of a master's, post-master's, or doctorate from a clinical nurse specialist in adult psychiatric and mental health program accredited by the Commission on the Collegiate of Nursing Education (CCNE) or the National League for Nursing Accrediting Commission (NLNAC);

AND

Certification in psychiatric and mental health by the American Nurses Credentialing Center;

AND

Current active licensure to practice as an advanced nurse practitioner in the State of Ohio by the Board of Nursing in the clinical nurse specialist category,

AND

Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the governing body

Required previous experience: Applicants for initial appointment must be able to demonstrate provision of care, treatment, or services reflective of the scope of privileges requested and/or completion of master's program or formal post-graduate program in nursing in the past 12 months.

Reappointment requirements: To be eligible to renew core privileges as a clinical nurse specialist in psychiatric and mental health, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results reflective of the scope of privileges requested for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Competence will be evaluated by the collaborating physician per the Standard of Care Agreement with the CNS.

Medical record charting responsibilities

Clearly, legibly, completely, and in a timely fashion, the CNS must describe each service provided to a patient in the hospital and describe relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the medical record and portions thereof are applicable to all entries made.

CLINICAL NURSE SPECIALIST (CNS) CORE PRIVILEGES – PSYCHIATRIC AND MENTAL HEALTH

- Requested** Evaluate, diagnose, and provide primary mental healthcare and treatment using a variety of therapeutic and interpersonal techniques for patients within the age group seen by the collaborating /supervising physician who are at risk for developing or presently have psychiatric disorders. The CNS may not admit patients to the hospital. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize, and determine the 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 on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

SPECIAL NONCORE PRIVILEGES (SEE SPECIFIC CRITERIA)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

- Requested** The delegation to the Nurse Practitioner to administer or dispense drugs shall include the prescribing of controlled substances in accordance with the Ohio State Nurse Practice Act and its established formulary.

CORE PROCEDURE LIST

This list is a sampling of procedures included in the core. 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, please strike through those procedures you do not wish to request, then initial and date.

- Assess and treat individual patients with disease states and non-disease-based etiologies using advanced theoretical and empirical knowledge of physiology, path physiology, and pharmacology
- Clinically manage psychiatric disorders including but not limited to severe and persistent neurobiological disorders
- Complete comprehensive assessments, develop differential diagnoses, and formulate and implement treatment plans

- Conduct behavioral healthcare maintenance of the population served
- Conduct individual, group, and family psychotherapy
- Direct care as specified by medical staff-approved protocols
- Evaluate and manage psychobiological interventions
- Initiate referral to appropriate physician or other healthcare professional of problems that exceed the CNS's scope of practice
- Make daily rounds on hospitalized patients with or at the direction of the collaborating/supervising physician
- Monitor and manage populations of patients with disease states and non-disease-based etiologies to improve and promote healthcare outcomes
- Obtain social and psychological admission history
- Obtain and record medical history Order diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, X-rays, EKG, IV fluids and electrolytes, etc.
- Utilize advanced practice skills to independently provide case management, including psychiatric rehabilitation and home care; and teaching, promotion, and prevention

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 Kettering Medical Center, and I understand that:

- a. 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.
- 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 policies governing privileged allied health professionals.

Signed _____ **Date** _____

ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)

Signed _____ **Date** _____

Signed _____ **Date** _____

CLINICAL SERVICE CHIEF'S RECOMMENDATION

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

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

Privilege	Condition/modification/explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes

Clinical Service Chief's signature _____ **Date** _____

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FOR MEDICAL STAFF OFFICE USE ONLY
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Credentials Committee Action _____ **Date** _____

Medical Executive Committee Action _____ **Date** _____

Board of Directors Action _____ **Date** _____

Adopted: November 11, 2010