BC MQI
BC Medical Quality Initiative

Summary page
Nurse Practitioner

The Nurse Practitioner dictionary was approved by PMSEC on 27 June 2024

REVIEW PANEL COMPOSITION

2024: The BC MQI credentialing and privileging oversight committee (CPOC) reviewed feedback on MAiD assessments and proposed an edit for clarity. Wording was shared with the previous panel through email and discussed with the BC College of Nurses and Midwives. With agreed adjustments for clarity, no panel was convened.

2022: The panel was composed of two co-chairs with expertise in the provincial privileging dictionaries, and twelve subject-matter experts who work across seven of the province's health authorities, and with representation from the BC College of Nurses and Midwives (BCCNM) and the Nurses and Nurse Practitioners of BC (NNPBC). *NB:* As of 1 September 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia amalgamated to become the British Columbia College of Nurses and Midwives (BCCNM).

RECORD OF REVIEW PANEL DECISIONS AND CRITERIA IDENTIFIED

Below are panel decisions and/or criteria identified to guide discussion of clinical practice and standards.

1. **MAiD assessments - added as a selectable non-core privilege (2024)**

   Assessment for MAiD is considered a non-core privilege and requires compliance with the BC College of Nurses and Midwives (BCCNM) standards, limits and conditions for nurse practitioners who act as an assessor for MAiD.

2. **Updated core procedures list (2022)**

   Core clinical privileges have been updated to align with language used in Family Medicine/General Practice (FM/GP) dictionary. Includes new category sections: local anesthetic procedures and gastrointestinal procedures.

3. **Revisions made to non-core privileges (2022)**

   New non-core privilege section created: Thoracic procedures

   Added pleurex catheter removal and talc pleurodesis as new non-core privileges.

   Non-core privileges: Genitourinary Procedures section removed

   The procedures listed under the Genitourinary Procedures section moved to Core.

   New non-core privilege section added: Gastrointestinal procedures

   Included paracentesis as non-core privilege.

Renamed non-core privilege from blood & blood products to hematology & transfusion medicine

Added Bone marrow aspiration and biopsy as new non-core privilege.

4. **Non-core privileges: Maternal fetal medicine - not added (2022)**

   The panel reviewed a request to add maternal fetal medicine–obstetrical ultrasound as a new non-core privilege. The panel did not agree on how best to include this in the dictionary; therefore, at this time the panel suggests that nurse practitioners utilize the "additional privilege" request process if they need to add this to their privileges. BC MQI will track such requests and bring them forward for consideration at the next formal review.

5. **Non-core privileges: Medications - Prescribing cancer care treatment (2022)**

   Prescribing cancer drug treatment removed and nurse practitioners are to use the clinical practitioner in oncology (CPO) dictionary for any cancer-related drug treatment. This is a specialized area of practice, requiring advanced education pertaining to this specialty/treatment.

6. **Use education requirements to define current experience (2019)**

   The panel defines current experience by specifying education requirements associated with each core and non-core privilege. The education requirements replace the procedure numbers that previously defined current experience.

7. **Align criteria with BCCNP standards (2019)**

   The panel agreed to include language which supports a principle-based approach to performance demonstration systems that situate measurement and accountability for excellence at the point of practice and at the level of the individual practitioner.

8. **Updated non-core privileges to reflect recent changes in standards (2019)**

   Some non-core clinical privileges are no longer consistent with the standards, limits and conditions set by the BC College of Nursing Professionals and have been updated to reflect these changes (e.g., full prescribing authority of antineoplastics, antiretrovirals, methadone).

9. **MAiD will be removed from the dictionary (2019)**

   The provincial credentialing & privileging oversight committee (CPOC) determined that supplementary dictionaries should remain as such to allow for easier review and tracking of data.

