

**QUEEN OF THE VALLEY MEDICAL CENTER  
ALLIED HEALTH PRACTITIONER RULES AND REGULATIONS**

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**QUEEN OF THE VALLEY MEDICAL CENTER  
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**PREAMBLE**

The Medical Staff of Queen of the Valley Medical Center has adopted these Allied Health Practitioner (AHP) Rules and Regulations for the governance of the AHP Staff that provide services at Queen of the Valley Medical Center (QVMC). Adherence to these rules and regulations is required by all members of the AHP Staff holding privileges or working under practice prerogatives.

**ARTICLE I  
NAME**

Queen of the Valley Medical Center Allied Health Practitioner Staff, also referred to as Allied Health Professional Staff.

**ARTICLE II  
GENERAL ORGANIZATION**

The AHP Staff shall include those practitioners who are not members of the medical staff but provide clinical services to hospital patients as described in this document. The AHP Staff shall be composed of Limited License Practitioners and Dependent Practitioners.

**ARTICLE III  
NATURE OF MEMBERSHIP**

The AHP may provide patient care services upon granting of clinical privileges (in the case of limited license practitioners) or practice prerogatives (dependent practitioners) by the Board of Trustees. Appointment to the AHP Staff shall permit the exercise of only those practice prerogatives and privileges that are granted in accordance with the Queen of the Valley Medical Center Medical Staff Bylaws and these Rules and Regulations. The Board of Trustees delegates to the Medical Staff the responsibility and authority to investigate and evaluate each application by an allied health practitioner for specified services, department affiliation and modification in the services such allied health practitioner may perform, and shall require that the Staff or designated component thereof make recommendation to it or to its designee thereon.

**ARTICLE IV  
APPOINTMENT AND REAPPOINTMENT**

**4.1 DURATION OF ALLIED PRACTITIONER STAFF APPOINTMENT**

All appointments and reappointments to the AHP Staff will be for a period of no more than two (2) years.

**4.2 MECHANISM FOR APPOINTMENT OR REAPPOINTMENT**

**4.2-1 APPLICATION**

Every AHP who seeks appointment or reappointment to the AHP Staff at Queen of the Valley Medical Center will make an application on the approved AHP application form.

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## **4.2-2 GENERAL PROVISIONS**

The process for granting AHP Staff appointment or reappointment and clinical privileges or practice prerogatives shall be the same as the credentialing process described in the Queen of the Valley Medical Center Medical Staff Bylaws with the exception that the chief nursing officer shall participate in the credentialing process for nursing staff and the chair of the Interdisciplinary Practice Committee of the Medical Staff shall participate in the credentialing process for any other AHPs.

## **4.2-3 TEMPORARY PRACTICE PREROGATIVES**

- A. Temporary practice prerogatives are allowed under two circumstances only: to address a patient care need and to permit patient care to be provided while a complete application is pending. These are prescribed in the same manner as outlined in the Medical Staff Bylaws and AHP Rules and Regulations Section, 4.2-2, above. AHP applicants requesting temporary privileges while complete applications are pending are evaluated on a case-by-case basis and usually are ineligible for temporary privileges in the following situations:
  - 1. There is a current challenge or a previously successful challenge to licensure or registration;
  - 2. The applicant has received an involuntary termination of medical staff/AHP staff membership at another organization;
  - 3. The applicant has received an involuntary limitation, reduction, denial or loss of clinical privileges/practice prerogatives at another healthcare organization;
  - 4. The Department Chair, on behalf of the medical center, determines that there has been either an unusual pattern of, or an excessive number of, professional liability actions resulting in a final judgment against the applicant; or
  - 5. There are other facts or circumstances that, in the estimation of the Department Chair, call into question the appropriateness of temporary privileges.
- B. If granted temporary privileges or practice prerogatives, the applicant shall act under the supervision of the supervising physician (when applicable) and shall ensure that the supervising physician is kept closely informed as to the applicant's activities within the medical center.
- C. All persons requesting or receiving temporary privileges or practice prerogatives shall be bound by the Bylaws and Rules and Regulations of the Medical Staff as well as these AHP Rules and Regulations.

## **4.2-4 CREDENTIAL FILE**

- A. The credential file will contain credentialing information and delineated privileges for limited license practitioners and practice prerogatives for dependent practitioners. The credential file shall be maintained by Medical Staff Services.
- B. If the AHP is an employee of Queen of the Valley Medical Center, the Human Resources Department will maintain an employee file. The hospital's personnel file will contain information required by the facility for employees.

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**4.2-5 CLINICAL PRIVILEGES OR PRACTICE PREROGATIVES**

- A. The activities that the Limited License Practitioner will perform are defined as “clinical privileges”.
- B. The activities that the Dependent Practitioner will perform are defined as “practice prerogatives”.
- C. The clinical privileges and/or practice prerogatives which may be granted to specific AHP Staff members shall be defined in these Rules and Regulations. Such prerogatives may include:
  - 1. The provision of specific patient care services either independently or under the supervision or direction of a physician or other practitioner member of the Medical Staff consistent with the (AHP) staff member's licensure or certification and delineated clinical privileges or practice prerogatives;
  - 2. Participation, by request, on Medical Staff and/or administrative committees or teams;
  - 3. Attendance by request at Medical Staff and/or administrative meetings.
- D. Dependent practitioners may only provide clinical services to a patient under the supervision of a Medical Staff member holding appropriate clinical privileges relevant to the service to be provided.
- E. Supervising physician responsibilities extend to the locum tenens physician covering the supervising physician's practice. In the event that the locum tenens physician declines to supervise any AHP, the locum physician cannot utilize said AHP as within the contents of this document.

**4.2-6 PROCTORING**

In the absence of other defined proctoring requirements, the AHP will be subject to a period of proctoring for a minimum of three (3) months. During the period of proctoring, the AHP will be required to be proctored on a minimum of three (3) distinct core practice prerogatives (proctoring requirements for advanced practice prerogatives are listed on each specific practice prerogative form) and the supervising physician must:

- A. Submit a written evaluation and recommendation to the Department Chair, via Medical Staff Services, for procedures the AHP is qualified to perform without proctoring.

**4.2-7 LEAVE OF ABSENCE**

**A. LEAVE STATUS**

- 1. Routine Leave of Absence

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An AHP who intends to be absent from practice at the medical center for a period of six (6) months or longer shall request a voluntary leave of absence by submitting written notice to the Department Chair and the Interdisciplinary Practice Committee Chair stating the approximate period of time of the leave which may not exceed two (2) years. A practitioner who requests a leave of less than two years may request that the leave be extended to a total of two years. The AHP who is a Medical Center employee will follow the more prescriptive requirements of this document or applicable current QVMC Human Resources policy.

## 2. Medical Leave of Absence

The Chief of Staff, in consultation with the appropriate Department Chair, may approve a medical leave of absence to accommodate an AHP's treatment for, or recovery from, a mental or physical condition affecting the practitioner's fitness to practice safely. A medical leave of absence may not exceed two (2) years.

## B. TERMINATION OF LEAVE

As early as possible prior to the proposed termination of a leave of absence, the AHP must request reinstatement, in writing, through the Medical Staff Services Department. The Department Chair and the Interdisciplinary Practice Committee Chair shall each have the prerogative to request from the member an accounting of his/her activities during the leave. The member may be required to produce documentation or demonstration of fitness to return to practice, with specific reference to his/her clinical privileges or practice prerogatives. If during the leave of absence the AHP's appointment will expire, they will be required to complete a reappointment application prior to expiration of the appointment period. In all instances, the Department Chair shall make a determination of current clinical competence. This determination shall be forwarded to the Interdisciplinary Practice Committee Chair. The Medical Staff Executive Committee shall receive the Interdisciplinary Practice Committee Chair's report and make a recommendation to the governing body concerning the reinstatement of the member's privileges or practice prerogatives.

Failure, without good cause, to request an extension of the leave of absence or reinstatement or to provide a requested summary of activities or documentation or demonstration of fitness or to complete a reappointment application as above provided shall be deemed a voluntary resignation and result in automatic termination of AHP status and privileges or practice prerogatives. A practitioner whose membership is so terminated shall be entitled to the procedural rights provided in Article V of these AHP Rules and Regulations for the sole purpose of determining whether good cause existed for the failure to request an extension or reinstatement or to provide the requested information. A request for AHP status subsequently received from an AHP who has been terminated pursuant to this paragraph shall be submitted and processed as an application for initial appointment.

## 4.2-8 RESIGNATION

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Resignation should be made in writing but may be made verbally and shall be effective upon receipt of notice by any Medical Staff Officer, Department Chair, or the Medical Staff Services Department. The Medical Staff Officer, Department Chair, or Medical Staff Services Department shall document verbal resignations.

**ARTICLE V  
HEARING AND APPEAL RIGHTS**

Nothing in the Medical Staff Bylaws or these Rules and Regulations shall be interpreted to entitle limited license or dependent AHP Staff members to the fair hearing rights as described in Articles VI and VII of the Medical Staff Bylaws. An AHP Staff member shall, however, have the right to challenge any action that would, a) constitute grounds for a hearing under Section 7.2 of the Medical Staff Bylaws; or b) may otherwise adversely affect the AHP's ability to provide patient care services. Under such circumstances, the affected AHP may file a written grievance to the Medical Staff Executive Committee. The Medical Staff Executive Committee shall, through a mechanism determined by the Medical Staff Executive Committee, conduct a review of the issues and afford the AHP Staff member an opportunity for an interview concerning the grievance. The interview shall not be considered a hearing as established in Article VII of the Medical Staff Bylaws and need not be conducted according to the procedural rules applicable to hearings.

Before the interview, the AHP Staff member shall be informed of the general nature of the circumstances giving rise to the action and the AHP Staff member may present relevant information at the interview. A record of the interview shall be made and the Medical Staff Executive Committee shall determine a decision on the action. This decision shall be forwarded to the Board of Trustees. If, following review of the grievance, the Medical Staff Executive Committee recommends withdrawing action against the AHP Staff member, then the Board of Trustees shall affirm the decision if it is supported by substantive evidence. If the Medical Staff Executive Committee recommends upholding the action against the AHP Staff member, then the AHP Staff member shall be so notified and may appeal the decision to the Board of Trustees prior to the Board of Trustees rendering a final decision. This appeal process shall follow a format as may be developed by the Board of Trustees.

**ARTICLE VI  
AUTOMATIC SUSPENSION OF PRACTICE RIGHTS**

**6.1 SUPERVISING PHYSICIAN**

If the supervising practitioner's membership or privileges are suspended or terminated, whether voluntarily or involuntarily, then the AHP who serves under the supervising physician will also lose the ability to perform clinical services, unless the AHP is supervised by additional appropriately privileged practitioners.

**6.2 LOSS OF LICENSURE OR CERTIFICATION**

The AHP Staff member's ability to provide clinical services shall automatically be suspended if the AHP Staff member's licensure or certification(s) is/are suspended, revoked or expired.

**6.3 FAILURE TO BE ADEQUATELY INSURED**

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If at any time an AHP's professional liability insurance coverage lapses, falls below the required minimum, is terminated or otherwise ceases to be in effect (in whole or in part), the AHP's clinical privileges or practice prerogatives shall be suspended automatically as of that date until acceptable documentation of adequate professional liability insurance coverage is received.

### **6.4 ACTION BY GOVERNMENT FUNDED HEALTH PROGRAM**

Whenever an AHP is excluded from any federal health care program, the AHP's clinical privileges or practice prerogatives shall be automatically suspended as of the effective date of such exclusion. Unless the Board of Trustees determines, upon recommendation of the Medical Staff Executive Committee, that the Member may still effectively practice at the medical center under such exclusion without creating unacceptable risk of penalty to the medical center or other Medical Staff members, unacceptable risk of disruption to medical center operations, or unacceptable publicity, the AHP member's clinical privileges/practice prerogatives and staff membership shall be terminated.

### **6.5 FAILURE TO RESPOND OR APPEAR**

AHPs are expected to cooperate with Medical Staff committees and representatives in the discharge of their official functions. This includes responding promptly and appropriately to correspondence, providing requested information, and appearing at appropriately announced meetings regarding quality of care issues, utilization management issues, medical staff administrative issues, and other issues that may arise in the conduct of medical staff affairs. It also includes submitting to mental or physical examinations, as requested by the Chief of Staff or the Medical Staff Executive Committee, for the purpose of resolving issues of fitness to perform mental or physical functions associated with the practitioner's privileges or practice prerogatives or any related issues of reasonable accommodation. Failure to comply shall constitute grounds for the Chief of Staff or Medical Staff Executive Committee to suspend the AHP member's clinical privileges or practice prerogatives or take other appropriate action until a response is provided which is satisfactory to the requesting party. Any such administrative suspension or action shall remain in effect until the AHP has satisfied the special attendance requirement and is expressly notified that it is rescinded.

### **6.6 CRIMINAL ACTIVITY**

Conviction of any felony or of any misdemeanor involving violations of law pertaining to controlled substances, illegal drugs, Medicare, Medicaid, or insurance fraud or abuse, or a plea of guilty or nolo contendere to charges pertaining to the same shall result in automatic relinquishment of AHP membership and privileges/practice prerogatives.

### **6.7 FAILURE TO PAY FEES/ASSESSMENTS**

Failure without good cause as determined by the Medical Staff Executive Committee, to pay fees or assessments shall be grounds for automatic suspension of practice prerogatives or privileges.

### **6.8 MEMBER OBLIGATIONS**

An AHP member shall immediately provide written notice to the Medical Staff Services Department of any of the above described actions or events. The member shall also promptly provide the Medical Staff Services Department with a written explanation of the basis for such actions, including copies of relevant documents. The limitations described above shall take effect automatically and will become effective by noon on the last working day prior to the applicable expiration date. Automatic suspensions will be lifted on the morning of the next working day that documentation/evidence of renewal has been received and verified. The Medical Staff Executive Committee may request the

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member to provide additional information concerning the above described actions or events, and a failure of the member to provide such information may extend the special actions listed above, even though the underlying limitation may have been removed. Any suspension lasting more than ninety (90) days will result in automatic termination of AHP staff membership and clinical privileges/practice prerogatives.

