WASHINGTON HOSPITAL HEALTHCARE SYSTEM

ALLIED HEALTH PROFESSIONAL MANUAL

2015

Interdisciplinary Practice Committee

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A. DEFINITION

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2. Supervision of a Nurse Practitioner by a physician is a special privilege

B. REQUIREMENTS

1. The Supervising Physician must submit a request (to become a supervising physician) *and* establish the following in writing, along with any necessary supporting documentation to his/her Department Chair for review:
   a. A delegation of service agreement (DSA) outlining those specific duties that the Nurse Practitioner would be permitted to perform under supervision and outside of the Supervising physician's immediate supervision and control, shall be signed and dated by the supervising physician and the Nurse Practitioner. This will be submitted with the Nurse Practitioner's application.
   b. Protocols governing all procedures to be performed by the Nurse Practitioner. Such protocols shall state the information to be given to the patient, the technique *for* the procedure, and the follow-up care;
   c. A written statement indicating that the Supervising Physician accepts full legal and ethical responsibility for the performance of all professional activities of the Nurse Practitioner
2. The physician must have a current unrestricted license from the State of California.
3. The physician should be a member in good standing of the active or provisional active Medical Staff.
4. Complete a written application to the Medical Staff for such privileges
5. Meet with the Credentials Committee or a representative to discuss the application, the application process, duties and obligations of the physician when required by the Chair of the Credentials Committee or the Chief of Staff.
6. Be approved by the Credentials Committee, Medical Executive Committee and the Hospital Board.
7. The Supervising Physician must provide proof of professional liability insurance, with limits as determined by the Board of Directors, for acts or omissions arising from supervision of the Nurse Practitioner (the Supervising Physician shall verify such coverage in a form acceptable to the Medical Executive Committee
8. The Supervising Physician will comply with all of the requirements as spelled out in the California Business & Professional Code and the California Code of Regulations (Title 16) as they relate to the supervision of Nurse Practitioners, which they will attest to have read.
9. The Supervising Physician may:
   a. Adopt protocols to govern the performance of a Nurse Practitioner for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient For protocols governing

procedures, the protocol shall state the information to be given the patient, the preparation and technique of the procedure, and the follow-up care.

b. Protocols shall be developed by the physician, adopted from, or referenced to texts or other sources. Protocols shall be signed and dated by the supervising physician and the Nurse Practitioner. .

c. In the case of a patient proceeding to any invasive procedure the review must be prior to that procedure. A note must be *created in EPIC* by the Supervising Physician and must include a summary of the pertinent details of *the* history, important physical findings, the planned *procedure,* the rationale for the *procedure,* and documentation that the procedure has been explained to the patient by the Supervising Physician. The duty to obtain informed consent cannot be delegated;

d. Establish written guidelines for the timely supervision of any laboratory, screening, or therapeutic services performed by the Nurse Practitioner.

10. The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the Nurse Practitioner does not function autonomously. The supervising physician shall be responsible for all medical services provided by a Nurse Practitioner under his or her supervision·

C. DUTIES & OBLIGATIONS

1. **Be responsible for the Nurse Practitioner's familiarity with the Bylaws, Rules and Regulations code of conduct, customs and practices at Washington Hospital,**
2. **It is the supervising physician's special duty to scrupulously avoid any action statement or implication that the nurse practitioner is a physician or a substitution for a physician**
3. **Consistently practice the principal that the Nurse Practitioner is an extension of the supervising physician, never a replacement**
4. **The Supervising Physician shall not sign out to the Nurse Practitioner.**
5. **If the supervising physician is not expected to be available as required by these standards, He/She shall hand off patient care responsibility to another physician with like privileges as required in the Medical Staff Bylaws. The nurse practitioner may work with the covering physician if a separate "Delegation of Services" agreement has been completed by that physician.**
6. **The physician cannot delegate obtaining informed consent to a Nurse Practitioner**
7. **The supervising physician must be a mentor, a teacher, a counselor and a role model to the Nurse Practitioner**
8. **The supervising physician must regard himself/herself as continually responsible, as well as accountable for the Nurse Practitioner's activities, in all respects.**
9. **The signature of a Nurse Practitioner should always be accompanied by the name of the supervising physician, on all documents.**

II. STANDARDS FOR NURSE PRACTIONERS (NP)

A. Qualifications

1. Education
   a. Master's or doctoral degree in nursing from an accredited college or university.
   b. *Note: NPs hired prior to January 1, 2008 are not subject to this educational requirement. (BRN Div. 2, Ch.6, 2835.5, d)*
   c. Graduate from a NP program accredited by the National League of Nursing Accrediting Commission (NLNAC) or the Commission-on Collegiate Nursing Education (CCNE).

2. Licensure/Certification
   a. Licensure as a Registered Nurse (RN) in the State of California.
   b. Certification as a Nurse Practitioner (NP) in the State of California.
   c. National Board Certification as a Nurse Practitioner (NP) from an agency accredited by the American Board of Nursing Specialties (ABNS). *Note: New graduate NPs must obtain National Board Certification within six (6) months of their graduation date.*
   d. Certification in Basic Life Support (BLS) from the American Heart Association (AHA).
   e. Furnishing license issued by the Board of Registered Nurses (BRN), *required only if furnishing medications.*
   f. An individual Drug Enforcement Agency (DEA) license issued by the DEA for Schedule II-V controlled substances.
   g. Additional board certification(s) may be required by certain specialties/departments.