10. **Procedural pain management privileges added, in alignment with provincial standards (2019)**

11. **Refer and Follow added as an alternate for NPs working in primary care (2019)**

BC MQI
BC Medical Quality Initiative

Summary page
Nurse Practitioner

Overall

Decision / Revision: Core procedures list updated to reflect scope of practice. Many moved from non-core privileges. Language added found in Family Medicine/General Practice (FM/GP) dictionary.
Engagement method: Panel discussion

ORIGINAL	REVISION (2022)
Integumentary procedures: • Simple wound closure • Incision and drainage • Punch biopsy • Excisional biopsy • Treatment of uncomplicated skin lesions **Ear/Eye/Nose procedures:** • Corneal abrasion care • Removal of foreign body from nose or ear or eye **Genitourinary procedures:** • Papanicolau smear • Simple IUCD removal • Removal of foreign body from vagina **Musculoskeletal procedures:** • Splinting • Casting closed, simple, non-displaced fracture of an extremity	C1: ***Added as core procedures in addition to the original*** **Integumentary procedures:** • Treatment of integumentary or nail infections and injuries by repairing, debridement, curettage, excision, incision, and/or drainage • Excision or treatment for treatment or diagnostic purpose of skin lesions, foreign bodies, including via electro-cautery or cryotherapy • Wedge or complete excision of fingernails or toenails **Local anesthetic procedures:** • Local or regional infiltration of anesthesia as required • Digital nerve blocks **Ear/Eye/Nose procedures:** • Treatment of epistaxis by packing, cautery, or insertion of therapeutic devices **Gastrointestinal procedures:** • Anoscopy or proctoscopy • Removal of low rectal foreign bodies **Genitourinary (Women's health) procedures:** • Papanicolau smear and endometrial pipelle biopsy • Fitting, insertion and removal of intrauterine or other devices for contraception • Simple cervical polypectomy • Fitting and management of vaginal pessaries • Injection of local anesthesia for intra-cervical or para-cervical block **Musculoskeletal procedures:** • Intra-articular aspiration (except hips) (with or without point-of-care ultrasound)

BC MQI
BC Medical Quality Initiative

Summary page
Nurse Practitioner

Overall

Decision / Revision: Using education requirements to define current experience and renewal for all non-core privileges and aligning language to BCCNP standards
Engagement Method: Panel discussion & consultation with BCCNP (October 2019)

ORIGINAL	REVISION (2019)
Current experience and renewal criteria for all non-core privileges were based on clinical volume completed per specific time frame. *Example:* **Non-core privilege: Integumentary Procedures** ❑ **Requested** Complex (e.g., facial, multilayer) suturing (10 initial), (5 renewal) ❑ **Requested** Wedge or complete excision of fingernails or toenails (4 initial), (2 renewal) ❑ **Requested** Initial interpretation of skin testing for allergies (1 initial), (1 renewal)	Refer to education requirements to define current experience and renewal as well as add language to reflect measurement and accountability for excellence. C2 *Example:* **Recommended current experience**: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/ advanced training in the past 12 months. **Renewal of privileges:** Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Non-core Privileges

Decision / Revision: New non-core privileges to reflect full prescribing authority
Engagement Method: Panel discussion

ORIGINAL	REVISION (2019)
Non-core privilege: Medications and Blood & Blood Products ❑ **Requested** Ordering blood and blood products ❑ **Requested** Continuation prescribing HIV medications ❑ **Requested** Continuation prescribing antineoplastic medications	C3: **Non-core privileges: Medications and Blood & Blood Products** ❑ **Requested** Ordering blood and blood products ❑ **Requested** Prescribing Antiretroviral therapy for the prophylaxis or treatment of HIV infection ❑ **Requested** Prescribing cancer drug treatment ❑ **Requested** Methadone prescribing for analgesia ❑ **Requested** Methadone prescribing for opioid use disorder

BC MQI
BC Medical Quality Initiative

Summary page
Nurse Practitioner

Core Privileges

Decision / Revision: Refer & Follow added as an alternate for NPs working in primary care
Engagement Method: Panel discussion