### **ARTICLE VII RESPONSIBILITIES**

AHP Staff members' responsibilities are as follows:

- A. Maintain all applicable licensure or certification requirements;
- B. Comply with any applicable requirements of this document, the Medical Staff Bylaws/Rules and Regulations, and medical staff and medical center policies;
- C. Be responsible to provide appropriate, continuous care to each patient for whom they are providing services, as defined by the AHP's scope of practice;
- D. Participate in quality assessment and performance improvement activities as requested by the Interdisciplinary Practice Committee, a Medical Staff Department, or any committee of the Medical Staff or the Board of Trustees. Failure of an AHP to participate in quality assessment or performance improvement activities when requested by the Medical Staff Executive Committee shall result in responsive action including the possible revocation or suspension of all privileges or practice prerogatives.
- E. Provide only those services, which are contained and approved in the practitioner's clinical privileges or practice prerogatives.
- F. Not admit patients or assume primary patient care responsibilities unless authorized by privileges or practice prerogatives
- G. Provide clinical services to a patient pursuant to the order of a Medical Staff member where applicable.
- H. Complete all proctoring requirements as may be established by the Medical Staff Executive Committee, and as outlined in Section 4.2-6 of this document.
- I. Maintain certification (Basic Life Support, Advanced Cardiac Life Support, Neonatal Resuscitation Program, etc.) as required by these AHP Rules and Regulations or other organization/medical staff policies and procedures.
- J. Maintain continuing education as required by licensure and/or certification and Queen of the Valley Medical Center Medical Staff policies.
- K. Complete all medical records in accordance with requirements established by organizational policies.



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- L. Participate as appropriate in performance improvement and peer review activities as requested by the applicable quality review committee or other medical staff or administrative committees.
- M. Meet any additional requirements as may be described in these AHP Rules and Regulations or as described in their respective approved clinical privileges or practice prerogatives.
- N. Demonstrate a willingness and capability, based on current behavior and evidence of performance, to work with and relate to other staff members, members of other health disciplines, administration and employees, visitors and the community in general in a cooperative, professional, non-disruptive manner that is essential for maintaining a health care environment appropriate to quality and efficient patient care and comply with requirements outlined in the medical staff's Code of Conduct.
- O. Abide by the requirements as set forth in the Health Insurance Portability and Accountability Act (HIPAA).
- P. Abide by the Ethical and Religious Directives for Catholic Health Care Services.
- Q. Notify the Chief of Staff within ten (10) days, in writing through the Medical Staff Services Department, of
  - (1) a lapse, reduction in the limits or scope of coverage, or cancellation of professional liability insurance;
  - (2) any investigation initiated, and/or accusation filed, and/or disciplinary action taken, by the licensing or certifying body of any state that regulates the AHP;
  - (3) the initiation of formal proceedings by a licensing or certifying authority or the Drug Enforcement Agency (DEA), including the filing of an Accusation or Complaint, to suspend, revoke or place on probation a license, certification or a DEA certificate;
  - (4) an action or recommendation by the Medical Staff Executive Committee or the governing body of another healthcare facility to suspend, limit, restrict, reduce, revoke or deny clinical privileges or practice prerogatives at that healthcare facility for reasons related to professional competence or conduct;
  - (5) the development of any mental or physical condition or other situation that could significantly compromise the AHP's ability to perform the functions associated with the AHP's clinical privileges or practice prerogatives in a safe and effective manner;
  - (6) any disciplinary action, whether initiated or taken, that affects or could affect the AHP's ability to participate in the Medicare or Medicaid (Medi-Cal) programs;
  - (7) any exclusion from participation in any state or federal healthcare program, including, but not limited to, Medi-Cal or Medicare; or
  - (8) any formal allegations of fraud or abuse or illegal activity relating to the AHP's professional practice or conduct made by any state or federal government agency foreign or domestic.

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## ARTICLE VIII LIMITED LICENSE PRACTITIONERS

### 8.1 DEFINITION

Limited License Practitioners include those non-medical staff practitioners who are licensed by the State of California to practice independently and to whom the Board of Trustees has authorized the provision of patient care services without direct clinical supervision immediately available. The Limited License Practitioner will practice within the scope of the practitioner's individually delineated clinical privileges and meet the standards for practice established by the Medical Staff Executive Committee. Certified Registered Nurse Anesthetists will have administrative supervision by the Anesthesia Medical Director.

### 8.2 CATEGORIES

The categories of Limited License Practitioners that have been granted the authority to practice at Queen of the Valley Medical Center are:

- A. Obstetrical Certified Registered Nurse Anesthetists
- B. Surgical Certified Registered Nurse Anesthetists

Any AHP category may be removed due to lack of membership for the duration of a two (2) year period or by action of the Interdisciplinary Practice Committee which is supported by the Medical Staff Executive Committee and Board of Trustees. Refer to Article IX, Section 9.2-1 for consideration of additional AHP categories.

### 8.3 CERTIFIED REGISTERED NURSE ANESTHETIST

#### 8.3-1 DEFINITION

A Certified Registered Nurse Anesthetist (CRNA) is a registered nurse who has been trained and who by virtue of the Nursing Practice Act is authorized to provide anesthesia services ordered by a physician. The CRNA, as provided by law in California, is permitted to work directly with a physician without being supervised. The CRNA, is dedicated to the practice of obstetrical anesthesia and analgesia exclusively. This practice is identified as providing anesthetic care to parturients for labor, delivery and all Cesarean sections. It is understood that the CRNA has additional resources for assistance and consultation upon which to draw, including an emergency physician (in-house twenty-four (24) hours per day), the on-call anesthesiologist (available upon request), and the appropriately privileged obstetrical or family medicine physician, and anesthesia medical director. The CRNA is contracted with the Anesthesia Medical Group to provide Anesthetic Services. The Anesthesia Medical Group is responsible for the hiring, termination, payment, and medical billing of the CRNA.

#### 8.3-2 SCOPE OF SERVICE

- A. The CRNA shall provide anesthesia services, including neuraxial anesthesia/analgesia (spinal, epidural) and general anesthesia, monitored anesthesia care. For patients with high risk levels, the CRNA and/or obstetrical or family medicine physician may consult with an anesthesiologist on staff at Queen of the Valley Medical Center.

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The CRNA will not take Trauma, Neuro, or Cardiac call for the Hospital or for the Anesthesia Medical Group. The CRNA will practice during regular OR hours and will have an Anesthesiologist available to them for consultation or back-up. Case and/or room assignment will remain under the complete discretion of the OR

- B. The CRNA shall perform a pre-anesthesia evaluation of the patient's condition just prior to providing anesthesia/analgesia services.
- C. The CRNA is responsible for selecting and administering the anesthetic/analgesic agent and monitoring the patient's response.
- D. The CRNA may write orders to registered nurses to provide preoperative and post-operative care related to the anesthesia experience and as outlined in individually approved clinical privileges.
- E. The CRNA evaluates the patient's response to surgery and anesthesia to determine when the patient may be discharged from the Recovery Room to a nursing unit.
- F. Every patient being treated by a CRNA at the medical center shall at all times be under the general care of an appropriately privileged physician on the Medical Staff, who shall have responsibility for the patient's overall medical condition.

### **8.3-3 QUALIFICATIONS**

- A. Licensure and Certification
  - 1. A current license as a registered nurse by the California Board of Registered Nursing
  - 2. Certification by the American Association of Nurse Anesthetists Council on Certification of Nurse Anesthetists
  - 3. Continued eligibility for privileges including recertification every two (2) years by the Council on Recertification of Nurse Anesthetists
  - 4. Certification for neonatal resuscitation privileges as prescribed by the Department of Obstetrics/Newborn Care/Pediatrics if obstetrical anesthesia practice prerogatives are requested
  - 5. Current certificates in Advanced Cardiac Life Support and Basic Life Support
- B. Training and Experience
  - 1. Bachelor of Science in Nursing or other appropriate baccalaureate degree.
  - 2. Graduation from a Council on Accreditation of Nurse Anesthesia Educational Program (CANAEP)–accredited school of nurse anesthesia educational program ranging from 24-36 months, depending upon university requirements. These programs offer a graduate degree and include clinical training in university-based or large community hospitals.

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3. At least one (1) year experience in an acute care nursing setting practicing anesthesia and analgesia.
4. Recent training and or clinical experience is required for all applicants for appointment or reappointment. Recent clinical experience is defined as having performed at least two hundred (200) inpatient care activities within the past two (2) year period (for initial appointment).
5. If applying for Obstetrical CRNA practice prerogatives, documentation of anesthesia cases for at least the previous twelve (12) month period is required. Applicants for reappointment will document one hundred (100) anesthesia cases (to include documented anesthesia activity) within the past two (2) year period.

**8.3-4 OTHER REQUIREMENTS**

1. Evidence of current professional liability insurance coverage with limits as defined by the organized medical staff and ratified by the Board of Trustees.
2. References from both a board certified physician and a CRNA.
3. Log of anesthesia cases for at least the previous twelve (12) month period.
4. All peer review and quality assessment related to the CRNA's practice will be conducted through established Medical Staff processes.

**8.3-5 GENERAL POLICIES**

- A. The period of proctorship for the CRNA is defined - in Section 4.2-6. Proctoring may be performed by anesthesiologists and/or appropriately credentialed primary CRNA contractor with current full clinical privileges at this facility. Reciprocal proctoring may also be incorporated into the monitoring and evaluation process. Types of cases shall include neuraxial anesthesia/analgesia as well as general anesthesia and monitored anesthesia care.
- B. Ongoing Evaluation/Skill Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation policy.

**ARTICLE IX  
DEPENDENT PRACTITIONERS**

**9.1 DEFINITION**

Dependent Practitioners are licensed in the State of California and/or are certified healthcare practitioners who the Medical Staff and Board of Trustees define as dependent practitioners. Dependent practitioners may only provide patient care services as defined in the AHP specific practice prerogatives.

**9.2 CATEGORIES**

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The following categories of dependent practitioners authorized to provide patient care at Queen of the Valley Medical Center are:

- A. Acute Care Nurse Practitioner
  - Cardiology
  - Cardiothoracic Surgery
  - General/Vascular Surgery
  - Neuroscience/Spinal Surgery
  - Wound Care
  - Pulmonary and Critical Care
  - Hospitalist/Internal Medicine
- B. Clinical Perfusionist
- C. Intra-operative Dental Assistant
- D. Occupational Health Nurse Practitioner, Outpatient Work Health
- E. Nurse Practitioner, Employee Health
- F. Physician Assistant
  - Orthopaedic
  - Surgical Assist
  - Emergency Medicine
- H. Registered Nurse First Assistant
- I. Sexual Assault Nurse Examiner
- J. Intraoperative Neurophysiologist
- K. Nurse Practitioner for Oncology Service
- L. Nurse Practitioner Emergency and Urgent Care Medicine

Any AHP category may be removed due to lack of membership for reappointment two (2) year period or by action of the Interdisciplinary Practice Committee which is supported by the Medical Staff Executive Committee and Board of Trustees.

### **9.2-1 CONSIDERATION OF AHP CATEGORIES**

It is the policy of the medical center to give complete and fair consideration to the question of whether a given category of AHPs should be permitted to practice in AHP status. The question will be addressed with respect to a particular category if the medical center receives a serious expression of interest from one or more medical staff members.

The decision whether to accept or reject an AHP category will rest exclusively with the Board of Trustees. To assist the Board of Trustees in making its decision, the medical center adopts the procedures in this policy. The procedures are designed to provide the Board of Trustees with complete information about the relevant issues and to afford all interested persons an opportunity to make their views known.

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## A. PROCEDURE

1. Requests will be submitted to the Interdisciplinary Practice Committee (IDPC).
2. The requestor will be responsible to serve as champion, must clearly define goals, outline potential improvement to quality of care, and serve as lead in all administrative functions including but not limited to development of scope of practice, clinical privileges/practice prerogatives, and standardized procedures/protocols (as needed).
3. The IDPC will consider the submission including soliciting the views of those most directly involved and those able to assist it with its inquiry. This may include but is not limited to any medical staff members who might provide supervision, practitioners from related areas, other hospital or medical staff personnel, and representatives or documentation from licensing or certification agencies.
4. On the basis of its review, the IDPC, reporting through the Medical Staff Executive Committee, will make a recommendation to the Board of Trustees.
5. The Board of Trustees will review the recommendation and will decide whether to hold an open forum before reaching a decision.
6. If an open forum is requested by the Board of Trustees, it will be designated to permit the Board of Trustees to receive comments directly from interested persons, both inside and outside the medical center. Comments will be in writing, unless the Board of Trustees decides to hold an oral proceeding.
7. If the Board of Trustees decides to hold an oral proceeding, it will determine the nature and format of the proceeding.
8. When it is satisfied that it has received sufficient information, the Board of Trustees will make its final decision on the matter.

## 9.3 RESPONSIBILITIES/ PREROGATIVES

The dependent practitioner shall be expected to satisfy the following responsibilities and duties:

- A. All patient care delivered will be in accordance with established policy and procedures and individually approved practice prerogatives or protocols.
- B. Document orders and make entries in the medical record as permitted by both licensure and approved practice prerogatives. Documentation in the medical record, as allowed by approved practice prerogatives, must be authenticated by a supervising member of the Medical Staff. There must be documented evidence in the medical record either by the supervising physician or dependent practitioner that there is ongoing oversight by the supervising physician of the care rendered by the dependent practitioner.
- C. Provide clinical services only under supervision, through delegation, and/or through the use of protocols and/or standardized procedures

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- D. Provide a written supervising physician agreement that is signed and dated by the supervising physician(s).