B. Requirements

1. A Nurse Practitioner shall have a Supervising Physician who:

a. Has a current and unrestricted license from the State of California
b. Is an Active member in good standing of the Washington Hospital Medical Staff and has been approved by the Medical Staff to supervise Nurse Practitioners. At the discretion of the MEC a provisional-active physician may supervise a NP.

III. Nurse Practitioner Scope of Practice. See Allied Health Manual - Nurse Practitioner Core and special Privileges

IV. A Nurse Practitioner-May Not:

A. Obtain informed consent without direct communication with the supervising physician.
B. Admit patient without direct communication with the supervising physician.
C. Discharge patients without direct communication with the supervising physician.
D. Be supervised by a physician who does not have a Delegation of Services agreement with the NP
E. Treat patients in the Intensive Care Unit unless granted as a special privilege
F. Treat patients in the Coronary Care Unit unless granted as a special privilege
G. Perform any task or function that requires the peculiar skill, training or experience of a physician, dentist or dental hygienist
H. Administer, provide, or issue a drug order to a patient for Schedule II through

Schedule V controlled substances without advance approval by a supervising physician for that particular patient unless protocols in compliance with CCR Title 16 are in place.

REFERENCES:

1. **The nurse practitioner may visit patients in the Intensive Care Unit setting, obtain a history and perform a physical examination, review the record, and communicate with the Intensive Care Unit staff as is appropriate. However, actual treatment of a patient in the Intensive Care Unit setting is a special privilege.**
2. **The nurse practitioner may visit patients in the Coronary Care Unit setting, obtain a history and perform a physical examination, review the record, and communicate with the Coronary Care Unit staff as is appropriate. However, actual treatment of a patient in the Coronary Care Unit setting is a special privilege**

V. TYPES OF PRIVILEGES FOR NURSE PRACTIONERS

There are two TYPES OF PRIVILEGES for nurse practitioners (NP):

A. CORE PRIVILEGES: A group of privileges that by the nature of the training and experience of all NPs are granted, regardless of the specialty of the supervising physician, when the NP join the Allied Health Staff at Washington Hospital.
B. SPECIAL P R IVILEGES: All privileges for N P s not identified, under core privilege need to be specifically requested in writing by the supervising physician and the NP. The request will be submitted to the supervising physician's Department for review. The Department will make its recommendations to the Credentials committee and the MEC. Successful completion of an approved course may be required before the privilege is granted. The Board of Directors will make the final determination.
C. In general, a supervising physician must himself or herself have the privilege to perform the procedure for which the special privilege is requested.

VI. LEVELS OF PHYSICIAN SUPERVISION FOR NURSE PRACTITIONERS

There are three LEVELS OF PHYSICIAN SUPERVISION for NPs.

A. PERSONAL SUPERVISION-Physician is present in the examining room, operating room, catheterization laboratory or in the procedure area while the service is being provided by the Nurse Practitioner.
B. DIRECT SUPERVISION physician is on the premises personally available within 10 minutes.
C. GENERAL SUPERVISION-Physician is available by electronic means at all times.
D. Under special circumstances a CHANGE IN LEVEL OF SUPERVISION for a particular procedure may be requested.

VII. CORE PRIVILEGES FOR NURSE PRACTITIONERS

A. General Description

A Nurse Practitioner may provide only those medical services which he/she is competent to perform, which are consistent with the NP's education, training, experience, Standardized Procedure which are delegated in writing by the supervising physician and performed under the supervision of that physician.

A Nurse Practitioner shall consult with a physician regarding any task, procedure or diagnostic problem which the NP determines exceeds his/her level of competence or shall refer such cases to a collaborating physician

B. <u>Level of Supervision - General</u>

1. Evaluates and treats patients with acute, chronic complaints and health maintenance concerns related to specialty, according to written standardized procedures. *[see Standardized Procedure: Assessment* & *Management of Patients]*
2. Obtains complete histories and performs pertinent physical exams with assessment of normal and abnormal findings on new and return patients, according to written standardized procedures. *[see Standardized Procedure: Assessment* & *Management of Patients]*

3. Performs or requests and evaluates diagnostic studies as indicated upon evaluation of the patient, according to written standardized procedures. *[see Standardized Procedure: Assessment* & *Management of Patients]*
4. Orders, furnishes, and prescribes medications, according to written standardized procedures. *[see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol]*
5. Orders and collects specimens for routine laboratory tests, screening procedures and therapeutic procedures, including blood and blood products as directed by the supervising physician.
6. Order physical therapy, occupational therapy, respiratory therapy, radiology examinations and nursing services as directed by the supervising physician.
7. Performs designated procedures after demonstrated competency, according to written standardized procedures where applicable and as directed by the supervising physician.
8. Initiates arrangements for hospital admissions and discharges and completes appropriate documentation as directed by the supervising physician; including assisting with obtaining informed consent.
9. As directed by the supervising physician, enrolls patients in investigational studies approved by the Investigational Review Board (IRB), and orders the necessary tests and medications. *[see Standardized Procedure: Administering, Ordering, Furnishing or Prescribing of Drugs, Formulary Protocol]* Medications that are not FDA-approved or are used for non-FDA-approved indication (off-label use) require patient-specific order in advance from the supervision physician.
10. Recognizes and considers age-specific needs of patients.
11. Effectively communicates and interacts with patients, families, staff and members of the community from diverse backgrounds.
12. Recognizes situations which require the immediate attention of a physician and initiates life-saving procedures when necessary.
13. Facilitates the coordination of inpatient and outpatient care and services as needed.
14. Facilitates collaboration between providers and coordination of community resources.
15. Ensures compliance with legal, regulatory and clinical policies and procedures.
16. Participates in quality improvement initiatives.
17. Provides and coordinates patient teaching and counseling.