ORIGINAL	REVISION (2019)
Core privileges: Admitting privileges ❑ **Requested:** Full Admitting	C4 **Core privileges: Admitting privileges** **Choose one of the following:** ❑ **Requested:** Full admitting privileges - Nurse Practitioner **OR** ❑ **Requested:** Non admitting privileges - Nurse Practitioner **OR** ❑ **Requested:** Refer and follow ONLY - Nurse Practitioner

Non-core Privileges

Decision / Revision: New non-core privileges: Procedural Pain Management privileges
Engagement Method: Sub-panel recommendation and panel discussion

ORIGINAL	REVISION (2019)
Non-core privileges: Musculoskeletal procedures ❑ **Requested** Intra-articular aspiration and injection (this may include under fluoroscopy guidance, though the NP will not be applying the energy) ❑ **Requested** Tendon injections	C5 Definition and criteria developed by a sub-panel consisted of individuals who have training to provide procedures for chronic pain management. This has been updated following a sub-panel review to reflect provincial procedural pain privileging standards.

Nurse Practitioner Clinical Privileges

Name: `_____

Effective from: _____/_____/_____to_____/_____/_____

❑Initial privileges (initial appointment)

❑Renewal of privileges (reappointment)

All new applicants must meet the following requirements as approved by the governing body, effective: June 27, 2024

Instructions:

Applicant: Check the "Requested" box for each privilege requested. Applicants are responsible for producing required documentation to allow for a proper evaluation of current skill, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges. Please provide this supporting information by uploading the appropriate documents. Privileges should not be requested (checked off) and cannot be granted unless the specific criteria associated with the privilege are met.

Medical/Clinical leaders: Check the appropriate box for recommendation on the last page of this form and include your recommendation for any required evaluation. If recommended with conditions or not recommended, provide the condition or explanation on the last page of this form.

Current experience: Current experience thresholds suggested in this document were developed by practitioners in the field and are *not* intended as a barrier to practice or to service delivery. They are *not* intended as rigid cut offs, below which clinical privileges must be restricted or removed. Instead, medical/clinical leaders are encouraged to initiate discussions with those practitioners who are close to or below the thresholds, to ensure that mechanisms are in place to ensure adequate practitioner experience and patient outcomes.

Other requirements: Note that even if applicants meet skill or experience requirements, each site will determine if the requested privilege can be supported at that site. Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.

This document is focused on defining qualifications related to training and current experience to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

Exemption requests: A request for exemption from meeting specific credentialing requirements for a core or non-core privilege may be made; however, these will be reviewed on a case-by-case basis by the provincial credentialing & privileging oversight committee (CPOC) to determine if an expert panel should be convened to consider the request.

Context: The care of patients presenting with complex problems or uncommon diseases requires access to multidisciplinary groups, experienced teams and institutions with the necessary subspecialties and infrastructure for appropriate care.

Reference only

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Nurse Practitioner Clinical Privileges

Grandparenting: Practitioners holding privileges prior to implementation of the dictionary will continue to hold those privileges as long as they meet current experience and quality requirements.

Continuous Professional Development (CPD): Where suggested in this document, CPD requirements reflect those professional development activities which are eligible for:

1. credit under the Royal College of Physicians and Surgeons of Canada's (Maintenance of Certification (MOC) program;
2. the College of Family Physicians of Canada Mainpro+;
3. those professional development activities held in foreign jurisdictions which would be eligible under the MOC/Mainpro program if held in Canada; or,
4. equivalent CPD or Quality Assurance activities for other practitioners.

Planned vs. Unplanned (Emergency) Care: The scope of privileges granted to any individual practitioner is based on considerations of patient care under "normal circumstances." In the setting of risk to life or limb, the rules of privilege are not meant to constrain practitioners from acting in the best interest of a patient.

Note: The dictionary will be reviewed over time to ensure it is reflective of current practices, procedures and technologies.

Core privilege: Types of activities a recent graduate of the discipline can reasonably be expected to perform at a specific facility. Under core privileges in this dictionary, if there is a procedure you wish NOT to perform, please type into the *Comments* field.

Non-core privilege: Types of activities that require further training, experience and demonstrated skill. Non-core privileges are requested in addition to requesting core. Individuals requesting these privileges should meet the specific threshold criteria associated to such non-core privileges.