**9.4 CONSULTATION AND REFERRAL**

The Dependent Practitioner will seek consultation from their supervising physician in a timely manner for the following situations:

- A. All conditions which have failed to respond to the current treatment.
- B. All conditions in which the diagnosis is unclear or life threatening.
- C. Any significant unexplained findings in the clinical history or physical examination.
- D. All emergency situations after initial stabilizing care.
- E. In situations where the patient expresses a desire to see a physician.

**9.5 PATIENT CARE CLINICAL SERVICES**

The dependent practitioner may provide patient care clinical services through one or more of the following mechanism(s):

- A. Medical Staff approved standardized procedures or diagnosis specific protocols:
  - 1. Upon assessment and evaluation of the patient, the AHP determines that the patient condition may be managed through an approved standardized procedure or protocol.
  - 2. Medical record documentation shall reflect the assessment, conclusions, and protocol defined treatment plan that has been initiated.
- B. Delegation of the Patient Health Care Services:
  - 1. Transmit orders or deliver care as allowed per scope and/or approved practice prerogatives upon order from the supervising physician.
  - 2. The cognitive and procedural clinical services defined in the AHP's approved practice prerogatives, scope of practice, and standardized procedures or protocols.
  - 3. Medical record documentation shall describe the delegated service that has been provided.

**9.6 ACUTE CARE NURSE PRACTITIONER**

**9.6-1 DEFINITION**

- A. ACUTE CARE NURSE PRACTITIONER

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The Acute Care Nurse Practitioner (ACNP) is a registered nurse who by virtue of knowledge and skill gained through an organized program of study and clinical experience recognized by the American Nurses Association (ANA) has extended the limits of his/her practice to the management of acutely or chronically ill patients in the acute care / hospital setting. The ACNP possesses a license and certificate issued by the California Board of Registered Nursing which specifically designates that the ACNP is a registered nurse qualified to use the title "nurse practitioner."

### **B. SUPERVISING PHYSICIAN**

The supervising physician shall be a current member in good standing of the medical staff in the department of medicine and/or surgery that holds full unrestricted privileges appropriate for supervision of the AHP's scope, approved practice prerogatives, and standardized procedures (as applicable). The supervising physician shall be a physician in the medical staff department in which the ACNP is assigned who has clinical responsibility of the patient at a given time. A supervising physician shall maintain clinical and overall responsibility for the patient's medical care for all patients assigned to the ACNP at all times throughout a patient's stay. In particular, the supervising physician shall be immediately available by telephone and readily available to assume care at all stages of a patient's care in case of medical urgency or emergency. In circumstances where there are multiple supervising physicians for the care of one patient, it is the responsibility of those physicians to communicate patient assignments to the ACNP.

### **C. ACUTE CARE NURSE PRACTITIONER MANAGEMENT**

The ACNP may provide care to acute or chronically ill patients and may maintain the continuum of care with routine disease management in the perioperative and/or peri-procedural acute care patient population, as defined in the individually approved practice prerogatives.

The ACNP may manage certain minor complications with physician consultation. When deviations from normal occur that may be transient in nature and do not automatically place the patient in a high-risk category, the ACNP will contact the physician. The agreed-upon plan of care is then documented in the chart. The ACNP continues with management of the patient's care.

### **D. COLLABORATIVE MANAGEMENT (CO-MANAGEMENT, CONSULTATION)**

Collaborative management is the process whereby the ACNP and physician jointly manage the care of a patient who is or has become medically or surgically complicated, as outlined in the ACNP practice prerogatives. The scope of collaborations will encompass the physical care of the patient, according to a mutually agreed upon plan of care. This plan will be documented in the patient's chart.

### **E. MEDICAL MANAGEMENT (TRANSFER OF CARE)**

When a patient develops complications or conditions requiring complete physician management, the ACNP will transfer care to the physician (see Practice Prerogatives). Such transfer of management will be noted in the patient's chart. The ACNP may continue to participate in the patient's care on a level that is appropriate to his/her scope of practice, and resume management of the patient's care once the



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critical period has passed as determined by the supervising physician.

### 9.6-2 SCOPE OF SERVICE

- A. Provide direct care and health education to the acute or chronically ill patient at QVMC.
- B. Perform history and physical examinations on admitted patients of a designated supervising physician.
- C. Obtain physician assistance and consultation when indicated.
- D. Other practices and procedures may be included as the ACNP, supervising physician and the Interdisciplinary Practices Committee of Queen of the Valley Medical Center deem appropriate by using Standardized Nursing Procedures as specified in California Business and Professions Code Section 2725 of the California Nurse Practice Act.
- E. The California Medical Practice Act set forth in California Business and Professions Code § 2000 *et seq*, authorizes physicians to diagnose mental and physical conditions, to use drugs in or upon human beings, to sever or penetrate the tissue of human beings and to use other methods in the treatment of disease, injuries, deformities or other physical or mental conditions. Performance of any of these functions by an ACNP requires a standardized procedure which shall include all of the following:
  - 1. a written description of the method used in developing and approving the standardized procedure and any revisions thereof.
  - 2. Each standardized procedure shall:
    - a. Be in writing, dated and signed by the QVMC personnel authorized to approve it.
    - b. Specify which standardized procedure functions ACNPs may perform and under what circumstances.
    - c. State any specific requirements which are to be followed by ACNPs in performing particular standardized procedure functions.
    - d. Specify any experience, training, and or education requirements for performance of standardized procedure functions.
    - e. Establish a method for initial and continuing evaluation of the competence of those ACNPs authorized to perform the standardized procedure functions.
    - f. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

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- g. Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by the supervising physician.
  - h. Set forth any specialized circumstances under which the ACNP is to immediately communicate with the patient's physician concerning the patient's condition.
  - i. State the limitations on settings, if any, in which standardized procedure functions may be performed.
  - j. Specify patient record keeping requirements.
  - k. Provide for a method of periodic review of the standardized procedure.
  - l. A copy of the standardized procedure shall be immediately available in all patient care areas in which the ACNP may provide patient care services for purposes of immediate verification of the ACNPs authority to perform standardized procedure functions.
3. Standardized Procedures which reference textbooks and other written resources in order to meet the requirements of 16 CCR 1474 93), must include book (specify edition) or article title, page numbers and sections. Additionally, the standards for care established by the sources must be reviewed and authorized by the ACNP, supervising physician and the Medical Staff Executive Committee (or its designee). A formulary may be developed and attached to the standardized procedure. Regardless of format used, whether a process protocol or disease-specific, the standardized procedure must include all of the elements outlined above in a – l of this subsection.
- F. The ACNP shall not perform any procedure or treatment prohibited under the California Nurse Practice Act or Medical Practice Act unless such procedure or treatment is performed pursuant to a standardized nursing procedure which conforms to the requirements set forth above and which satisfies competency requirements set forth in hospital rules and regulations and policies, and State and Federal laws and regulations.

### 9.6-3 CATEGORIES

The following categories of Nurse Practitioners have been granted authority by the medical center's Board of Trustees to provide patient care services at Queen of the Valley Medical Center:

- A. Acute Care – Cardiology
- B. Acute Care – Cardiothoracic Surgery
- C. Acute Care – General/Vascular Surgery
- D. Acute Care – Neuroscience/Spinal Surgery
- E. Acute Care – Wound Service

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- F. Acute Care – Pulmonary and Critical Care
- G. Acute Care – Hospitalist/Internal Medicine

**9.6-4 QUALIFICATIONS**

**A. LICENSURE AND CERTIFICATION**

1. Current licensure as a Registered Nurse by the California Board of Registered Nursing.
2. Current licensure as a Nurse Practitioner by the California Board of Registered Nursing.
3. Certification by the American Nurse Credentialing Center (ANCC) or the American Association of Critical Care Nurses (AACN) as an Acute Care Nurse Practitioner
4. Current Basic Life Support (BLS) Certification
5. Current Advanced Cardiac Life Support (ACLS) Certification
6. Current California Nurse Practitioner Furnishing Number (Note: The new graduate ACNP upon application for privileges has one year to obtain the furnishing number.)
7. Current DEA Registration Number issued by the U.S. Drug Enforcement Agency (Note: The new graduate ACNP upon application for privileges has one year to obtain the registration number.)

**B. TRAINING AND EXPERIENCE**

1. Successful completion of a nurse practitioner program as approved by the Board of Registered Nursing
2. Recent training and/or clinical experience is required for all applicants for appointment and reappointment. Recent clinical experience is defined as having performed at least fifty (50) inpatient care activities relevant to practice prerogatives requested within the last two (2) years.
3. Evidence of thirty (30) hours of continuing education in areas that fall within the scope of practice for nurse practitioners within the past two (2) years.

**9.6-5 OTHER REQUIREMENTS**

- A. Designated Supervising Physician(s)
- B. Written Supervising Physician Agreement
- C. Demonstration of appropriate academic training or previous clinical skill/knowledge to provide care to the population for which privileges are requested via one of the following mechanisms:

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- a) Previous supervising physician attestation of candidate's competency to perform the Core;
  - b) Current supervising physician attestation of candidate's competency to perform the Core Cognitive Practice Prerogatives and the Continuum of Care Practice Prerogatives; or
  - c) Formal post-graduate acute/critical care fellowship completion.
- D. Evidence of current professional liability insurance coverage with limits as defined by the organized Medical Staff and ratified by the Board of Trustees.

**9.6-6 SUPERVISION**

- A. The ACNP shall have designated supervising physicians as defined in Section 9.6-1.
- B. The ACNP will work in cooperation with at least one of the designated supervising physicians whose availability will be as defined in Section 9.6-1,B. The supervising physician will respond expeditiously when contacted for assistance by the ACNP and will provide unlimited consultation (telephone and/or physical presence) as needed, and shall document such consultation in the patient's chart as appropriate for the condition managed.
- C. No physician shall supervise more than four (4) nurse practitioners at one time [Business and Professions Code §2836.1 (e)].
- D. A supervising physician shall delegate to the ACNP only those tasks and procedures consistent with the supervising physician's usual and customary practice and will assume personal medical management of those patients whose condition is beyond the ACNP scope of practice as defined by the individualized ACNP Practice Prerogatives. At all times the supervising physician shall maintain the clinical or medical responsibility for a patient's care.
- E. The supervising physician will determine when collaboration is required between the ACNP and supervising physician in management of medically complicated patients. The ACNP may follow these patients under the supervision of the physician.
- F. The supervising physician will provide the ACNP with supervision as required by the Nurse Practice Act and in accordance with policies set forth by the Queen of the Valley Medical Center.
- G. The supervising physician will see each hospitalized patient at least once daily during their intensive care unit stay, and then as each physician deems necessary during the remainder of the hospital stay.
- H. The supervising physician will be responsible for full coverage of any patient in the event the ACNP is unavailable.
- I. The ACNP will obtain consultation as described in 9.6-1.

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- J. The ACNP will fully document the plan of care in the patient's chart including: daily assessment of vital signs, laboratory work, physical examination, medical assessment, and consultations as indicated.
- K. The ACNP will practice as part of a multi-disciplinary health care team to provide quality care to patients at Queen of the Valley Medical Center.
- L. The ACNP/supervising physician relationship can be severed by either party except during immediate provision of life-sustaining measures:
  - a. An ACNP, working under approved practice prerogatives, will be released from the designated physician's supervision after written notice is provided to and received by the physician and the Chair of the IDPC (or designee).
  - b. A designated supervising physician will be released from supervising an ACNP after written notice is provided to and received by the ACNP and the Chair of the IDPC (or designee).

**9.6-7 MECHANISM OF DEMONSTRATED SUPERVISION**

The supervising physician or designee will fulfill supervision requirements by reviewing and countersigning all medical record entries written by the ACNP:

- A. within forty-eight (48) hours of care being provided for observation and admitted hospital inpatients;
- B. within seventy-two (72) hours of care being provided for all outpatients; or
- C. within fourteen (14) days of the outpatient visit where care has been provided under protocols or standardized procedures or through delegation of patient care services .

**9.6-8 PRESCRIPTIVE AUTHORITY (Business and Professions Code 2836.1)**

- A. An ACNP may furnish or order drugs or devices when all of the following apply:
  - 1. The drugs or devices are furnished or ordered in accordance with standardized procedures or protocols developed by the ACNP and the supervising physician as approved by the QVMC Medical Staff when the drugs or devices furnished or ordered are consistent with the ACNP's educational preparation or for which clinical competency has been established and maintained.
  - 2. The ACNP is functioning pursuant to a standardized procedure(s).
  - 3. The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which ACNPs may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the ACNP's competence, including peer review, and review of the provisions of the standardized procedure.
  - 4. In addition to the requirements in paragraph (3) above, for Schedule II controlled substance protocols, the provision for furnishing Schedule II

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controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.

5. The furnishing or ordering of drugs or devices by an ACNP occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include:
  - a. collaboration on the development of the standardized procedure;
  - b. approval of the standardized procedure; and
  - c. availability by telephonic contact at the time of patient examination by the ACNP.
6. Drugs or devices furnished or ordered by an ACNP may include Schedule II through Schedule V controlled substances and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.
7. When Schedule II or III controlled substances are furnished or ordered by an ACNP, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the ACNP's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the ACNP furnishing the order.

### **9.6-9 GENERAL POLICIES**

- A. The ACNP may request service and/or consultation from other members of Queen of the Valley Medical Center medical staff.
- B. Proctoring will be conducted as outlined in Section 4.2-6.
- C. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation Policy.

### **9.7 PHYSICIAN ASSISTANT**

#### **9.7-1 DEFINITION**

A Physician Assistant (PA) is a health care professional licensed to practice medicine with physician supervision. Under California law, a PA is an agent of a specific physician thus a PA is a dependent practitioner. As such, the PAs are regulated by the Medical Board, and the relationship between PAs and their supervising physicians is described in the Medical Board's laws and regulations. The PA will perform approved practice prerogatives under those duties and limitations of duties placed upon the PA by his/her supervising physician.