VIII. Furnishing or Ordering of Drugs or Devices by Nurse Practitioners (California Business and Professions Code, Division 2, Chapter 6, Article 8, 2836.1. and California Health and Safety Codes 11055 and 11056.**)**

The drugs or devices are furnished or ordered by a nurse practitioner in accordance with California Business and Professions Code, Division 2, Chapter 6, Article 8, 2836.1. and California Health and Safety Codes 11055 and 11056.

IX. SPECIAL PRIVILEGES FOR NURSE PRACTITIONERS

A. Definition: Nurse Practitioner Special Privileges are all those privileges not included in the Core Nurse practitioner special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff

B. The level of supervision for Nurse Practitioner special privileges – will be specified for each special privilege.

In many circumstances, a supervising physician may wish that a NP perform specialty specific tasks not mentioned in the core. These include but are not limited to the following examples:

1. Cardiac Surgery
    a. Placement and removal of chest tubes
    b. Wound closure
    c. Harvesting of saphenous vein graft with preparation for bypass use
2. Thoracic Surgery
    a. Wound closure removal
    b. Removal, placement of chest tubes
3. Orthopedic Surgery:
    a. Cast applications
    b. Wound debridement
    c. Wound closure
4. Vascular Surgery:
    a. Percutaneous placement of intra-arterial and intravenous devices, catheters, etc.
    b. Diagnostic arteriograms, angioplasty, etc.
    c. Wound debridement
    d. Wound closure

C. Cardiology: All Catheterization Laboratory procedures

1. The request by the supervising physician for special privileges for the NP should be made in writing. The need for such privileges should be illustrated. The supervising physician should in general have, himself or herself, the same privilege, as well as the credentials to teach the technique. In some cases approval of an approved course or program may be required.
2. A request should be submitted in writing to the Chairman of the Department for review and approval. The chair will forward the departments commendation through the credentials committee and the Medical Executive Committee. The final determination is to be made by the Board of Directors.

X. CHANGE IN LEVEL OF SUPERVISION FOR SPECIAL PRIVILEGES FOR NURSE PRACTITIONERS

A. In certain circumstances, a nurse practitioner may have become so proficient in performing a special privilege that the supervising physician may have the opinion that DIRECT SUPERVISION is no longer necessary.
B. The supervising physician may than apply for a change in level of supervision to GENERAL. The application is to be made through the chair of the department in writing and should include:
    1. The title of the special privilege
    2. The number of procedures performed in the past and over what time
    3. The outcome and complications of such procedures.
    4. How the change would affect patient care.
C. If approved, the Nurse Practitioner would then be proctored for four cases by any physician with like privileges other than the supervising physician. If the proctorship is satisfactorily completed, then the department chair may forward his recommendations to the Credential Committee and the Medical Executive Committee and finally the Board of Directors.

XI. PROFESSIONAL PRACTICE EVALUATION FOR NURSE PRACTITIONERS

A. INITIAL PROCTORING

The supervising physician shall personally supervise the first 20 core privileges performed by the nurse practitioner. This supervision shall be distributed between at least *5* different patients. The level of supervision shall be PERSONAL, with special emphasis to be placed on the proper performance of histories and physicals, progress notes, and discharge summaries.

The supervising physician shall report each event as "satisfactory" or "unsatisfactory". An unsatisfactory report requires continued personal supervision of that privilege.

After 20 core privileges have been satisfactorily completed and approved by the supervising physician and chairman of the department the level of supervision for core privileges becomes GENERAL.

B. PROVISIONAL STATUS

The nurse practitioner membership in the Allied Health Staff shall be provisional for the first year. After completion of 12 months of provisional membership, a review of all activities performed by the nurse practitioner/physician assistant shall be done by the department chair/designee and the credentials committee. If satisfactory, the provisional status will be lifted.

C. RE-CREDENTIALING

Re-credentialing of the nurse practitioner/physician assistant will occur every 2 years as prescribed by the Washington Hospital Medical Staff Bylaws.

SECTION 2 - Physician Assistant

I. PHYSICIAN SUPERVISION OF PHYSICIAN ASSISTANT

A. DEFINITION

1. Is a licensed physician and surgeon overseeing the activities of, and accepting the responsibility for, the medical services rendered by the physician assistant. (CA B&P Code 3501 -f)
2. **Supervision of a Physician Assistant by a physician is a special privilege.**