Context-specific privileges: Privileges that take into account what medical services and procedures a facility can support.

Additional privilege: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline. Additional privileges already listed in this document were previously requested by others who practice in your discipline; they may or may not be relevant to you. If there are any privileges not listed in your dictionary that you wish to request, please complete an additional privilege request form and attach any evidence of training to support your request.

Restricted procedures: Some dictionaries have procedures identified by the Ministry of Health as [DESIGNATED A RESTRICTED SERVICE BY THE MEDICAL SERVICES COMMISSION]. Privileges identified as restricted procedures may be flagged in this document. Where it appears, the restricted procedures flag is for administrative tracking only, and has no impact on clinical content.

Reference only

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Nurse Practitioner Clinical Privileges

Definition

Nurse practitioners are health professionals who have achieved the advanced nursing practice competencies at the graduate level of nursing education that are required for registration as a nurse practitioner with the BC College of Nurses and Midwives (BCCNM). Nurse practitioners provide health care services from a holistic nursing perspective, integrated with the autonomous diagnosis and treatment of acute and chronic illnesses, including prescribing medications. There are three streams of nurse practitioners: Family, Adult and Pediatric.

Qualifications for Nurse Practitioners

Initial privileges: To be eligible to apply for privileges as a Nurse Practitioner, the applicant must meet the following criteria:

Be registered as a Nurse Practitioner by the BC College of Nurses and Midwives (BCCNM), and currently hold a practicing license as a Nurse Practitioner in BC.

Recommended current experience: Minimum of 300 hours per year or 900 in the last 3 years of clinical practice as a nurse practitioner.

OR

Graduate from recognized education program for Nurse Practitioners within the past 24 months.

Renewal of privileges: To be eligible to renew privileges, the applicant must meet the following criteria: Maintain the practice and educational requirements for license renewal with the BC College of Nurses and Midwives (BCCNM).

Return to practice: As determined by the Registration Committee of the BCCNM.

Core privileges: Nurse Practitioner

Core privileges are offered to ALL members in the discipline as long as the facility can support those activities.

❑ **Requested**

Provide primary care and treatment of patients who require assessment, diagnosis and management of acute and chronic health/illness conditions, injuries and palliation. This includes ordering diagnostic and screening tests, prescribing and ordering medications and other treatments, as well as making referrals/consultations. The care settings include Health Authority programs, community clinics, urgent care centres, outpatient departments, emergency rooms, residential care, and in-patient units as approved by individual Health Authorities. 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.

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Nurse Practitioner Clinical Privileges

Core procedures list

This is not intended to be an all-encompassing procedures list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques.

To the applicant: If there is a procedure you wish NOT to perform, then please type into the *Comments* field.

Integumentary procedures:

- Simple wound closure
- Incision and drainage
- Punch biopsy
- Excisional biopsy
- Treatment of uncomplicated skin lesions
- Treatment of integumentary or nail infections and injuries by repairing, debridement, curettage, excision, incision, and /or drainage
- Excision or treatment for treatment or diagnostic purpose of skin lesions, foreign bodies, including via electro-cautery or cryotherapy
- Wedge or complete excision of fingernails or toenails

Local anesthetic procedures:

- Local or regional infiltration of anesthesia as required
- Digital nerve blocks

Ear/Eye/Nose procedures:

- Corneal abrasion care
- Removal of foreign body from nose or ear or eye
- Treatment of epistaxis by packing, cautery, or insertion of therapeutic devices

Gastrointestinal procedures:

- Anoscopy or proctoscopy
- Removal of low rectal foreign bodies

Genitourinary (Women's health) procedures:

- Removal of foreign body from vagina
- Papanicolau smear and endometrial pipelle biopsy
- Fitting, insertion and removal of intrauterine or other devices for contraception
- Simple cervical polypectomy
- Fitting and management of vaginal pessaries
- Injection of local anesthesia for intra-cervical or para-cervical block