#### **9.7-2 CATEGORIES**

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The following categories of physician assistants PA's have been granted authority to provide patient care services at Queen of the Valley Medical Center:

- A. Orthopaedic PA
- B. Surgical Assist PA
- C. Emergency Medicine PA
- D. Oncology Services PA

### **9.7-3 SCOPE OF SERVICE**

The PA will assess and treat under those circumstances and limitations placed upon the PA by his/her practice prerogatives. A PA shall consult with a physician regarding any task, procedure, or diagnostic problem which the PA determines exceeds their level of competence or refer such cases to a physician.

The PA shall be responsible to the supervising physician, the appropriate department of the medical staff and the Medical Staff Executive Committee.

#### **9.7-3-A Scope of Service (Specific to Orthopaedic PA)**

The Physician Assistant shall render care pursuant to the PA's approved practice prerogatives as follows:

- A. Initiate, review, and revise treatment and therapy plans;
- B. Record and present pertinent data in a manner meaningful to the supervising physician;
- C. Order or transmit an order for x-ray and other radiographic studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services;
- D. Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures, and therapeutic procedures relating to the care and management of orthopedic patients;
- E. Prescribe medications per established protocol;
- F. Recognize and evaluate situations of an orthopedic nature which call for immediate attention of a physician and institute care, when necessary;
- G. Instruct and counsel patients regarding matters pertaining to their orthopedic specific physical and mental health, such as medications, diets, rehabilitation and understanding and managing their orthopedic specific diseases;
- H. Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care following discharge;
- I. Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community;
- J. Perform daily rounds on hospital inpatients;

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- K. Dictate appropriate discharge summary;
- L. Dictate appropriate history and physical;
- M. Perform, outside the personal presence of the supervising physician, surgical procedures which are customarily performed under local anesthesia. These include repair of simple lacerations, suture and drain removal, debridement of minor wounds, arthrocentesis for diagnostic or therapeutic indications, administration of anti-inflammatory medication injections to patients with carpal tunnel syndrome, trigger finger or other joint conditions within his/her level of competence, closed reduction of upper and lower extremity fractures (under direct supervision only), application and removal of splints and other orthopedic equipment, application and removal of casts;
- N. Act as first or second assistant in surgery under the direct supervision and personal presence of the supervising physician as required by law. For purposes of this Section 9.8, "personal presence" shall mean that the supervising physician is in the same surgical theater or area such that assistance to the physician assistant is immediately available to the physician assistant at all times when the physician assistant is performing opening or closing during a surgical procedure where the patient is under general anesthesia;
- O. Prior to delegating any surgical procedures to be performed under local anesthesia without the personal presence of the supervising physician, the supervising physician must review documentation that indicates that the PA is trained to perform the procedures.
- P. Prescriptive Authority:
  - 1. All drug orders by a PA shall be issued through one of the following two mechanisms:
    - a. Pursuant to an approved treatment protocol previously established by one or more of the patient's primary care providers; or
    - b. Pursuant to a transmittal order from the supervising physician or designee on a patient-specific basis.
  - 2. Each time a PA provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the PA shall also enter the name of their supervising physician who is responsible for the patient. When a PA transmits an oral order, they shall also state the name of the supervising physician responsible for the patient.
  - 3. Controlled Substances:
    - a. A PA shall not administer, provide or issue a drug order for Schedule II through Schedule V controlled substances without the advance approval by a supervising physician for that particular patient unless the PA has completed a requisite educational course for controlled substances required by law (Business and Professions Code § 3502.1, (c), (2));



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- b. All physician assistants authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).
- c. All written drug orders for controlled substances except for those written in the medical record must include the PA's DEA number.
- d. The medical record of any patient cared for by a PA for whom the PA's Schedule II drug order has been issued or carried out shall be reviewed, countersigned and dated by the supervising physician as set forth in Subsection 9.7-7 (B) below.

**9.7-3-B Scope of Service (Specific to Surgical Assist PA)**

The Physician Assistant shall render care pursuant to the PA's approved practice prerogatives as follows:

- A. Provide retraction by:
  - 1. Closely observing the operative field at all times.
  - 2. Demonstrating stamina for sustained retraction.
  - 3. Maintaining the position set by the surgeon.
  - 4. Managing instruments in the field to improve visualization.
  - 5. Anticipate retraction needs with knowledge of the surgeon's preferences and anatomical structures.
- B. Provide hemostasis by:
  - 1. Applying cautery in a safe and effective manner as directed by surgeon.
  - 2. Sponge, utilizing pressure as necessary.
  - 3. Use suctioning techniques.
  - 4. Apply clamps and tie or coagulate as directed by surgeon.
  - 5. Place suture ligatures as indicated and directed by surgeon.
  - 6. Place hemoclips on bleeders as directed by surgeon.
- C. Perform knot tying by:
  - 1. Knowing the basic techniques.
  - 2. Tying knots firmly to avoid slipping.
  - 3. Avoiding undue friction, which could cause fraying of suture.

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4. Carrying knots down to the tissue with the tip of the index finger and lying strands flat.
  5. Approximating tissue with appropriate tension.
- D. Provide wound closure by:
1. Correctly approximating layers as directed by surgeon.
  2. Demonstrate knowledge of different types of closure.
  3. Correctly applying skin staples.
- E. Make incisions by:
1. Incising skin with a scalpel where and as directed by surgeon.
  2. Using above techniques of retraction and hemostasis.
- F. Assist the surgeon at the completion of procedure by:
1. Affixing and stabilizing drains.
  2. Cleaning the wound and applying the dressing.
- G. Procedure for the PA in the event the surgeon becomes incapacitated or needs to leave for an emergency during surgery:
1. Maintain hemostasis, according to the approved standardized procedure.
  2. Keep the surgical site moistened, as necessary, according to the type of surgery.
  3. Maintain the integrity of the sterile field.
  4. Remain scrubbed in appropriate attire (gown, mask, gloves, cap).
  5. Remain at the field while a replacement surgeon is being located.

**9.7.3-C Scope of Service (Specific to Emergency Medicine PA)**

Physician Assistants are utilized in all areas of the Emergency Department and provide care for trauma patients in our Level III Trauma Center. The PA's are also utilized in the Urgent Care and fast-track setting and observations units. The PA typically sees a similar patient acuity mix as the physician(s) with whom they work in the Physician/PA team.

In emergency medicine, the Emergency Department medical director, other supervising physicians, and the Emergency Medicine PA typically reach decisions about delegation jointly. Because medical practice and Physician/PA practice are dynamic, specific lists of approved tasks that can be applied to all facilities and to all physician PA teams are not practical. There are not any "typical" restrictions on what a PA does in the Emergency Department. The physician/PA team and the hospital should

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be aware of any restriction on the PA's scope found within state law or hospital policy.

The PA shall render care pursuant to the PA's approved credentialing criteria and practice prerogatives:

- A. Initiate taking patient history and perform physical examination of patients and recording the information into the medical record.
- B. Perform medical screening examination.
- C. Order and perform diagnostic and therapeutic studies and procedures.
- D. Order and interpret diagnostic laboratory tests and radiological studies.
- E. Order medications.
- F. Establish diagnostic decision-making.
- G. Instruct and counsel patients regarding mental and physical health including but not limited to: diet, disease, prevention, treatment and normal development.
- H. Refer patients to appropriate specialists, health facilities, agencies and resources. Converse and consult with appropriate specialists in regard to patient management.
- I. Enter request for bed order in coordination with admitting physician.
- J. Performing such other tasks, not prohibited by law, in which the physician assistant has been trained and is proficient to perform.
- K. Active involvement in quality improvement activities of the Medicine Department

### **9.7.3-D Scope of Service (Specific to Oncology Services PA)**

The Physician Assistant shall render care pursuant to the PA's approved practice prerogatives as follows:

- A. Initiate, review, and revise treatment and therapy plans;
- B. Identify problems and diagnosis based on interpretation of the database;
- C. Record and present pertinent data in a manner meaningful to the supervising physician;
- D. Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures, diagnostic tests, and therapeutic procedures relating to the care and management of oncology patients;
- E. Prescribe medications per established protocol;
- F. Recognize and evaluate situations of an oncologic nature which call for immediate attention of a physician and institute care, when necessary; such as: febrile neutropenia, unstable thrombocytopenia, central line occlusion, angina/atypical chest pain, arrhythmias, anaphylactic reaction to drug administration, oncologic emergency such as tumor lysis

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syndrome; SIADH; Cord compression, and septic shock;

- G. Instruct and counsel patients regarding matters pertaining to their oncology specific physical and mental health, such as medications, diets, rehabilitation, and understanding and managing their oncology specific diseases;
- H. Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community;

### Prescriptive Authority:

1. All drug orders by a PA shall be issued through one of the following two mechanisms:
  - a. Pursuant to an approved support treatment protocol within the oncology EMR system by one or more of the oncology providers; or
  - b. Pursuant to a transmittal order from the supervising physician or designee on a patient-specific basis.
2. Each time a PA provides care for a patient and enters his or her name, signature, initials, or computer code on a patient's record, chart or written order, the PA shall also enter the name of their supervising physician who is responsible for the patient. When a PA transmits an oral order, they shall also state the name of the supervising physician responsible for the patient.
3. Controlled Substances:
  - a. A PA shall not administer, provide or issue a drug order for Schedule II through Schedule V controlled substances without the advance approval by a supervising physician for that particular patient unless the PA has completed a requisite educational course for controlled substances required by law (Business and Professions Code § 3502.1, (c), (2));
  - b. All physician assistants authorized by their supervising physicians to issue drug orders for controlled substances shall register with the United States Drug Enforcement Administration (DEA).
  - c. All written drug orders for controlled substances except for those written in the medical record must include the PA's DEA number.
  - d. The medical record of any patient cared for by a PA for whom the PA's Schedule II drug order has been issued or carried out shall be reviewed, countersigned and dated by the supervising physician as set forth in Subsection 9.8-7 (B) above.

### 9.7-4 QUALIFICATIONS

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**A. LICENSURE/CERTIFICATION**

1. Current license as a Physician Assistant by the Medical Board of California.
2. Certification by the National Committee on Certification of Physician Assistants (NCCPA).
3. Current Basic Life Support certification.
4. DEA Registration by the U.S. Drug Enforcement Agency – Schedule 2, 2N, 3, 3N, 4, 5 (only required for furnishing privileges ).

**B. TRAINING AND EXPERIENCE**

1. Completion of a Physician Assistant Education program accredited by the Accreditation Review Commission on Education for the Physician Assistant.
2. Documentation of training and experience of requested practice prerogatives and one hundred (100) patient care activities for the PA providing services for patients for the preceding two (2) years relative to practice prerogatives requested.
3. Evidence of one hundred (100) hours of continuing education credits is required in the past two (2) years.
4. Education course for controlled substances in order to furnish medications. If the PA will administer, provide, or issue a drug order for Schedule II controlled substances, the course shall contain a minimum of three hours exclusively on Schedule II controlled substances. [Business and Professions Code 3502.1, (c), (2)] (only required for furnishing privileges)

**9.7-5 OTHER REQUIREMENTS**

- A. Evidence of current professional liability insurance coverage with limits as defined by the organized medical staff and ratified by the Board of Trustees.
- C. Designated supervising physician(s).
- D. Written Delegation of Services and Written Supervising Physician Agreement.

**9.7-6 SUPERVISION**

- A. A Physician Assistant will have at least one (1) designated supervising physician who is a current member in good standing of the medical staff who holds unrestricted privileges appropriate for supervision of the PA's scope, approved practice prerogatives, and protocols and who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that supervision or prohibiting the employment of physician assistants.
- B. The supervising physician shall have continuing responsibility to follow the progress of

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each patient and the performance of functions delegated to the PA and shall ensure the PA does not function autonomously.

- C. Current “Delegation of Services and Written Supervising Physician Agreement” (“Delegation Agreement”) must be on file in (1) credentials files of both the supervising physician and physician assistant which are kept in Medical Staff Services; and (2) the clinical area where the physician assistant delivers patient care.
- D. No physician shall supervise more than four (4) PA’s.
- E. The physician assistant must function in a reasonable proximity to the supervising physician which shall include the “Personal Presence” (as that term is defined in these Rules and Regulations Section 9.7-3.a.M) of the supervising physician during opening and closing procedures when patients are under general anesthesia) and the supervising physician or designee must be available at all times when the physician assistant is caring for patients either in person or by electronic communication accordingly. A supervising physician shall delegate to a PA only those tasks and procedures consistent with the supervising physician’s specialty or usual and customary practice, and with the patient’s health and condition.
- F. State of Emergency
  - 1. Notwithstanding any other provision of law, a PA may perform those medical services permitted pursuant to Section 3502 during any state of war emergency, state of emergency, or state of local emergency, as defined in Section 8558 of the Government Code, and at the request of a responsible federal, state, or local official or agency, or pursuant to the terms of a mutual aid operation plan established and approved pursuant to the California Emergency Services Act (chapter 7 (commencing with Section 8550) of Division 1 of Title 2 of the Government Code), regardless of whether the PA’s approved supervising physician is available to supervise the PA, so long as a licensed physician is available to render the appropriate supervision. “Appropriate supervision” shall not require the personal or electronic availability of a supervising physician if that availability is not possible or practical due to the emergency. The local health officers or their designees supervising the PAs shall be licensed physicians and surgeons. Supervising physicians acting pursuant to this section shall not be subject to the limitation on the number of PAs supervised under Section 3516.