B. REQUIREMENTS

1. The supervising physician shall submit a request (to become a supervising physician) and establish the following in writing, along with any necessary supporting documentation to his/her Department Chair for review:

    a. A delegation of service agreement (DSA) outlining those specific duties that the physician assistant would be permitted to perform under supervision shall be signed and dated by the supervising physician and the physician assistant. This will be submitted with the physician assistant's application.
    b. Protocols governing all procedures to be performed by the Physician's Assistant. Such protocols shall state the information to be given to the patient, the technique for the procedure, and the follow-up care;
    c. A written statement indicating that the supervising physician accepts full legal and ethical responsibility for the performance of all professional activities by the physician assistant.
2. The physician must have a current unrestricted license from the State of California
3. The physician should be a member in good standing of the active or provisional active Medical staff.
4. Complete a written application to the Medical Staff for such privileges
5. Meet with the Credentials Committee or a representative to discuss the application, the application process, duties and obligations of the physician when required by the Chair of the Credentials Committee or the Chief of Staff .
6. Sign off on duties and obligations.
7. Be approved by the Credentials Committee, Medical Executive Committee and the Hospital Board.
8. The Supervising Physician must be covered by professional liability insurance, with limits as determined by the Board of Directors, for acts or omissions arising from supervision of the Physician's Assistant (the Supervising Physician shall verify such coverage in a form acceptable to the Medical Executive Committee.
9. The Supervising Physician will comply with all of the requirements as spelled out in the California Business & Professional Code and the California Code (Title 16) as they relate to the supervision of Physician Assistants, which they will attest to have read.
10. The Supervising Physician shall: (Consider substituting may here)
    a. Adopt protocols to govern the performance of a physician assistant for some or all

tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the preparation and technique of the procedure and the follow-up care

b. Protocols shall be developed- by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant.

c. In the case of a patient proceeding to any invasive procedure, the review must be prior-to that procedure. A note must be written by the Supervising Physician and must include a summary of the pertinent details of the. history, important physical findings, the planned procedure, the rationale for the procedure, and documentation that the procedure has been explained to the patient by the Supervising Physician. The duty to obtain informed consent cannot be delegated;

d. Establish written guidelines for the timely supervision of any laboratory screening or therapeutic services performed by the Physician's Assistant;

11. The supervising physician has continuing responsibility to follow the progress of the· patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

C. DUTIES & OBLIGATIONS

1. **Be responsible for the physician assistant's familiarity with the bylaws, rules and regulations code of conduct; customs and practices at Washington Hospital.**
2. **It is the supervising physician's special duty to scrupulously avoid any action, statement or implication that physician assistant is a physician or a substitution for a physician.**
3. **The Supervising Physician shall not sign out to the physician assistant.**
4. **If the supervising physician is not expected to be available as required by these standards, He/She shall hand off patient care responsibility to another physician with like privileges as required in the Medical Staff Bylaws. The physician assistant may work with the covering physician if a separate "Delegation of Services" agreement has been completed by that physician.**
5. **The physician cannot delegate obtaining informed consent to a physician assistant.**
6. **The supervising physician must be a mentor, a teacher, a counselor and a role model to the physician assistant.**
7. **The supervising physician must regard himself/herself as continually responsible, as well as accountable for the physician assistant activities, in all respects.**
8. **The signature of a physician assistant should always be accompanied the name of the supervising physician, on all documents.**

II. STANDARDS FOR PHYSICIAN ASSISTANTS

A. Qualifications

1. Education
   a. Bachelor's degree or above from an accredited college or university.
   b. Graduate of a PA program accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc.
2. Licensure/Certification
   a. Licensure as a Physician Assistant (PA) in the State of California.
   b. Initial Certification as a Physician Assistant (PA) by the National Commission on
   c. Certification of Physician Assistants (NCCPA).
   d. Certification in Basic Life Support (BLS) from the American Heart Association (AHA).
   e. An individual Drug Enforcement Agency (DEA) License issued by the United States DEA for Schedule II-V controlled substances.
   f. Additional board certification(s) may be required by certain services/departments.

B. Requirements

1. A Physician's Assistant shall have a Supervising Physician who:
   a. Has a current and unrestricted license from the State of California
   b. Is an Active member in good standing of the Washington Hospital Medical Staff and has been approved by the Medical Staff to supervise PAs At the discretion of the MEC, a provisional-active physician may supervise a PA.

III. SCOPE OF PRACTICE

See Allied Health Manual- Physician Assistant Core and Special Privileges

IV. THE PHYSICIAN ASSISTANT MAY NOT:

A. Obtain informed consent.2

B. Admit patient without direct communication with the supervising physician

C. Discharge patients without direct communication with the supervising physician.

D. Be supervised by a-physician who does not have a Delegation of Services agreement with the physician- assistant.

E. Treat patients in the Intensive Care Unit unless granted as a special privilege.

F. Treat patients in the Coronary Care Unit unless granted as a special privilege. 5

G. Perform any task or function that requires the peculiar skill, training or experience of a physician, dentist or dental hygienist

H. Administer, provide, or issue a drug order to a patient for Schedule II through Schedule V controlled substances without advance approval by a supervising physician and surgeon for that particular patient **unless protocols in compliance with CCR Title 16 are in place**.

REFERENCES:

1. **4 The physician assistant may visit patients in the Intensive Care Unit setting, obtain a history and perform a physical examination, review the record, and communicate with the Intensive Care Unit staff as is appropriate. However, actual treatment of a patient in the Intensive Care Unit setting is a special privilege.**
2. **The physician assistant may visit patients in the Coronary Care Unit setting, obtain a history and perform a physical examination, review the record, and communicate with the Coronary Care Unit staff asis appropriate. However, actual treatment of a patient in the Coronary Care Unit setting is a special privilege.**

V. TYPES OF PRIVILEGES FOR PHYSICIAN ASSISTANTS

There are two types of privileges for physician assistants (PA):

A. Core Privileges: A group of privileges that by the nature of the training and experience of all PAs are granted, regardless of the specialty of the supervising physician, when the PA join the Allied Health Staff at Washington Hospital.