Musculoskeletal Procedures:

- Splinting
- Casting closed, simple, non-displaced fracture of an extremity
- Intra-articular aspiration (except hips) (with or without point-of-care ultrasound)

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Nurse Practitioner Clinical Privileges

Core privileges: Admitting privileges

Select "Requested" for ONLY ONE of the core privileges listed below

❑ **Requested:** Full-admitting privileges – Nurse Practitioner – see description below
OR
❑ **Requested:** Non-admitting privileges – Nurse Practitioner – see description below
OR
❑ **Requested:** Refer and follow ONLY – Nurse Practitioner - see description below

Core privileges: Full-admitting

Acting as MRP during admissions, which can include the following:

Evaluate, diagnose, treat and provide consultation to patients of all ages, with a wide variety of illnesses, diseases, injuries and functional disorders of all body systems. Provide comprehensive, coordinated and longitudinal care of patients, families and communities, in collaboration with other professional colleagues. May provide care to patients in the intensive care setting in conformance with unit policies. Assess, stabilize and determine disposition of patients with emergent conditions, consistent with medical staff policy regarding emergency and consultative call services.

Observe/assist diagnostic or surgical procedures with the approval of the attending physician or surgeon.

Core privileges: Non-admitting

As above but does not include acting as MRP during admissions. (Usually includes providing specific consultations and/or surgical assists).

Core privileges: Refer and Follow ONLY

Refer and follow privilege can only be granted to other medical staff with Associate medical staff category and should not be requested if full admitting or non-admitting are requested. Refer and follow might include the following:

Order outpatient diagnostic tests and services, visit patient in the hospital, and review medical records while the patient is being cared for by other medical staff. Observe/assist diagnostic or surgical procedures with the approval of the attending physician or surgeon.

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Nurse Practitioner Clinical Privileges

Non-core privileges (see specific criteria)
- Are permits for activities that require further training, experience and demonstrated skill
- Are requested individually in addition to requesting the core
- Each individual requesting non-core privileges should meet the specific threshold criteria as outlined.

Non-core privileges may have a number of considerations, including scope of practice, standards limits and conditions established by BCCNM, employer/facility applicability and support, along with individual practitioner experience and education.

Whenever appropriate, BCCNM uses standards rather than limits and conditions to provide direction for practice. (The Health Professions Act gives BCCNM the authority to establish, monitor and enforce standards, limits and conditions for nurse practitioner practice.)

Non-core privileges: Assessment for MAiD

❑ **Requested**

Initial privileges/ Renewal/ Return to Practice: Compliance with the BC College of Nurses and Midwives (BCCNM) standards, limits, and conditions for nurse practitioners who act as an assessor for MAiD.

Please note that while acting as a MAiD assessor is considered a non-core privilege in this dictionary, MAiD provision requires completion of the supplementary MAiD dictionary.

Non-core privileges: Integumentary procedures

❑ **Requested** Complex (e.g., complex facial, multilayer) suturing
❑ **Requested** Initial interpretation of skin testing for allergies
❑ **Requested** Advanced sharp wound debridement

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Reference only

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Cardiac procedures

- ❑ **Requested** Acute cardiac life support management
- ❑ **Requested** Removing pacemaker wires
- ❑ **Requested** Elective cardioversion

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Thoracic procedures

- ❑ **Requested** Thoracentesis
- ❑ **Requested** Chest tube insertion
- ❑ **Requested** Pleurex catheter removal
- ❑ **Requested** Talc Pleurodesis

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Reference only

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Musculoskeletal procedures

- ❑ **Requested** Reduce dislocations of the fingers and toes
- ❑ **Requested** Reduce anterior shoulder dislocations

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Neurologic procedures

- ❑ **Requested** Perform lumbar puncture
- ❑ **Requested** Lumbar drain insertion
- ❑ **Requested** Subdural Evacuating Port System insertion, management, removal
- ❑ **Requested** External Ventricular Drain (EVD) removal

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Reference only

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Gastrointestinal procedures

❑ **Requested** Paracentesis

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Injections & cannulation procedures