No responsible official or mutual aid operation plan shall invoke this section except in the care of an emergency that endangers the health of individuals. Under no circumstances shall this section be invoked as the result of a labor dispute or other dispute concerning collective bargaining.
  - 2. If the supervising physician is not on the premises during an emergency, the PA will follow the following transport and back up procedure for supervision:
    - a. attempt to contact a partner of the supervising physician(s) to assume a supervising physician role during an emergent situation
    - b. if a partner of the supervising physician(s) is unavailable to make a plan, then a medical doctor (hospitalist, emergency physician, primary

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care doctor, or other medical doctor present at the site of the emergency) may be contacted to act as a supervising physician for the period of emergency for the greater good of expeditious care during an emergent situation.

### **9.7-7 MECHANISM OF SUPERVISION**

- A. The supervising physician will fulfill supervision requirements by reviewing, countersigning, dating, and timing such review of all medical record entries written by the PA:
1. within forty-eight (48) hours of care being provided for hospital observation and admitted inpatients;
  2. within seventy-two (72) hours of care being provided for all outpatients;
  3. within fourteen (14) days of the outpatient visit where care has been provided under protocols or standardized procedures or through delegation of patient care services.

This will conform to California Code of Regulation 1399.545 (e), (2) for reviewing medical record entries from care provided by physician assistant within 30 days.

- B. The supervising physician will fulfill supervision requirements by reviewing, countersigning, dating, and timing the medical record of a patient cared for by a physician assistant for whom the physician assistant's Schedule II drug order has been issued or carried out within seven (7) days thereof (only required for furnishing privileges).

### **9.7-8 GENERAL POLICIES**

- A. Proctoring will be conducted as outlined in Section 4.2-6.
- B. Ongoing Evaluation/Skills Assessment: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation policy.

### **9.7-9 REFERENCES**

*Essential Clinical Procedures*, Richard W. Dehn and David P. Asprey  
*Harrison's Principles of Internal Medicine*, Dennis Kasper, Eugene Braunwald, Stephen Hauser, Dan Longo, J. Larry Jameson, Anthony Fauci  
*Miller's Textbook of Anesthesia*, Ronald D. Miller  
*Physician's Desk Reference (PDR)*, current edition (with respect to the approved PA formulary)  
Physician's Assistant Practice Act: Division 2, Chapter 7.7, Business and Professions Code  
Physician Assistant Regulations: Title 16, Division 13.8, CA Code of Regulations  
Society of Emergency Medicine Physician Assistants  
National Commission on Certification of Physician Assistants

## **9.8 INTRA-OPERATIVE DENTAL ASSISTANT**

### **9.8-1 DEFINITION**

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The Intra-operative Dental Assistant, under constant direct supervision, renders direct patient care as part of the peri-operative role in the Operating Room by assisting the dentist or oral surgeon in the surgical treatment of the patient.

### **9.8-2 SCOPE OF SERVICE**

- A. The intra-operative dental assistant will be an Allied Health Professional functioning directly with the supervising dentist or oral surgeon. The intra-operative dental assistant shall perform no task or function that falls outside the scope of practice regarding their level of licensure, certification, training, and competency.
1. Assist in patient transfer from gurney to table.
  2. Keep track of needles, sponges and other instruments during surgery.
  3. Prepare the operating room for surgery and maintain the sterile field and aseptic environment during and after surgery.
  4. Monitor electrical and other safety hazards in the operating room.
  5. Assist in cleaning up the operating room after surgery.
  6. Assist primary dentist or oral/maxillofacial surgeon.
  7. Dental x-rays.

### **9.8-3 QUALIFICATIONS**

#### **A. LICENSURE AND CERTIFICATION**

1. Current licensure as Registered Dental Assistant in California by the Committee on Dental Auxiliaries; and/or
2. Certification as an Oral and Maxillofacial Surgery Assistant by the California Association of Oral and Maxillofacial Surgeons; or
3. Equivalent qualification to assist the dentist in the surgical setting; and
4. Current certificate in Basic Life Support (BLS)

#### **B. TRAINING AND EXPERIENCE**

Training will include:

1. Sterile technique
2. Appropriate handling of instrumentation and technical equipment
3. Satisfactory completion of Dental Board-approved radiation safety program.
4. Recent clinical experience defined as having performed at least fifty (50) patient



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care activities in the past two (2) years. The variety and scope must be sufficient to cover the scope of privileges requested. Activity from a Joint Commission accredited facility is preferable. However, understanding that dentistry includes a large outpatient base, the department may consider office practice volume.

5. Evidence of continuing education in areas that fall within the scope of practice within the past two (2) years.

### **9.8-4 OTHER REQUIREMENTS**

- A. Evidence of current professional liability insurance coverage with limits as defined by the organized Medical Staff and ratified by the Board of Trustees.
- B. Designated supervising physician(s).
- C. Written Supervising Physician Agreement.

### **9.8-5 SUPERVISION**

- A. An intra-operative dental assistant will have at least one (1) designated supervising dentist or oral surgeon who is a current member of the medical staff who holds appropriate privileges pertinent to the intra-operative dental assistant's scope of service.
- B. The supervising dentist/oral surgeon or designee must be directly and immediately available in the department in which care is being provided. [Business and Professions Code, 2836.1 (d)].
- C. No dentist or oral surgeon shall supervise more than four (4) intra-operative dental assistants at one time. [Title 22, Div. 3, 51240, (d)].
- D. A supervising dentist/oral surgeon shall delegate to the intra-operative dental assistant only those tasks and procedures consistent with the supervising dentist/oral surgeon's specialty or usual and customary practice and within the intra-operative dental assistant's scope of practice of their level of licensure, certification, training, and competency.

### **9.8-6 MECHANISM OF DEMONSTRATED SUPERVISION**

The supervising practitioner will provide a signed statement that, as supervising dentist/oral surgeon, personal responsibility will be taken for the satisfactory performance of the practice prerogatives granted to the intra-operative dental assistant.

### **9.8-7 GENERAL POLICIES**

- A. Proctoring will be conducted as outlined in Section 4.2-6.
- B. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation policy.

### **9.9 CLINICAL PERFUSIONIST**

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**9.9-1 DEFINITION**

A Perfusionist is a person who meets the current State of California requirements as put forth in the Business and Professional Code Section 2590-2596 for perfusion. To provide “perfusion services” means those functions necessary for the support, treatment, measurement, or supplementation of the cardiovascular system, circulatory system with or without the oxygenation circuit, or any combination of those activities, and to ensure the safe management of physiologic functions by monitoring the necessary parameters of those systems pursuant to an order and under the supervision of a licensed physician and surgeon.

**9.9-2 SCOPE OF SERVICE**

- A. The Cardiovascular Perfusionist shall provide services, which are defined as those functions necessary for the support, treatment, measurement or supplementation of the cardiopulmonary system of the patient.
- B. The perfusionist operates extracorporeal circulation equipment during any medical situation where it is necessary to support or replace the patient’s cardiopulmonary/circulatory function and ensures the proper management of physiologic functions by monitoring the necessary variables.
- C. A cardiovascular perfusionist shall obtain physician and/or surgeon assistance and consultation when indicated.
- D. These duties, upon prescription by a physician and in accordance with hospital policy, include, but are not limited to, the safe performance and/or management of:
  - 1. Extracorporeal circulation/cardiopulmonary support
  - 2. Counter pulsation
  - 3. Circulatory support/ventricular assistance
  - 4. Blood conservation techniques/autotransfusion
  - 5. Myocardial preservation
  - 6. Anticoagulation and hematologic monitoring/analysis
  - 7. Physiological monitoring/analysis
  - 8. Blood gas and blood chemistry monitoring/analysis
  - 9. Induction of hypothermia/hyperthermia with reversal
  - 10. Hemodilution
  - 11. Hemofiltration
  - 12. Administration of medications, blood components and anesthetic agents via the extracorporeal circuit

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13. Isolated limb/organ perfusion
  14. Electrophysiological analysis
  15. Surgical assistance
  16. Organ preservation
- E. The perfusionist shall perform a pre-perfusion evaluation of the patient just prior to providing perfusion services.
- F. The perfusionist evaluates the patient's cardiopulmonary/circulatory function during and immediately upon completion of the perfusion services rendered.

**9.9-3 QUALIFICATIONS**

**A. LICENSURE AND CERTIFICATION**

1. Successful completion of the certification examination provided by the American Board of Cardiovascular Perfusion or to be a "Graduate Perfusionist". A person who completes an approved perfusion training program and until notification of passage of the American Board of Perfusion examination is received, the person shall identify themselves as a "graduate perfusionist." This title is valid for no more than three (3) years from the date of completion of an approved perfusion training program.

**B. TRAINING AND EXPERIENCE**

1. Graduation from an approved perfusion training program reviewed by the Accreditation Committee on Perfusion Education and approved by the Commission on Accreditation of Allied Health Education Programs or its successor or the equivalent training program if an equivalent is determined to be necessary by Division Licensing of the Medical Board of California.
2. Any person may be deemed to have completed the equivalent of the examination and education requirements if that person is currently certified by the American Board of Cardiovascular Perfusion, or if, as of January 1, 1993, the person has practiced as a perfusionist and has annually performed a minimum of forty (40) cases of cardiopulmonary bypass during cardiac surgery in a licensed health facility and has done so for at least five (5) years since January 1, 1987.
3. Maintain active certification by the American Board of Cardiovascular Perfusion or its equivalent.
4. Provide evidence of continuing education, as required per licensure, (45 continuing education units within three (3) year reporting cycle with a minimum of fifteen (15) hours Category I) in areas that fall within the scope of practice within the past two (2) years.

**9.9-4 OTHER REQUIREMENTS**

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- A. Provide evidence of current professional liability insurance coverage with limits as defined by the organized Medical Staff and ratified by the Board of Trustees.
- B. Supervising physician.
- C. Designated Supervising Physician Agreement.

**9.9-5 SUPERVISION**

The cardiovascular perfusionist will work under the supervision of a licensed physician and surgeon who must be available at all times while the perfusion services are being provided. The supervising physician will respond expeditiously when a call for assistance is received from the cardiovascular perfusionist.

**9.9-6 GENERAL POLICIES**

- A. The period of proctorship for the cardiovascular perfusionist is defined as outlined in Section 4.2-6. Proctoring is performed by an appropriately credentialed cardiovascular perfusionist in collaboration with the cardiovascular surgeon. Outside proctors may be utilized from time to time as directed by the Medical Staff Executive Committee.
- B. All peer review and quality assessment related to the cardiovascular perfusionist's practice will be conducted through the established Medical Staff processes. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation policy.

**9.10 REGISTERED NURSE FIRST ASSISTANT**

**9.10-1 DEFINITION**

- A. The Registered Nurse First Assistant (RNFA) is available to:
  - 1. provide retraction and hemostasis
  - 2. make incisions
  - 3. perform knot tying and
  - 4. perform wound closure in collaboration with the supervising surgeon.

Positioning, prepping, and draping of the patient can also be done independently if so directed by the surgeon.

**B. INDICATIONS**

- 1. Setting: Any QVMC operating theater.
- 2. Patient Population: Any patient undergoing surgery.
- 3. Circumstances: These procedures are performed on surgical patients when determined by the attending surgeon.

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**C. CONTRAINDICATIONS**

1. The RNFA must be unencumbered in the role of first assistant, with no concurrent role as scrub nurse.

**9.10-2 SCOPE OF SERVICE**

**A. Provide retraction by:**

1. Closely observing the operative field at all times.
2. Demonstrating stamina for sustained retraction.
3. Maintaining the position set by the surgeon.
4. Managing instruments in the field to improve visualization.
5. Anticipate retraction needs with knowledge of the surgeon's preferences and anatomical structures.

**B. Provide hemostasis by:**

1. Applying cautery in a safe and effective manner as directed by surgeon.
2. Sponge, utilizing pressure as necessary.
3. Use suctioning techniques.
4. Apply clamps and tie or coagulate as directed by surgeon.
5. Place suture ligatures as indicated and directed by surgeon.
6. Place hemoclips on bleeders as directed by surgeon.

**C. Perform knot tying by:**

1. Knowing the basic techniques.
2. Tying knots firmly to avoid slipping.
3. Avoiding undue friction, which could cause fraying of suture.
4. Carrying knots down to the tissue with the tip of the index finger and lying strands flat.
5. Approximating tissue with appropriate tension.

**D. Provide wound closure by:**

1. Correctly approximating layers as directed by surgeon.

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2. Demonstrate knowledge of different types of closure.
  3. Correctly applying skin staples.
- E. Make incisions by:
1. Incising skin with a scalpel where and as directed by surgeon.
  2. Using above techniques of retraction and hemostasis.
- F. Assist the surgeon at the completion of procedure by:
1. Affixing and stabilizing drains.
  2. Cleaning the wound and applying the dressing.
- G. Procedure for the RNFA in the event the surgeon becomes incapacitated or needs to leave for an emergency during surgery:
1. Maintain hemostasis, according to the approved standardized procedure.
  2. Keep the surgical site moistened, as necessary, according to the type of surgery.
  3. Maintain the integrity of the sterile field.
  4. Remain scrubbed in appropriate attire (gown, mask, gloves, cap).
  5. Remain at the field while a replacement surgeon is being located.

**9.10-3 QUALIFICATIONS**

RNFAs must meet all the following qualifications before being permitted to function in the expanded perioperative role of the first assisting.

- A. Licensure and Certification
1. Current license as a registered nurse by the California Board of Registered Nursing
  2. Certified in Perioperative Nursing (CNOR®)
  3. Current Basic Life Support and Advanced Cardiac Life Support certification
- B. Training and Experience
1. Three (3) years experience as a registered nurse in the operating room
  2. Successful completion of didactics of university based course in first assisting
  3. Validation of the necessary clinical skills by an internship with a member of the surgical staff as mentor (minimum one hundred twenty (120) hours)

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4. Evidence of continuing education, as required per licensure, in areas that fall within the scope of practice within the past two (2) years

**9.10-4 OTHER REQUIREMENTS**

- A. Evidence of current professional liability insurance coverage with limits as defined by the organized medical staff and ratified by the Board of Trustees.
- B. Record Keeping
  1. Name listed on the surgical consent as is appropriate.
  2. Name listed on perioperative record under assistant surgeon.