B. Special Privileges: All privileges for PAs not identified under core privilege need to be specifically requested in writing by the supervising physician and the PA. The request will be submitted to the supervising physician's Department for review. The Department will make its recommendations to the Credentials Committee and the MEC. Successful completion of an approved course may be required before the privilege is granted. The Board of Directors will make the final determination.

C. In general, a supervising physician must himself or herself have the privilege to perform the procedure for which the special privilege is requested.

VI. LEVELS OF PHYSICIAN SUPERVISION FOR PHYSICIAN ASSISTANTS

There are three levels of physician supervision for PAs:

A. Personal supervision – Physician is present in the examining room, operating room, catheterization laboratory or in the procedure area while the service is being provided by the Physician Assistant.

B. Direct Supervision – Physician is on the premises personally available within 10 minutes.

C. General Supervision – Physician is available by electronic means at all times.

D. Under special circumstances a change in level of supervision for a particular procedure may be requested.

VII. CORE PRIVILEGES FOR PHYSICIAN ASSISTANTS

A. DEFINITION: PA core privileges are basic privileges granted to all qualified PAs. Physician Assistant shall perform under the supervision of a physician licensed in the State of California.

B. Level of Supervision - General

1. May only provide those medical services which he/she is competent to perform -and which are consistent with the physician assistant's education, training and experience and which are delegated in writing by the supervising physician who is responsible for the patients cared for by the physician assistant.
2. Perform histories and physicals which must be countersigned by the supervising physician within 24 hours before surgery or after admission;

3. Order appropriate lab and x-ray procedures;
4. Write or dictate progress notes which must be countersigned within 48 hours and discharge summaries which must be countersigned within seven days;
5. Transmit orders for referral to appropriate medical clinics and/or physician consultants which must be countersigned within 48 hours.
6. Perform peripheral venipuncture
7. Transmit orders orally or on a patient's charts as instructed by the supervising physician. These orders must be countersigned within 48 hours;
8. May prescribe or dispense medications and devices based on the supervising physician's practice-specific protocols as outlined in the delegation of service agreement and as approved by the department/section chair
9. May issue a drug order based on protocols for Schedule II controlled substances which shall address the diagnosis of illness, injury, or condition for which the Schedule II controlled substance is being administered, provided, or issued. The drugs listed in the protocols shall constitute the formulary and shall include only drugs that are appropriate for use in the type of practice engaged in by the supervising physician and surgeon. When issuing a drug order, the physician assistant is acting on behalf of and as an agent for a supervising physician and surgeon. (CA B&P Code 3502.1)
10. Clean wounds and apply dressing and bandages within the scope of practice of the supervising physician.
11. Monitor and record vital signs of patient's receiving regional or local anesthetic agent according to established protocols.

VIII. SPECIAL PRIVILEGES FOR PHYSICIAN ASSISTANTS

A. DEFINITION: Physician Assistant Special Privileges are all those privileges not included in the Core. Physician Assistant special privileges shall be performed under physician licensed in the State of California and a member in good standing of the Washington Hospital Medical Staff

B. **The level of supervision for Physician Assistant special privileges – will be specified for each special privilege.**

In many circumstances a supervising physician may wish that a PA perform specialty specific tasks not mentioned in the core. These include but are not limited to the following examples:

1. Cardiac Surgery
   a. Placement and removal of chest tubes
   b. Wound closure
   c. Harvesting of saphenous vein graft with preparation for bypass use
2. Thoracic Surgery
   a. Wound closure removal
   b. Removal, placement of chest tubes
3. Orthopedic Surgery:
   a. Cast applications
   b. Wound debridement

c. Wound closure

4. Vascular Surgery:
   a. Percutaneous placement of intra-arterial and intravenous devices, catheters, etc.
   b. Diagnostic arteriograms, angioplasty, etc.
   c. Wound debridement
   d. Wound closure

C. Cardiology: All Catheterization Laboratory procedures
   1. The request by the supervising physician for special privileges for the PA should be made in writing. The need for such privileges should be illustrated. The supervising physician should in general have, himself or herself, the same privilege, as well as the credentials to teach the technique. In some cases approval of an approved course or program may be required.
   2. A request should be submitted in writing to the Chairman of the Department for review and approval. The chair will forward the departments commendation through the credentials committee and the Medical Executive Committee. The final determination is to be made by the Board of Directors.

IX. CHANGE IN LEVEL OF SUPERVISION FOR SPECIAL PRIVILEGES FOR PHYSICIAN ASSISTANTS

A. In certain circumstances, a Physician Assistant may have become so proficient in performing a special privilege that they supervising physician may have the opinion that Direct Supervision is no longer necessary.

B. The supervising physician may than apply for a change in level of supervision to General. The application is to be made through the chair of the department in writing and should include:

1. The title of the special privilege
2. The number of procedures performed in the past and over what time.
3. The outcome and complications of such procedures
4. How the change would affect patient care

C. If approved, the Physician Assistant practitioner would then be proctored for four cases by any physician with like privileges other than the supervising physician. If the proctorship is satisfactorily completed, then the department chair may forward his recommendations to the Credentials Committee and the Medical Executive Committee and finally the Board of Directors.