❑ **Requested** Insertion of PICCs
❑ **Requested** Insertion of arterial lines
❑ **Requested** Insertion of tunneled central venous catheter
❑ **Requested** Removal of tunneled central venous catheter
❑ **Requested** Insertion of non-tunneled central venous catheter

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege

AND

Reference only

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Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Hematology and Transfusion Medicine

- ❑ **Requested** Ordering blood and blood products
- ❑ **Requested** Bone marrow aspiration and biopsy

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure and an appropriate period of mentorship

AND

Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Medications

- ❑ **Requested** Prescribing antiretroviral therapy for the prophylaxis of HIV infection
- ❑ **Requested** Prescribing antiretroviral therapy for the treatment of HIV infection
- ❑ **Requested** Injection of Botox for non-cosmetic reason

Initial privileges: Successful completion of theoretical and clinical learning that includes education in the requested procedure or demonstration of skill to a member of the medical staff who currently holds the privilege and has met the standards, limits and conditions set by BCCNM

AND

Reference only

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Recommended current experience: Full- or part-time nurse practitioner services, reflective of the scope of privileges requested, for the past 12 months or successful completion of postgraduate education/advanced training in the past 12 months.

Renewal of privileges: Current demonstrated skill and an adequate volume of full- or part-time experience with acceptable results, reflective of the scope of the privilege requested, (minimum of 24 weeks working in the discipline for the past 36 months) based on results of ongoing professional practice evaluation and outcomes.

Return to practice: Supervision to a level of skill by a practitioner who currently holds the privilege.

Non-core privileges: Methadone prescribing for analgesia

❑ **Requested**

Initial privileges/ Renewal/ Return to Practice: Compliance with the BC College of Nurses and Midwives (BCCNM) standards, limits and conditions with regard to prescribing methadone for analgesia.

Continuation of an established prescription for inpatients during hospitalization is a core privilege.

Non-core privileges: Methadone prescribing for Opioid Use Disorder

❑ **Requested**

Initial privileges/ Renewal/ Return to Practice: Compliance with the BC College of Nurses and Midwives (BCCNM) standards, limits and conditions with regard to prescribing opioid agonist treatment for opioid use disorder.

Continuation of an established prescription for inpatients during hospitalization is a core privilege.

Procedural (Interventional) Pain Management Definition

Appropriate use of these procedures requires careful evaluation and diagnosis and must keep in mind prevention, treatment and rehabilitation of patients. **These procedures may be used for acute and chronic, cancer and non-cancer pain. These privileges as defined are primarily directed towards chronic pain management and are not intended to limit procedures used in acute settings.**

Reference only

In this document, “interventional pain procedure” has been defined as invasive or surgical techniques used to treat patients with chronic pain. Interventional pain procedures are categorized using a tiered approach reflective of underlying complexity and required training.

Privileges in Procedural Pain Management (Basic)

Definition

Procedural privileges are used to manage chronic pain and appropriate use of these procedures requires careful evaluation and diagnosis and must keep in mind prevention, treatment and rehabilitation of patients. These privileges are not intended to limit procedures used in acute settings or for surgical anesthesia.

Basic procedures are those that can be considered appropriate for practitioners with minimal added training or acquired as part of original training. These procedures are peripheral and superficial interventional procedures for which imaging may not be mandatory.

Qualifications for Procedural Pain Management - Basic

To be eligible to apply for any privileges in BASIC Interventional Pain Management, the applicant must meet the following criteria:

Initial privilege: Demonstrated training/experience specific to privilege requested and acceptable to the appropriate medical leader.

Recommended current experience: Full or part-time relevant clinical experience reflective of the scope of privileges requested.

OR

Completion of training in the procedure(s) acceptable to the appropriate medical leader in the past 24 months.