**9.10-5 SUPERVISION**

The attending surgeon will provide direct or immediate supervision of the RNFA.

**9.10-6 MECHANISM OF DEMONSTRATED SUPERVISION**

As outlined in the Surgery Department Rules and Regulations Section VI, C, 1, should the surgeon elect to use the services of a registered nurse first assistant (RNFA), the surgeon agrees to assume the responsibility for direct supervision of the RNFA for the duration of the encounter.

**9.10-7 GENERAL POLICIES**

- A. Proctoring will be conducted as outlined in Section 4.2-6.
- B. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation policy.

**9.11 SEXUAL ASSAULT NURSE EXAMINER**

**9.11-1 DEFINITION**

The Sexual Assault Nurse Examiner (SANE) is a registered nurse who has successfully completed a training course in adult and pediatric forensic sexual assault evidentiary exams. Only SANEs who have successfully completed additional training and performance of child sexual exams may conduct medical-legal exams on children under the age of twelve (12).

**INDICATIONS:**

- A. Setting: The QVMC Emergency Department
- B. Patient Population: The SANE will perform the forensic examination upon the approval of the law enforcement or jurisdictional agency requesting the examination.
- C. Circumstances: A SANE examination will be conducted on a victim or suspected victim of a sexual assault.

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CONTRAINDICATIONS: None

## 9.11-2 SCOPE OF SERVICE

An Emergency Department registered nurse will triage the patient and document in the triage area. This will include chief complaint (here for Sexual Assault Response Team (SART) Examination), i.e. initial vital signs, allergies and current medications. If the Emergency Department nurse is involved in any other aspects of care they will document care given in the Emergency Department record.

- A. The ED physician will be consulted before or during the procedure based on the results of the medical screening exam or if requested by the SANE or the patient.
- B. No direct physician supervision is required for the evidentiary collection and follow-up care.
- C. A female who has been raped should be able to defend herself against a potential conception from sexual assault. If after pregnancy testing, there is no evidence that conception has already occurred, she may be treated with medication that would prevent ovulation, sperm capacitation or fertilization.
- D. Under all circumstances, rape and sexual assault victims are to be provided with all relevant information, and are to have access to all treatments except direct abortions at QVMC.

## 9.11-3 QUALIFICATIONS

- A. Licensure and Certification
  - 1. Current, license as a registered nurse by the California Board of Registered Nursing
- B. Training and Experience
  - 1. Successful completion of a training course in adult forensic sexual assault evidentiary examinations
  - 2. Successful completion of a training course in pediatric forensic sexual assault evidentiary examinations
  - 3. Evidence of continuing education as required per licensure (thirty (30) hours every two (2) years), in areas that fall within the scope of practice, including attendance at one (1) seminar in the forensic nursing field annually.
  - 4. Pediatric case review accomplished by an online case review, attending the California Forensic Examiners (CFE) meetings held every month or by SANE-SART local peer review as arranged by the Emergency Department.

## 9.11-4 OTHER REQUIREMENTS

- A. For reappointment only, documentation of having performed twelve (12) forensic nursing examinations within the prior two (2) year period.



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- B. Record Keeping: All evidence is kept and maintained as outlined in the California Medical Protocol for the Examination of Sexual Assault and Child Abuse from the California Emergency Management Agency (Cal-EMA) (forms 2-923, 2-924, 2-925, 2-930, and 2-950) utilizing appropriate chain of custody as outlined in the Cal-EMA protocols.
- C. Designated supervising physicians
- D. Written Supervising Physician Agreement
- E. Evidence of current professional liability insurance coverage with limits as defined by the organized medical staff and ratified by the Board of Trustees.

### **9.11-5 SUPERVISION**

The examination procedure, collection of evidence and documentation will take place as outlined by the California Emergency Management Agency documents (noted above). The emergency physician will be available to supervise and consult with the SANE staff member prior to, during, or after patient examination.

### **9.11-6 MECHANISM OF DEMONSTRATED SUPERVISION**

The supervising physician will provide a signed statement that, as supervising physician, personal responsibility will be taken for the satisfactory performance of the practice prerogatives granted to the SANE/SART examiner.

### **9.11-7 GENERAL POLICIES**

- A. The Executive Director of Napa/Solano/Marin SANE/SART, in collaboration with the QVMC Emergency Department physicians, is responsible for proctoring new SANE's as determined by their program criteria with minimum requirements as outlined in Section 4.6-2 of this document.
- B. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Policy.

## **9.12 NURSE PRACTITIONER (NP) FOR PALLIATIVE CARE SERVICES**

### **9.12-1 DEFINITION**

#### **A. NURSE PRACTITIONER FOR PALLIATIVE CARE SERVICES**

The NP for Palliative Care Services is a registered nurse who by virtue of knowledge and skill gained through an organized program of study and clinical experience recognized by the Hospice and Palliative Nurses Association has extended the limits of his/her practice to the management of acute or chronically ill patients in the hospital setting. The NP for Palliative Care Services possesses a license and certificate issued by the California Board of Registered Nursing which specifically designates that the NP is a registered nurse qualified to use the title "nurse practitioner."

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### **B. SUPERVISING PHYSICIAN**

The supervising physician shall be a current member in good standing of the medical staff that holds full unrestricted privileges appropriate for supervision of the NP for Palliative Care Services scope, approved practice prerogatives, and standardized procedures (as applicable). The supervising physician shall be a physician in the medical staff department in which the NP for Palliative Care Services is assigned who has clinical responsibility of the patient at a given time. A supervising physician shall maintain clinical and overall responsibility for the patient's medical care for all patients assigned to the NP for Palliative Care Services at all times through a patient's stay. In particular, the supervising physician shall be immediately available by telephone and readily available to assume care at all stages of a patient's stay in case of medical urgency or emergency. In circumstances where there are multiple supervising physicians for the care of one patient, it is the responsibility of those physicians to communicate patient assignments to the NP for Palliative Care Services.

### **C. NURSE PRACTITIONER FOR PALLIATIVE CARE MANAGEMENT**

The NP for Palliative Care Services may provide care to acute or chronically ill patients and may maintain the continuum of care with routine disease management in the palliative care patient population, as defined in the individually approved practice prerogatives.

The NP for Palliative Care Services may manage certain minor complications with physician consultation. When deviations from normal occur that may be transient in nature and do not automatically place the patient in a high-risk category, the NP for Palliative Care Services will contact the physician. The agreed-upon plan of care is then documented in the chart. The NP for Palliative Care Services continues with management of the patient's care.

### **D. COLLABORATIVE MANAGEMENT (CO-MANAGEMENT, CONSULTATION)**

Collaborative management is the process whereby the NP for Palliative Care Services and physician jointly manage the care of a patient who is or has become medically or surgically complicated, as outlined in the NP for Palliative Care Services practice prerogatives. The scope of collaborations will encompass the physical care of the patient, according to a mutually agreed upon plan of care. This plan will be documented in the patient's chart.

### **E. MEDICAL MANAGEMENT (TRANSFER OF CARE)**

When a patient develops complications or conditions requiring complete physician management, the NP for Palliative Care Services will transfer care to the physician (see Practice Prerogatives). Such transfer of management will be noted in the patient's chart. The NP for Palliative Care Services may continue to participate in the patient's care on a level that is appropriate to his/her scope of practice, and resume management of the patient's care once the critical period has passed as determined by the supervising physician.

## **9.12-2 SCOPE OF SERVICE**

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- A. Provide direct care and health education to the acute or chronically ill patient at QVMC.
- B. Perform history and physical examinations or palliative consultations on admitted patients of a designated supervising physician.
- C. Obtain physician assistance and consultation when indicated.
- D. Other practices and procedure may be included as the NP for Palliative Care Services, supervising physician and the Interdisciplinary Practices Committee of Queen of the Valley Medical Center deem appropriate by using Standardized Nursing Procedures as specified in the California Business and Professions Code Section 2725 of the California Nurse Practice Act.
- E. The California Medical Practice Act set forth in California Business and Professions Code § 2000 *et seq*, authorizes physicians to diagnose mental and physical conditions, to use drugs in or upon human beings, to sever or penetrate the tissue of human beings and to use other methods in the treatment of disease, injuries, deformities or other physical or mental conditions. Performance of any of these functions by the NP for Palliative Care Services requires a standardized procedure which shall include all of the following:
  - 1. a written description of the method used in developing and approving the standardized procedure and any revisions thereof.
  - 2. Each standardized procedure shall:
    - a. Be in writing, dated and signed by the QVMC personnel authorized to approve it.
    - b. Specify which standardized procedure functions ACNPs may perform and under what circumstances.
    - c. State any specific requirements which are to be followed by ACNPs in performing particular standardized procedure functions.
    - d. Specify any experience, training, and or education requirements for performance of standardized procedure functions.
    - e. Establish a method for initial and continuing evaluation of the competence of those ACNPs authorized to perform the standardized procedure functions.
    - f. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
    - g. Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by the supervising physician.

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- h. Set forth any specialized circumstances under which the ACNP is to immediately communicate with the patient's physician concerning the patient's condition.
    - i. State the limitations on settings, if any, in which standardized procedure functions may be performed.
    - j. Specify patient record keeping requirements.
    - k. Provide for a method of periodic review of the standardized procedure.
    - l. A copy of the standardized procedure shall be immediately available in all patient care areas in which the ACNP may provide patient care services for purposes of immediate verification of the ACNPs authority to perform standardized procedure functions.
  3. Standardized Procedures which reference textbooks and other written resources in order to meet the requirements of 16 CCR 1474 93), must include book (specify edition) or article title, page numbers and sections. Additionally, the standards for care established by the sources must be reviewed and authorized by the NP for Palliative Care Services, supervising physician and the Medical Staff Executive Committee (or its designee). A formulary may be developed and attached to the standardized procedure. Regardless of format used, whether a process protocol or disease-specific, the standardized procedure must include all of the elements outlined above in a – l of this subsection.
  4. The NP for Palliative Care Services shall not perform any procedure or treatment prohibited under the California Nurse Practice Act or Medical Practice Act unless such procedure or treatment is performed pursuant to a standardized nursing procedure which conforms to the requirements set forth above and which satisfies competency requirements set forth in hospital rules and regulations and policies, and State and Federal laws and regulations.

### 9.12-3 QUALIFICATIONS

#### A. LICENSURE AND CERTIFICATION

1. Current licensure as a Registered Nurse by the California Board of Registered Nursing.
2. Current certification as a Nurse Practitioner by the California Board of Registered Nursing.
3. Current BLS Certification
4. Current California Certified Nurse Practitioner Furnishing Number (Note: The new graduate NP upon application for privileges has one year to obtain the furnishing number.)

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5. Current DEA Registration Number issued by the U. S. Drug Enforcement Agency (Note: The new graduate NP upon application for privileges has one year to obtain the registration number.)
6. Certification as a Nurse Practitioner by one of the following: American Nurse Credentialing Center (ANCC), American Association of Nurse Practitioners (AANP), the American Association of Critical Care Nurses (AACN) or American Academy of Nurse Practitioners Certification Board (AANPCB).

**B. TRAINING AND EXPERIENCE**

1. Successful completion of a nurse practitioner program as approved by the Board of Registered Nursing.
2. Recent training and/or clinical experience is required for all applicants for appointment and reappointment. Recent clinical experience is defined as having performed at least 50 patient care activities relevant to practice prerogatives requested within the last two (2) years.
3. Evidence of thirty (30) hours of continuing education in areas that fall within the scope of practice for nurse practitioners within the past two (2) years.

**9.12-4 OTHER REQUIREMENTS**

- A. Designated Supervising Physician(s)
- B. Written Supervising Physician Agreement
- C. Demonstration of appropriate academic training or previous clinical skill/knowledge to provide care to the population for which privileges are requested via one of the following mechanisms:
  - a) Current Supervising Physician attestation of candidate's competency to perform the Core Cognitive Practice Prerogatives and the Continuum of Care Practice prerogatives.
  - b) Former Supervising Physician attestation of candidate's competency to perform the Core Cognitive practice Prerogatives and the Continuum of Care Practice Prerogatives.
  - c) Advance Certification Hospice and Palliative Care (ACHPN) certification.

**9.12-5 SUPERVISION**

- A. The NP for Palliative Care Services shall have designated supervising physicians as defined in Section 9.12-1. B.
- B. The NP for Palliative Care Services will work in cooperation with at least one of the designated supervising physicians whose availability will be as defined in Section 9.12-1.B. The supervising physician will respond expeditiously when contacted for assistance by the NP for Palliative Care Services and will provide unlimited consultation (telephone and/or physical presence) as needed, and shall document

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such consultation in the patient's chart as appropriate for the condition managed.

- C. No physician shall supervise more than four (4) nurse practitioners at one time [Business and Professions Code §2836.1 (e)].
- D. A supervising physician shall delegate to the NP for Palliative Care Services only those tasks and procedures consistent with the supervising physician's usual and customary practice and will assume personal medical management of those patients whose condition is beyond the NP for Palliative Care Services scope of practice as defined by the individualized NP Practice Prerogatives. At all times the supervising physician shall maintain the clinical or medical responsibility for a patient's care.
- E. The supervising physician will determine when collaboration is required between the NP for Palliative Care Services and supervising physician in management of medically complicated patients. The NP for Palliative Care Services may follow these patients under the supervision of the physician.
- F. The supervising physician will provide the NP for Palliative Care Services with supervision as required by the Nurse Practice Act and in accordance with policies set forth by the Queen of the Valley Medical Center.
- G. The supervising physician will see each hospitalized patient at least once daily during their intensive care unit stay, and then as each physician deems necessary during the remainder of the hospital stay.
- H. The supervising physician will be responsible for full coverage of any patient in the event the NP for Palliative Care Services is unavailable.
- I. The NP for Palliative Care Services will obtain consultation as described in 9.12-1.
- J. The NP for Palliative Care Services will fully document the plan of care in the patient's chart including: daily assessment of vital signs, laboratory work, physical examination, medical assessment, and consultations as indicated.
- M. The NP for Palliative Care Services will practice as part of a multi-disciplinary health care team to provide quality care to patients at Queen of the Valley Medical Center.
- N. The NP for Palliative Care Services/supervising physician relationship can be severed by either party except during immediate provision of life-sustaining measures:
  - a. A NP for Palliative Care Services, working under approved practice prerogatives, will be released from the designated physician's supervision after written notice is provided to and received by the physician and the Chair of the IDPC (or designee).
  - b. A designated supervising physician will be released from supervising a NP for Palliative Care Services after written notice is provided to and received by the NP for Palliative Care Services and the Chair of the IDPC (or designee).