X. PROFESSIONAL PRACTICE EVALUATION FOR PHYSICIAN ASSISTANTS

A. <u>INITIAL PROCTORING</u>

The supervising physician shall personally supervise the first 20 core privileges performed by the Physician Assistant. This supervision shall be distributed between at least *5* different patients. The level of supervision shall be <u>PERSONAL</u>, with special emphasis to be placed on the proper performance of histories and physicals, progress notes, and discharge summaries.

The supervising physician shall report each event as "satisfactory" or "unsatisfactory". An unsatisfactory report requires continued personal supervision of that privilege.

After 20 core privileges have been satisfactorily completed and approved by the supervising physician and chairman of the department the level of supervision for core privileges becomes GENERAL.

B. PROVISIONAL STATUS

The Physician Assistant membership in the Allied Health Staff shall be provisional for the first year. After completion of 12 months of provisional membership, a review of all activities performed by the Physician Assistant shall be done by the department chair/designee and the credentials committee. If satisfactory, the provisional status will be lifted.

C. RE-CREDENTIALING

Re-credentialing of the Physician Assistant will occur every 2 years as prescribed by the Washington Hospital Medical Staff Bylaws.

SECTION 3 - REGISTERED NURSE FIRST ASSISSTANT (RNFA)

I. STANDARDS FOR REGISTERED NURSE FIRST ASSISTANTS (RNFA)

A. Qualifications

1. Education:
   a. Bachelor of Science in Nursing - BSN from an accredited college or university
2. Licensure/Certification/Experience
   a. Current California RN license
3. Current certification as a "certified nurse operating room" (CNOR) by the National Certification Board, Perioperative Nursing.
4. Current Advanced Cardiac Life Support (ACLS) certification,
5. Completion of an RN First Assistant course at an institution approved by the appropriate regional accrediting body for higher education, in which the curriculum addressed all the content areas of the Core Curriculum for the RN First Assistant with confirmation of a degree or certificate.

B. Requirements

1. An RNFA may receive privileges to perform professional services at the Hospital under the personal supervision of a physician who is an active member of the Medical Staff at Washington Hospital. An RNFA may receive privileges to perform professional services at the Hospital under the personal supervision of a physician who is a provisional active member of the Medical Staff at Washington Hospital if that provisional member is given special privilege to supervise the RFNA.

C. Scope of Practice: See Allied Health Manual- RNFA Core & Special Privileges

D. The RNFA May Not:

1. Act as primary surgeon.
2. Function concurrently as a scrub nurse or a circulating nurse while acting as a First Assistant.
3. Perform consultations.
4. Obtain informed consent.
5. Perform daily rounds in lieu of the supervising physician
6. Admit patients
7. Discharge patients
8. Treat patients in the emergency room setting
9. Treat patients in the ICU-CCU setting
10. Perform any task or function that requires the peculiar skill, training or experience of a physician, dentist or dental hygienist Simply by statement, action or appearance that s/he is a physician or is a substitution for a physician.

II. CORE PRIVILEGES FOR REGISTERED NURSE FIRST ASSISTANTS

A. General Description

The Registered Nurse First Assistant (RNFA) at surgery assists the surgeon in performing a safe operation with optimal outcomes for the patient. The RNFA practices perioperative nursing and must have acquired the necessary specific knowledge, skills, and judgment. The RNFA practices under the personal supervision of the surgeon. RNFA's shall abide by the Bylaws, policies and procedures of the Medical Staff, the Operating Room Department policies and the policies and procedures of the appropriate Medical Staff Department and of the Hospital.

B. Privileges

1. Perform the following preoperative services:

   a. conduct patient interviews;
   b. perform patient assessments;
   c. perform patient teaching;

2. Perform the following intraoperative services:

   a. Assist with the positioning, prepping and draping of the patient or perform these independently, if so directed by the surgeon.
   b. Provide retraction by.
   c. Assist with dissection of tissue as directed by the surgeon.
   d. Perform basic suturing techniques.

   Provide hemostasis as directed by the surgeon. f. Provide closure of tissue layers as directed by the supervising surgeon.

   g. Assist with affixing and stabilizing drains, cleaning the wound, appiying dressing and applying casts.
   h. In the event the operating surgeon, during surgery, becomes incapacitated or needs to leave the OR due to an emergency, the responsibility of the RNFA is:
   i. Remaining at the field scrubbed in appropriate attire (gown, mask, gloves, cap), while a replacement surgeon is being located;
      1. maintaining hemostasis;
      2. keeping the surgical site moistened, as necessary, according to the type of surgery;
      3. maintaining the integrity of the sterile field.

3. The RNFA shall perform the following postoperative services:

   a. Remove dressings, sutures, skin staples, drains, and casts;
   b. Perform postoperative assessments;
   c. Perform postoperative teaching; and
   d. Conduct discharge planning.

