



## Clinical Nurse Specialist Behavioral Health Kettering Health Delineation of Privileges

**Applicant's Name:**

**Instructions:**

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and Submit with required documentation
5. 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 doubts related to qualification of requested privileges.

**NOTE:**

Privileges granted may only be exercised at the site(s) and 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 or department policy.

This document is focused on defining 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.

| Required Qualifications                    |   |
|--|---|
| <b>Membership</b>                          | 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:  |
| <b>Education/Training</b>                  | 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)   |
| <b>Certification</b>                       | Certification in psychiatric and mental health by the American Nurses Credentialing Center<br><b>AND</b><br>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   |
| <b>Clinical Experience (Initial)</b>       | 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.  |
| <b>Clinical Experience (Reappointment)</b> | 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. |

|   |   |
|---|---|
| <b>Additional Qualifications</b>                | 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   |
| <b>Medical record charting responsibilities</b> | 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. |

## Primary Privileges

**Description:** 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.

| Request |      |      |      | <i>Request all privileges listed below.</i>   |
|---------|------|------|------|---|
| KHGM    | KHMC | SOIN | KHMB |   |
|         |      |      |      | Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request.   |
|         |      |      |      | <b>- Currently granted privileges</b>   |
|         |      |      |      | 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                        |

**Prescriptive Authority as Delegated by a Physician in a Written Agreement in Accordance with State and Federal Law**

**Qualifications**

**Note** 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.

| Request |      |      |      | Request all privileges listed below.<br><br>Click <b>shaded blue check box</b> to Request all privileges.<br>Uncheck any privileges you do not want to request. |
|---------|------|------|------|---|
| KHGM    | KHMC | SOIN | KHMB |   |
|         |      |      |      | - Currently granted privileges  |
|         |      |      |      | Prescriptive Authority as Delegated by a Physician in a Written Agreement in Accordance with State and Federal Law  |

**Acknowledgment of Applicant**

I have requested only those privileges for which by education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at Kettering Health Hospital(s) and I understand that:

A. In exercising any clinical privileges granted, I am constrained by applicable 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.

Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Clinical Service Chair Recommendation - Privileges**

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Recommend all requested privileges  |
| <input type="checkbox"/> | Do not recommend any of the requested privileges  |
| <input type="checkbox"/> | Recommend privileges with the following conditions/modifications/deletions (listed below) |

| Privilege | Condition/Modification/Deletion/Explanation |
|-----------|---|
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| Clinical Service Chair Recommendation - Additional Comments |
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\_\_\_\_\_  
Clinical Service Chair Signature

\_\_\_\_\_  
Date