Renewal of privileges: Maintenance of skills and an adequate volume of full- or part-time experience with safe outcomes, reflective of privileges requested.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Non-core privileges: Basic Pain Management procedures

- ❑ **Requested** Trigger point/ bursal injections.
- ❑ **Requested** Intra articular injections (excluding hip, intra-articular glenohumeral and biceps tendon) with or without imaging guidance (image guidance may be best practice but is not mandatory).
- ❑ **Requested** mid-sized peripheral nerve blocks that may not require imaging to safely inject: e.g. Occipital, Saphenous, Genicular, LFCN, tibial, ulnar, radial peroneal, ankle.

Reference only

Privileges in Procedural Pain Management (Intermediate)

Definition

Procedural privileges are used to manage pain and appropriate use of these procedures requires careful evaluation and diagnosis and must keep in mind prevention, treatment and rehabilitation of patients. These privileges are not intended to limit procedures used in acute settings or for surgical anesthesia.

Intermediate procedural pain procedures recommend the use of image guidance as best practice and fluoroscopy as the gold standard and require the understanding and safety principles of using fluoroscopy, CT, ultrasound, and/or other medical imaging to guide needle placement and further education in assessment and management of pain.

Qualifications for Procedural Pain Management - Intermediate

To be eligible to apply for any privileges in INTERMEDIATE Interventional Pain Management, the applicant must meet the following criteria:

Initial privilege: Training/experience specific to privilege requested and acceptable to the appropriate medical leader

AND

Recommended current experience: Full or part-time relevant clinical experience reflective of the privileges requested.

OR

Successful completion of training in the procedure(s) in the last 12 months.

Renewal of privileges: Demonstrated ongoing skill, review of cases performed if deemed necessary and discussion with the appropriate medical leader.

Return to practice: Individualized evaluation with supervision of core procedures relevant to their intended scope of practice acceptable to the appropriate medical leader.

Non-core privileges: Intermediate Pain Management procedures

- ❑ **Requested** Large peripheral nerve blocks that require imaging, including but not limited to femoral, sciatic, brachial plexus
- ❑ **Requested** Intramuscular and peritendinous injections, e.g., piriformis, bicipital tendon (image guidance mandatory)
- ❑ **Requested** Sacroiliac joint injections (image guidance mandatory)
- ❑ **Requested** Peripheral joint injections: Hip and intra-articular glenohumeral (image guidance recommended)

Reference only

Context-specific privileges

Context refers to the capacity of a facility to support an activity.

Context-specific privileges: Procedural sedation

❑ **Requested**

To be performed in accordance with the organization's policy on procedural sedation by non-anesthesiologists"

Additional privileges

Definition: An additional privilege is any privilege that is not included in the core, non-core, or context-specific privileges dictionary for your discipline.

To request a privilege that is not included in the core, non-core, or context-specific privileges for your discipline, notify your medical leader or local credentialing office.

A credentialing coordinator will send you an additional privilege request form to complete.

Instructions

On the additional privilege request form, you'll be asked to provide the following details:

a) the privilege requested *(the procedure or activity you are requesting)*,
b) the site or facility where the privilege would be exercised, and
c) your relevant training, experience or certification, if applicable.

Your request for additional privileges will be submitted to your medical leader. Please note that additional privileges are not automatically granted but are reviewed to determine alignment with the site capacity and to ensure training requirements are met.

Dictionary content and feedback

The privileging dictionaries on this site (bcmqi.ca) are the official versions.

Dictionary content will be updated as according to the review schedule posted at the bcmqi.ca dictionary review hub. You can provide input on a dictionary at any time, by submitting a Dictionary Feedback form to the BC MQI office.

Reference only

Nurse Practitioner Clinical Privileges

Acknowledgement of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at the facility I am applying, and I understand that:

a. In exercising any clinical privileges granted, 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 medical staff bylaws or related documents.

Signed: _____ Date: _____

Medical / Clinical Leader's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and:

❑ Recommend all requested privileges

❑ Recommend privileges with the following conditions/modifications:

❑ Do not recommend the following requested privileges:

Privilege condition/ modification/ explanation

Notes:

Name of Department / Division/ Program/ Facility:

Name of Medical Leader:

Title:

Signature:

Date:

Reference only