SECTION 4 – PERFUSIONIST

I. STANDARDS FOR PERFUSIONIST

A. Qualifications

1. Education:
    a. Graduate from a perfusion training program that has been approved by the Committee on Allied Health Education and Accreditation of the American Medical Association; and ssuccessfully completed the examination of the American Board of Cardiovascular Perfusion
2. Licensure/Certification:
    a. A person is deemed to have satisfied the education and examination requirements if he or she is certified as a "certified clinical perfusionist" ("C.C.P.") by the American Board of Cardiovascular Perfusion.
    b. Neither the MBC nor any other governmental organization licenses or certifies percussionists

B. Requirements:

1. Perfusionist shall operate the extracorporeal equipment only under the personal supervision of the cardiovascular surgeon or anesthesiologist. In addition, the perfusioni will be responsible for:

    a. Input with regard to assessment, selection, assembly and management of cardiopulmonary bypass hardware and software and related technologies.
    b. Input with regard to assessment, selection, assembly and-management of auto transfusion hardware and software and related technologies.
    c. Input with regard to assessment, selection, and management of related laboratory analyzers and their software.
    d. Abiding by Article VIII on Allied Health Professionals as outlined in the Washington Hospital Medical Staff Bylaws.

C. Scope of Practice: See Allied Health Manual - Perfusionist Core & Special Privileges

D. Competencies

1. Annual competency reports will be completed by the Cardiovascular Operative Services Medical Director or designee in order to maintain privileges. Re-credentialing is required every two years

II. CORE PRIVILEGES FOR PERFUSIONISTS

A. Perfusionists perform services necessary for the support, treatment, measurement, and supplementation of the cardiovascular and circulatory systems. These services include the operation of extracorporeal circulation equipment, such as a heart-lung machine, for cardiopulmonary bypass (CPB). Perfusionists also perform services such as-counter-pulsation, autotransfusion, and organ preservation.

B. Perfusionists shall operate the extracorporeal equipment only under the personal supervision of the

cardiovascular surgeon or anesthesiologist.

C. Privileges to perform the following Perioperative Services:

Perfusionist may receive privileges to perform the following professional services at the Hospital upon the order and under the personal supervision of a cardiovascular surgeon or anesthesiologist:

1. Counterpulsation
2. Circuratory support ventricular assistance
3. Extracorporeal membrane oxygenation (ECMO)
4. Blood conservation techniques / autotransfusion
5. Myocardial preservation
6. Anticoagulation and hematologic monitoring
7. Physiological monitoring
8. Blood gas and blood chemistry- monitoring
9. Induction of hypothermia / hyperthermia with reversal as indicated.
10. Hemodilution
11. Hemofiltration
12. Administration of medications, blood components and anesthetic agents via the extracorporeal circuit
13. Isolated limb / organ perfusion
14. Access for dialysis during CPB
15. Documentation associated with described duties.
16. Assessment and interpretation of preoperative patient's physiologic status using patient history, laboratory data and catheterization report and by discussion with surgeon and anesthesiologist.
17. Assessment and interpretation of patient's physiologic status on CPB using but not limited to laboratory data, hemodynamics, fluid balance, oxygen transfer, and heat transfer.

SECTION 5 – CERTIFIED NURSE MIDWIFE

Medical Staff Bylaws

Article VIII

ALLIED HEALTH PROFESSIONALS

ALLIED HEALTH PROFESSIONAL (AHP): An individual [Nurse Practitioners, RN First Assistants, Midwives, Perfusionists and Physician Assistants), other than a licensed physician, dentist, oral surgeon or podiatrist, who is not eligible for Medical Staff membership, but who is permitted to provide-patient care services in the Hospital within the areas of his or her professional competence and the limits established by the Board of Trustees, the Medical Staff and applicable St-ate Practice Act. All AHPs will have a supervising Physician.

QUALIFICATIONS AND SCOPE OF PRACTICE- See the relevant AHP Standards in the Allied Health Manual.

APPOINTMENT AND RE-APPOINTMENT- See Article lV- Appointment and Re-appointment. The Medical Staff shall perform this function for AH.

PROCEDURAL RIGHTS OF ALLIED HEALTH PROFESSIONALS

1. AHP applicants and/or AHP holding clinical privileges that are subject to action/recommendation to deny, revoke, restrict or not renew any or all of such AHP's privileges shall be entitled to the rights set forth below:
2. The affected AHP shall be given written notice of the recommended action.
3. The affected AHP shall have ten (1 0) days within which to request a Medical
4. Executive Committee (MEC) review hearing of the action.
5. If a review is requested, the affected AHP shall be given written notice of the general reasons for the action, and the date, time and place that the MEC review hearing is scheduled. Such date shall afford the AHP at least 14 calendar days notice.
6. The affected AHP shall have ten [10) days to submit written information and argument in support of his/her position.
7. The affected AHP shall have a right to appear at the MEC hearing, to hear such evidence as it present in support of the Committee's recommended action, and to present evidence in support of the AHP's challenge to that recommendation. Neither party shall be represented by legal counsel in the hearing.
8. The MEC may then, at a time convenient to itself, deliberate outside the presence of the parties.
9. The MEC's decision following such a hearing shall be effective immediately, but shall be subject to appeal to the Board of Directors (or, at the discretion of the Board of Directors, to an Appeal Board appointed by the Board of Directors).

The affected AHP shall be promptly informed, in writing, of the MEC's decision, and of his or her right to appeal the decision.

The affected AHP shall have ten (1 0) days to request an appeal hearing. The request for appeal shall state, with specificity, the basis for the appeal.

The appeal hearing shall be conducted within 30 days. The parties to the appeal shall be the MEC [which shall be represented by a member of the Medical Staff, who may, but need not be, a member of the Medical Executive Committee) and the AHP.