### **9.12-6 MECHANISM OF DEMONSTRATED SUPERVISION**

The supervising physician or designee will fulfill supervision requirements by reviewing and countersigning all medical record entries written by the NP for Palliative Care Services:

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- A. within forty-eight (48) hours of care being provided for observation and admitted hospital inpatients;
- B. within seventy-two (72) hours of care being provided for all outpatients; or
- C. within fourteen (14) days of the outpatient visit where care has been provided under protocols or standardized procedures or through delegation of patient care services.

**9.12-7 PRESCRIPTIVE AUTHORITY (Business and Professions Code 2836.1)**

- A. A NP for Palliative Care Services may furnish or order drugs or devices when all of the following apply:
  - 1. The drugs or devices are furnished or ordered in accordance with standardized procedures or protocols developed by the NP for Palliative Care Services and the supervising physician as approved by the QVMC Medical Staff when the drugs or devices furnished or ordered are consistent with the NP's educational preparation or for which clinical competency has been established and maintained.
  - 2. The NP for Palliative Care Services is functioning pursuant to a standardized procedure(s).
  - 3. The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which NPs may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the NP's competence, including peer review, and review of the provisions of the standardized procedure.
  - 4. In addition to the requirements in paragraph (3) above, for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.
  - 5. The furnishing or ordering of drugs or devices by a NP for Palliative Care Services occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include:
    - a. collaboration on the development of the standardized procedure;
    - b. approval of the standardized procedure; and
    - c. availability by telephonic contact at the time of patient examination by the NP for Palliative Care Services.
  - 6. Drugs or devices furnished or ordered by a NP for Palliative Care Services may include Schedule II through Schedule V controlled substances and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.

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7. When Schedule II or III controlled substances are furnished or ordered by a NP for Palliative Care Services, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the NP's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the NP furnishing the order.

**9.6-9 GENERAL POLICIES**

- A. The NP for Palliative Care Services may request service and/or consultation from other members of Queen of the Valley Medical Center medical staff.
- B. Proctoring will be conducted as outlined in Section 4.2-6.
- C. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation Policy.

**9.13 INTRAOPERATIVE NEUROPHYSIOLOGIST**

**9.13-1 DEFINITION**

The Intraoperative Neurophysiologist is a trained or certified practitioner who provides intraoperative neurophysiological monitoring, which is the application of electron-physiological and physiological recording techniques during a surgical procedure that indicate changes in the functional status of neuro structures that may be at risk during such surgical procedures.

**9.13-2 SCOPE OF SERVICE**

- A. The Intraoperative Neurophysiologist sets up, records, analyzes, and interprets neurophysiological data from the nervous system, the sensory systems and the muscles.
- B. Neurophysiologic, sensory or motor assessments may be performed as requested by the supervising physician.

**9.13-3 QUALIFICATIONS**

**A. LICENSURE AND CERTIFICATION**

1. Certification for Neurophysiological Intraoperative Monitoring (CNIM) by the American Board of Registration of Electroencephalographic and Evoked Potential Technologists; or
2. An advanced degree in the area of neurophysiology, psychology, sensory testing or a closely related field; or
3. Diplomat in good standing by the American Board of Neurophysiological Monitoring.



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**B. TRAINING AND EXPERIENCE**

A combination of education and experience which supports demonstrated competence of the following:

1. Basic neuroanatomy and neurophysiology;
2. Electrophysiology;
3. Basic electronics and microcomputer operations;
4. Basic principles of electroencephalographic and evoked potential generation;
5. Electrophysiological recording techniques, generally as they pertain to intraoperative monitoring;
6. Interpretation of electrophysiological signals in the context of intraoperative monitoring and their significance;
7. Anesthetic agents and their effects on the recording of electrophysiological signals;
8. Indications for specific electrophysiological monitoring techniques;
9. Knowledge of sterile technique and instrumentation.

**9.13-4 OTHER REQUIREMENTS**

- A. Evidence of current professional liability insurance coverage with limits as defined by the organized medical staff and ratified by the Board of Trustees
- B. Designated supervising physician(s)
- C. Written supervising physician agreement.

**9.13-5 SUPERVISION**

- A. The Intraoperative Neurophysiologist will have a designated supervising surgeon who is a current member of the medical staff who holds appropriate privileges.
- B. The supervising surgeon must be directly and immediately available in the department in which care is being provided.
- C. The supervising surgeon shall delegate to the Intraoperative Neurophysiologist only those tasks and procedures consistent with the Intraoperative Neurophysiologist's usual and customary practice and within the scope of practice for their level of certification, training and competency.

**9.13-6 MECHANISM OF DEMONSTRATED SUPERVISION**

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- A. The supervising practitioner will provide a signed statement that, as supervising surgeon, personal responsibility will be taken for the satisfactory performance of the practice prerogatives granted to the Intraoperative Neurophysiologist.
- B. The supervising physician or designee will fulfill supervision requirements by reviewing and countersigning all medical record entries written by the Intraoperative Neurophysiologist:
  - 1. within forty-eight (48) hours of care being provided for observation and admitted hospital inpatients;
  - 2. within seventy-two (72) hours of care being provided for all outpatients.

### **9.13-7 GENERAL POLICIES**

- A. Proctoring will be conducted as outlined in Section 4.2-6.
- B. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation Policy.

### **9.14 NURSE PRACTITIONER (NP) FOR ONCOLOGY SERVICE**

#### **9.14-1 DEFINITION**

##### **A. NURSE PRACTITIONER ONCOLOGY SERVICE**

The NP for Oncology Services is a registered nurse who by virtue of knowledge and skill gained through an organized programs of study and clinical experience recognized by the Oncology Nursing Society has extended the limits of his/her practice to the management of acute or chronically ill patients in the out-patient hospital setting. The NP's for Oncology Services possess a license and certificate issued by the California Board of Registered Nursing which specifically designates that the NP for Oncology Services is a registered nurse qualified to the use the title "nurse practitioner".

##### **B. SUPERVISING PHYSICIAN**

The supervising physician shall be a current member in good standing of the medical staff in the department of medicine that holds full unrestricted privileges appropriate for supervision of the NP for Oncology Services scope, approved practice prerogatives, and standardized procedures (as applicable). The supervising physician shall be a physician in the medical staff department in which the NP for Oncology Services is assigned who has clinical responsibility of the patient at a given time. A supervising physician shall maintain clinical and overall responsibility for the patient's medical care for all patients assigned to the NP for Oncology Services at all times through a patient's stay. In particular, the supervising physician shall be immediately available by telephone and readily available to assume care at all stages of a patient's out-patient stay in case of medical urgency or emergency. In circumstances where there are multiple supervising physicians for the care of one patient, it is the responsibility of those physicians to communicate patient assignments to the NP for Oncology Services.

##### **C. NURSE PRACTITIONER ONCOLOGY MANAGEMENT**

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The NP for Oncology Services may provide care to acute or chronically ill patients and may maintain the continuum of care with routine disease management in the out-patient oncology patient population, as defined in the individually approved practice prerogatives.

The NP for Oncology Services may manage certain minor complications with physician consultation. When deviations from normal occur that may be transient in nature and do not automatically place the patient in a high-risk category, the NP for Oncology Services will contact the physician. The agreed-upon plan of care is then documented in the chart. The NP for Oncology Services continues with management of the patient's care.

### D. COLLABORATIVE MANAGEMENT (CO-MANAGEMENT, CONSULTATION)

Collaborative management is the process whereby the NP for Oncology Services and physician jointly manage the care of a patient who is or has become medically complicated, as outlined in the NP for Oncology Services practice prerogatives. The scope of collaborations will encompass the physical care of the patient, according to a mutually agreed upon plan of care. This plan will be documented in the patient's chart.

### E. MEDICAL MANAGEMENT (TRANSFER OF CARE)

When a patient develops complications or conditions requiring complete physician management, the NP for Oncology Services will transfer care to the physician (See Practice Prerogatives). Such transfer of management will be noted in the patient's chart. The NP for Oncology Services may continue to participate in the patient's care on a level this is appropriate to his/her scope of practice and resume management of the patient's care once the critical period has passed as determined by the supervising physician.

## 9.14-2 SCOPE OF SERVICE

- A. Provide direct care and health education to the acute or chronically ill oncology patient in the hospital setting.
- B. Obtain physician assistance and consultation when indicated.
- C. Other practices and procedures may be included as the NP for Oncology Services, supervising physician and the Interdisciplinary Practices Committee of Queen of the Valley Medical Center deem appropriate by using Standardized Nursing Procedures as specified in California Business and Professions Code Section 2725 of the California Nurse Practice Act.
- D. The California Medical Practice Act set forth in California Business and Professions Code §§ 2000 *et seq*, authorizes physicians to diagnose mental and physical conditions, to use drugs in or upon human beings, to sever or penetrate the tissue of human beings and to use other methods in the treatment of disease, injuries, deformities or other physical or mental conditions. Performance of any of these functions by an NP for Oncology Services requires a standardized procedure which shall include all of the following:
  - 1. A written description of the method used in developing and approving the standardized procedure and any revisions thereof.
  - 2. Each standardized procedure shall:

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- a. Be in writing, dated and signed by the QVMC personnel authorized to approve it.
  - b. Specify which standardized procedure functions NP for Oncology Services may perform and under what circumstances.
  - c. State any specific requirements which are to be followed by the NP for Oncology Services in performing particular standardized procedure functions.
  - d. Specify any experience, training and or education requirements for performance of standardized procedure functions.
  - e. Establish a method for initial and continuing evaluation of the competence of those NP's for Oncology Services authorized to perform the standardized procedure functions.
  - f. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
  - g. Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by the supervising physician.
  - h. Set forth any specialized circumstances under which the NP for Oncology Services is to immediately communicate with the patient's physician concerning the patient's condition.
  - i. State the limitations on settings, if any in which standardized procedure functions may be performed.
  - j. Specify patient record keeping requirements.
  - k. Provide for a method of periodic review of the standardized procedure.
  - l. A copy of the standardized procedure shall be immediately available in all patient care areas in which the NP for Oncology Services may provide patient care services for purposes of immediate verification of the NP for Oncology Services authority to perform standardized procedure functions.
3. Standardized Procedures which reference textbooks and other written resources in order to meet the requirements of 16 CCR 1474 93, must include book (specify edition) or article title, page numbers and sections. Additionally, the standards for care established by the sources must be reviewed and authorized by the NP for Oncology Services, the supervising physician and the Medical Staff Executive Committee (or its designee). A formulary may be developed and attached to the standardized procedure. Regardless of format used, whether a process protocol or disease-specific, the standardized procedure must include all of the elements outlined above in a-l of this subsection.
- E. The NP for Oncology Services shall not perform any procedure or treatment prohibited under the California Nurse Practice Act or Medical Practice Act unless such procedure or treatment is performed pursuant to a standardized nursing procedure which conforms to

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the requirements set forth above and which satisfies competency requirements set forth in hospital rules and regulations and policies, and State and Federal laws and regulations.

### **9.14-3 QUALIFICATIONS**

#### **A. LICENSURE AND CERTIFICATION**

1. Current licensure as a Registered Nurse by the California Board of Registered Nursing.
2. Current certification as a Nurse Practitioner by the California Board of Registered Nursing.
3. Current Basic Life Support (BLS) Certification.
4. Current Advanced Cardiac Life Support (ACLS) Certification.
5. Current California Certified Nurse Practitioner Furnishing Number (Note: The new graduate NP for Oncology Services upon application for privileges has one year to obtain the furnishing number).
6. Current DEA Registration Number issued by the U.S. Drug Enforcement Agency (Note: The new graduate NP for Oncology Services upon application for privileges has one year to obtain the registration number).

#### **B. TRAINING AND EXPERIENCE**

1. Successful completion of a nurse practitioner program as approved by the Board of Registered Nursing.
2. Recent training and/or clinical experience is required for all applicants for appointment and reappointment. Recent clinical experience is defined as having performed at least sixty (60) patient care activities relevant to practice prerogatives requested within the last two (2) years.
3. Evidence of thirty (30) hours of continuing education in areas that fall within the scope of practice for nurse practitioners within the past two (2) years.

### **9.14-4 OTHER REQUIREMENTS**

- A. Designated Supervising Physician(s)
- B. Written Supervising Physician Agreement
- C. Evidence of current professional liability insurance coverage with limits as defined by the organized Medical Staff and ratified by the Board of Trustees.

### **9.14-5 SUPERVISION**

- A. The NP for Oncology Services shall have designated supervising physicians as defined in Section 9.6-1.B.

