

OO6

Provide a description and/or policies, or equivalent evidence of, the process by which the CNO (or designee) participates in the following:

- Credentialing, privileging, and evaluating of all Advanced Practice Registered nurses (APRNs).
- Reprivileging of all APRNs. Include the frequency of reprivileging.

CNO Participation in Credentialing, Privileging, and Evaluation of APRNs

Cindy Boily, MSN, RN, NEA-BC, Senior Vice President and Chief Nursing Officer, attends the Medical Executive Committee (MEC) and serves as a non-voting member. Other WakeMed Health & Hospitals senior executives, including the Chief Executive Officer, Chief Operating Officer, and others, are also non-voting members of the MEC. The MEC has delegated credentialing, privileging, and evaluation of APRNs to the WakeMed Credentials Committee. ([Evidence OO6-1 WakeMed Medical Staff Bylaws 5.C.1 Composition of MEC Committee, PDF pgs. 21-22](#))

Advanced practice nurses are credentialed and privileged through WakeMed Medical Staff Services as defined in the Medical Staff Bylaws. Medical Staff Services transmits the complete APRN application and supporting materials to the CNO, who reviews each APRN application for practice and electronically approves privileges. The CNO approval is forwarded to the WakeMed Credentials Committee and MEC for recommendation to the Board of Directors for final approval. ([Evidence OO6-2, WakeMed Advanced Practice Providers Policy 5.A.3. Department Chair Procedure, PDF pg. 21](#))

Re-Privileging and Evaluation of APRNs

The process for reprivileging is the same as for initial privileging. Reprivileging is done every two years after the initial privileging process. The CNO participates in the review process for APRN evaluations as part of the MEC, and an assessment is completed by the applicable hospital supervisor (e.g. nursing supervisor). ([Evidence OO6-2, WakeMed Advanced Practice Providers Policy 5.D.2. Renewal Process for Advanced Practice Providers, PDF pgs. 21, 26, 31](#))