Each party shall have the right to present a written statement in support of his, her or its position on appeal. The Board of Directors (or Appeal Board, if applicable) Chair may establish reasonable time-frames for the appealing party to submit written statement and for the responding part to respond. Each party has the right to personally appear and make oral argument. The Board of Directors (or Appeal Board, if applicable) may then, at a time convenience to itself, deliberate outside the presence of the parties.

The Board of Directors [or Appeal Board, if applicable) shall issue a final decision in writing.

B. Exception to Procedural Rights- Automatics Actions:

1. Notwithstanding anything in these Bylaws that may be to the contrary in certain circumstances an AHP will not be entitled to the rights specified in this Article. Such circumstances include, but are not necessarily limited to situations where, by operation of the specific facts or laws, the AHP may not practice lawfully at the Hospital because certain eligibility criteria are not fulfilled. Except as may otherwise be addressed in this subsection, such circumstances will be addressed on a case-by-case basis.
2. Supervising Practitioner Unavailability: When conditioned upon supervision by a Medical Staff member, an AHP's privilege to provide care to the Hospital is subject to immediate and automatic suspension at any time that it is determined that the Supervising Practitioner is unavailable to supervise the AHP for any reason. Under such circumstances, the AHP may attempt to find another Supervising Physician who may apply for privileges to supervise the AHP. Any AHP whose authority to practice at the Hospital has been suspended under this Section, may not resume practice unless and until a new Supervising Physician has been granted authority to supervise the AHP.

PREROGATIVES OF ALLIED HEALTH PROFESSIONALS

The prerogatives of an AHP are to:

1. Provide specifically designated patient care services upon specific request of his/her Supervising Physician who is a member of the Medical Staff who has been granted privileges to provide such care and that are- within the scope of the AHP's licensure and certifications.

2. Write orders to the extent specified in the Medical Staff Rules & Regulations or the position standards, but not beyond the scope on the AHP's license, certificate, Supervising Physician, or other legal credential.

3. Serve on staff, department, section and Hospital committees where his/her special training and knowledge is requested. Voting will be governed by Article 3.10.

4. Attend staff, Hospital department or section education programs and clinical meetings related to his/her discipline with approval of his/her supervisor.

s. Exercise such other prerogatives as the MEC may accord AHPs in general or to a specific category of AHPs.

OBLIGATIONS OF ALLIED HEALTH PROFESSIONALS

1. The ongoing responsibilities of each Allied Health Professional shall include:
2. Providing patients with the quality of care meeting the professional standards of the Medical Staff of this Hospital.
3. Abiding by the Medical Staff Bylaws, Policy & Procedures, Medical Staff Rules &
4. Regulations and relevant AHP Standards.
5. Discharging in a responsible and cooperative manner such reasonable responsibilities and assignments imposed upon the Allied Health Professional including, but not limited to, committee assignments, peer review.
6. Preparing and completing in timely fashion medical records for all the patients to whom the Allied Health Professional provides care in the Hospital.
7. Working cooperatively with members of the Medical Staff, nurses, Hospital administration and others so as to promote a Hospital environment appropriate to quality patient care.
8. Refusing to engage in improper inducements for patient referral and not knowingly be a party to the unnecessary treatment of the patient.
9. Participating in continuing education programs as determined by the Medical *Staff* and aiding in any Medical Staff approved educational programs for staff physicians and dentists, Allied Health professionals, nurses, and other personnel.
10. Discharging such other obligations as may be lawfully established from time to time by the Medical Staff or MEC.
11. Retaining appropriate responsibility within his/her area of professional competence for the care and supervision of each patient in the Hospital for whom he/she is providing services, or arranges and alerts the principal attending practitioner of the need to arrange a suitable alternative for such care and supervision.
12. Participating as appropriate in the quality assurance program activities, in supervising Allied Health appointe.es of his/her same professional area during the provisional period and in discharging such other staff functions as may be required from time to time.
13. Paying all staff dues and assessments promptly.
14. Maintaining professional liability insurance coverage as outlined in the Rules & Regulations Ill, B.
15. Participates in personal and professional development and the teaching.
16. Be available when needed.
17. Improves quality by offering suggestions, taking action to meet patient and physician needs, available for quality project teams, helps implement quality improvements, and assures that his *I* her own work achieves quality standards.
18. Interacts with team members in a courteous and professional manner offering assistance to others as appropriate.
19. Respects the confidential nature of all aspects of patient care.
20. Adheres to safety standards, policies, and procedures, and accepts responsibility for the continuous improvement of work place safety.

LIMITATION OF PREROGATIVES

The prerogatives set forth under each staff category and for the AHPs are general in nature and may be subject to limitation by special conditions attached to the AHP's association with the staff, by any section of the Medical Staff Bylaws and Rules & Regulations and the related manuals, and by other policies of the Hospital.

The prerogatives of dentist and podiatrist members of the staff and AHPs are limited to those for which they have demonstrated the requisite level of education, training, experience, and ability.

WASHINGTON HOSPITAL ALLIED HEALTH MANUAL
SIGNATURE PAGE

ADOPTED by the Medical Executive Committee on 02/17/2015

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Peter Lunny, M.D., Chief of Staff

APPROVED by the Board of Directors on 03/11/2015

_____
Bernard Stewart, DDS
Secretary, Board of Directors