

**Regions Hospital
Delineation of Privileges
Registered Nurse Clinician**

Applicant's Name: _____
Last
First
M
Date

Instructions: Applicants must provide complete names and addresses for their references. Please DO NOT SEND letters of recommendation along with your application. These must be primary source verified by Regions Hospital. If documentation of cases or procedures is required, please attach case and/or procedural logs to your privilege delineation.

CORE I- General Privileges Registered Nurse Clinician

Privileges	Basic Education & Minimal Formal Training	Required Documentation and Experience
<p>Functions as an expert direct care provider, case manager, consultant, educator and researcher. The RNS provides care to individuals who have a known or predicted physiological alteration. The RNS has an in depth understanding of complex medical-surgical problems as well as interventions to manage and improve patient care. The practice includes initial and ongoing nursing assessment of patients' medical, physical, and psychosocial status. Obtain a relevant health and medical history; perform a physical assessment based on age and history; conduct preventive screening procedures based on age and history; identify medical and health risks and needs; update and record changes in health status; identify needs of the individual family or community as a result of the evaluation of the collected data; develop a patient education plan; provide relevant patient education; make appropriate referrals to other health professionals and community agencies; determine the effectiveness of the plan of care through documentation of patient care outcomes; reassess and modify the plan as necessary to achieve medical and health goals; and participate in quality assurance review on a periodic basis, including systematic review of records and treatment plans. Initiate medically delegated protocols/standing orders approved by sponsoring physician(s) which include diagnostic tests, pharmacologic agents, non-pharmacologic interventions. Provides patient care in a particular specialty or subspecialty within the context of collaborative management. Collaborative management is defined as a mutually agreed upon plan between an advanced practice registered nurse and one or more licensed physicians or surgeons that designates the scope of collaboration necessary to manage the care of patients. The RNS and one or more physicians must have experience in providing care to patients with the same or similar medical problems.</p>	<ol style="list-style-type: none"> 1. RN- Graduate of an accredited school of nursing; e.g. Associate Degree, Diploma, or Baccalaureate Degree. 2. Active Registered Nurse license in Minnesota 3. Medical supervision and delegation is provided by the sponsoring physician(s). The physician's countersignature is required within 24 hours for the nurse's responsibilities, which include histories and assessments, all orders, progress notes, and discharge summary. 	<p><u>New Applicants:</u></p> <ol style="list-style-type: none"> 1. Documentation of training; and 2. Two letters of recommendation attesting to applicant's competency. One letter must be from a physician and the other from a RNS. <p><u>Reappointment Applicants:</u></p> <ol style="list-style-type: none"> 1. Evaluation of your competency conducted by a qualified physician peer of your choice. Please indicate name and address of the physician whom we may contact. <hr/> <hr/> <hr/>

TO BE COMPLETED BY APPLICANT:

I agree to supply Regions Hospital Credentialing Office (or designee) with all of the information that has been requested of me for the privileges that I have applied for listed above. I also understand that my application for privileges will not proceed until which time that the information is received.

Signature

Date

TO BE COMPLETED BY SPONSORING PHYSICIAN:

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.

Sponsoring Physician's Signature

Date

TO BE COMPLETED BY REGIONS HOSPITAL DIVISION/SECTION HEAD AT TIME OF REVIEW AND APPROVAL:

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.

Regions Division/Section Head Signature

Date