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- B. The NP for Oncology Services will work in cooperation with at least one of the designated supervising physicians whose availability will be as defined in Section 9.6-1.B. The supervising physician will respond expeditiously when contacted for assistance by the NP for Oncology Services and will provide unlimited consultation (telephone and/or in person) as needed, and shall document such consultation in the patient's chart as appropriate for the condition managed.
- C. No physician shall supervise more than four (4) nurse practitioners at one time [Business and Professions Code §2836.1 (e)].
- D. A supervising physician shall delegate to the NP for Oncology Services only those tasks and procedures consistent with the supervising physician's usual and customary practice and will assume personal medical management of those patients whose condition is beyond the NP for Oncology Services scope of practice as defined by the individualized NP for Oncology Services Practice Prerogatives. At all times the supervising physician shall maintain the clinical or medical responsibility for a patient's care.
- E. The supervising physician will determine when collaboration is required between the NP for Oncology Services and supervising physician in management of medical complicated patients. The NP for Oncology Services may follow these patients under the supervision of the physician.
- F. The supervising physician will provide the NP for Oncology Services with supervision as required by the Nurse Practice Act and in accordance with policies set forth by the Queen of the Valley Medical Center.
- G. The supervising physician will be responsible for full coverage of any patient in the event the NP for Oncology Services is unavailable.
- H. The NP for Oncology Services will obtain consultation as needed.
- I. The NP for Oncology Services will fully document the care and treatment provided during the out-patient visit in the patient's chart including: assessment of vital signs, laboratory work, physical examination, medical assessment and consultations as indicated.
- J. The NP for Oncology Services will practice as part of a multi-disciplinary health care team to provide quality care to patients at Queen of the Valley Medical Center.

### **9.14-6 MECHANISM OF DEMONSTRATED SUPERVISION**

The supervising physician or designee will fulfill supervision requirements by performing quarterly audit of five (5) charts of patients that the NP for Oncology Services provided care for.

### **9.14-7 PRESCRIPTIVE AUTHORITY (Business and Professions Code 2836.1)**

- A. An NP for Oncology Services may furnish or order drugs or devices when all of the following apply:
  - 1. The drugs or devices are furnished or ordered in accordance with standardized procedures or protocols developed by the NP for Oncology Services and the supervising physician as approved by the QVMC Medical Staff when the drugs or devices furnished or ordered are consistent with the NP for Oncology Services

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educational preparation or for which clinical competency has been established and maintained.

2. The NP for Oncology Services is functioning pursuant to a standardized procedure(s).
3. The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which NP for Oncology Services may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician supervision, the method of periodic review of the NP for Oncology Services competence, including peer review and review of the provisions of the standardized procedure.
4. In addition to the requirements in paragraph (3) above, for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury or condition for which the Schedule II controlled substance is to be furnished.
5. The furnishing or ordering of drugs or devices by an NP for Oncology Services occurs under physician supervision. Physician supervision shall not be construed to require the physical presence of the physician, but does include:
  - a. collaboration on the development of the standardized procedure;
  - b. approval of the standardized procedure; and
  - c. availability by telephonic contact at the time of patient examination by the NP for Oncology Services.
6. Drugs or devices furnished or ordered by an NP for Oncology Services may include Schedule II through Schedule V controlled substances and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and specified in the standardized procedure.
7. When Schedule II or III controlled substances are furnished or ordered by an NP for Oncology Services, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the NP for Oncology Service's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the NP for Oncology Services furnishing the order.

### **9.14-8 GENERAL POLICIES**

- A. The NP for Oncology Services may request service and/or consultation from other members of Queen of the Valley Medical Center medical staff.
- B. Proctoring will be conducted as outlined in Section 4.2-6.
- C. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation Policy.

### **9.15 NURSE PRACTITIONER (NP) EMERGENCY AND URGENT CARE MEDICINE**

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## 9.15-1 DEFINITION

### A. NURSE PRACTITIONER

The Nurse Practitioner (NP) is a registered nurse who possesses additional preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program conforming to board standards as defined in California Code of regulations (CCR) Section 1484, Standards of Education. Clinical competency is required when treating medical conditions utilizing approved standardized procedures. Nurse practitioner practice is outlined in the Nurse Practice Act (NPA), Section 2834 including Furnishing Drugs and Devices, and CCR Section 1480. CCR 1480 provides definitions of nurse practitioner, primary care, clinical competence and holding out as a nurse practitioner.

The NP possesses a license and certificate issued by the California Board of Registered Nursing which specifically designates that the NP is a registered nurse qualified to use the title "nurse practitioner."

### B. SUPERVISING PHYSICIAN

The supervising physician shall be a current member in good standing of the medical staff in the department of medicine and/or surgery that holds full unrestricted privileges appropriate for supervision of the AHP's scope, approved practice prerogatives, and standardized procedures (as applicable). The supervising physician shall be a physician in the medical staff department in which the NP is assigned who has clinical responsibility of the patient at a given time. A supervising physician shall maintain clinical and overall responsibility for the patient's medical care for all patients assigned to the NP at all times throughout a patient's stay. In the Emergency Department setting, the supervising physician shall be immediately available to assume care at all stages of a patient's care. In the Urgent Care setting, the supervising physician shall be readily available by telephone to direct care at all stages of a patient's care in case of medical urgency or emergency. In circumstances where there are multiple supervising physicians for the care of one patient, it is the responsibility of those physicians to communicate patient assignments to the NP.

### C. NURSE PRACTITIONER EMERGENCY OR URGENT CARE MANAGEMENT

The NP may provide care to acute or chronically ill patients and may maintain the continuum of care with routine disease management in the outpatient emergency or urgent care patient populations, as defined in the individually approved practice prerogatives.

### D. COLLABORATIVE MANAGEMENT (CO-MANAGEMENT, CONSULTATION)

The NP may manage certain minor complications which may include physician consultation. The scope of collaborations may encompass the physical care of the patient, according to a mutually agreed upon plan of care. When deviations from normal occur that may place the patient in a high-risk category, the NP will contact the physician. This plan will be documented in the patient's medical record.

### E. MEDICAL MANAGEMENT (TRANSFER OF CARE)

When a patient develops complications or conditions requiring complete physician management, the NP will transfer care to the physician (see Practice Prerogatives). Such transfer of management will be noted in the patient's medical record. In the Emergency



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Department setting, the NP may continue to participate in the patient's care on a level that is appropriate to his/her scope of practice and resume management of the patient's care once the critical period has passed as determined by the supervising physician.

### 9.15-2 SCOPE OF SERVICE

- A. Provide direct care and health education to the acute or chronically ill newborn, pediatric, adolescent, adult, or gerontology outpatient at Queen of the Valley Medical Center Emergency Department or Urgent Care.
- B. Perform history and physical examinations on patients admitted to the service.
- C. Obtain physician assistance and consultation when indicated.
- D. Other practices and procedures may be included as the NP, supervising physician and the Interdisciplinary Practices Committee of Queen of the Valley Medical Center deem appropriate by using Standardized Nursing Procedures as specified in California Business and Professions Code Section 2725 of the California Nurse Practice Act.
- E. The California Medical Practice Act set forth in California Business and Professions Code §§ 2000 *et seq*, authorizes physicians to diagnose mental and physical conditions, to use drugs in or upon human beings, to sever or penetrate the tissue of human beings and to use other methods in the treatment of disease, injuries, deformities or other physical or mental conditions. Performance of any of these functions by a NP requires a standardized procedure which shall include all of the following:
  1. A written description of the method used in developing and approving the standardized procedure and any revisions thereof.
  2. Each standardized procedure shall:
    - a. Be in writing, dated and signed by the Queen of the Valley Medical Center personnel authorized to approve it.
    - b. Specify which standardized procedure functions NPs may perform and under what circumstances.
    - c. State any specific requirements which are to be followed by NPs in performing particular standardized procedure functions.
    - d. Specify any experience, training, and or education requirements for performance of standardized procedure functions.
    - e. Establish a method for initial and continuing evaluation of the competence of those NPs authorized to perform the standardized procedure functions.
    - f. Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.
    - g. Specify the scope of supervision required for performance of standardized procedure functions, for example, level of supervision by the supervising physician.
    - h. Set forth any specialized circumstances under which the NP is to immediately communicate with the physician concerning the patient's condition.
    - i. State the limitations on settings, if any, in which standardized procedure functions may be performed.

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- j. Specify patient record keeping requirements.
  - k. Provide for a method of periodic review of the standardized procedure.
  - l. A copy of the standardized procedure shall be readily available in all patient care areas in which the NP may provide patient care services for purposes of immediate verification of the NP's authority to perform standardized procedure functions.
3. Standardized Procedures which reference textbooks and other written resources in order to meet the requirements of 16 CCR 1474 93, must include book (specify edition) or article title, page numbers and sections. Additionally, the standards for care established by the sources must be reviewed and authorized by the NP, supervising physician and the Medical Staff Executive Committee (or its designee). A formulary shall be developed and attached to the standardized procedure. Regardless of format used, whether a process protocol or disease-specific, the standardized procedure must include all of the elements outlined above in a – l of this subsection.
- F. The NP shall not perform any procedure or treatment prohibited under the California Nurse Practice Act or Medical Practice Act unless such procedure or treatment is performed pursuant to a standardized nursing procedure which conforms to the requirements set forth above and which satisfies competency requirements set forth in hospital rules and regulations and policies, and State and Federal laws and regulations.

**9.15-3 QUALIFICATIONS**

**A. LICENSURE, ACCREDITATION, AND CERTIFICATION**

1. Current licensure as a Registered Nurse by the California Board of Registered Nursing.
2. Current certification as a Nurse Practitioner by the California Board of Registered Nursing.
3. Accreditation by the American Nurse Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP) as one of the following Nurse Practitioners:
  - Acute Care
  - Adult Gerontology Acute Care
  - Adult
  - Adult Gerontology Primary Care
  - Family
4. Specialty certification appropriate to the requested category (required within one year of hire date) such as:
  - Emergency Nurse Practitioner (ENP-BC) from ANCC
  - Certified Emergency Nurse (CEN®) Certification through the Board of Certification for Emergency Nursing (BCEN)

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- Acute Care Nurse Practitioner Certification (ACNPC) through American Association of Critical-Care Nurses (AACN)
  - Public Health Nurse from ANCC)
  - Pediatric Nursing from ANCC
5. Current Basic Life Support (BLS) Certification
  6. Current Advanced Cardiac Life Support (ACLS) Certification for Emergency Department CNPs.
  7. Current California Certified Nurse Practitioner Furnishing Number (Note: The new graduate CNP upon application for privileges has one year to obtain the furnishing number.)
  8. Current DEA Registration Number issued by the U.S. Drug Enforcement Agency (Note: The new graduate CNP upon application for privileges has one year to obtain the registration number.)

**B. EDUCATION, TRAINING AND EXPERIENCE**

1. Successful completion of a nurse practitioner program as approved by the California Board of Registered Nursing
2. Recent training and/or clinical experience is required for all applicants for appointment and reappointment. Recent clinical experience is defined as having performed at least fifty (50) patient care activities relevant to practice prerogatives requested within the last two (2) years.
3. Evidence of thirty (30) hours of continuing education in areas that fall within the scope of practice for nurse practitioners within the past two (2) years.

**9.15-4 OTHER REQUIREMENTS**

- A. Designated Supervising Physician(s)
- B. Written Supervising Physician Agreement
- C. Evidence of current professional liability insurance coverage with limits as defined by the organized Medical Staff and ratified by the Board of Trustees.

**9.15-5 SUPERVISION**

- A. The NP shall have designated supervising physicians as defined in Section 9.15-1. B.
- B. No physician shall supervise more than four (4) nurse practitioners at one time [Business and Professions Code §2836.1 (e)].
- C. The supervising physician shall provide the NP with supervision as required by the California Nurse Practice Act and in accordance with policies set forth by the Queen of the Valley Medical Center.

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- D. The NP shall obtain consultation as needed.
- E. The NP shall fully document the care and treatment provided during the Emergency Department or Urgent Care visit in the patient's medical record including: assessment of vital signs, laboratory work, physical examination, medical assessment, and consultations as indicated.
- F. The NP shall practice as part of a multi-disciplinary health care team to provide quality care to patients at Queen of the Valley Medical Center.
- G. The Urgent Care NP operates independently and shall collaborate with the supervising physician as needed to address specific patient care needs.
- H. The Emergency Department NP shall work in cooperation with at least one of the designated supervising physicians who will be immediately available while the NP is providing patient care. The supervising physician will respond expeditiously when contacted for assistance by the NP and will provide unlimited in person consultation as needed, and shall document such consultation in the patient's medical record as appropriate for the condition managed.
- I. In the Emergency Department, a supervising physician shall delegate to the NP only those tasks and procedures consistent with the supervising physician's usual and customary practice and will assume personal medical management of those patients whose condition is beyond the NP scope of practice as defined by the individualized NP Practice Prerogatives. At all times the supervising physician shall maintain the clinical or medical responsibility for a patient's care.
- J. In the Emergency Department, the supervising physician shall determine when collaboration is required between the NP and supervising physician in management of medically complicated patients. The NP may follow these patients under the supervision of the physician.
- K. The Emergency Department NP may request service and/or consultation from other members of Queen of the Valley Medical Center medical staff.
- L. In the Emergency Department, the supervising physician shall be responsible for full coverage of any patient in the event the NP is unavailable.

### **9.15-6 MECHANISM OF DEMONSTRATED SUPERVISION**

The supervising physician or designee will fulfill supervision requirements by reviewing and countersigning all medical record entries written by the NP:

- A. within forty-eight (48) hours of care being provided for observation and admitted hospital inpatients;
- B. within seventy-two (72) hours of care being provided for all outpatients.

### **9.15-7 PRESCRIPTIVE AUTHORITY (Business and Professions Code 2836.1)**

- A. A NP may furnish or order drugs or devices when all of the following apply:
  - 1. The drugs or devices are furnished or ordered in accordance with standardized procedures developed by the NP, the supervising physician, pharmacy leadership, and

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administrators as approved by the Queen of the Valley Medical Center Medical Staff when the drugs or devices furnished or ordered are consistent with the NP's educational preparation or for which clinical competency has been established and maintained.

2. The NP is functioning pursuant to a standardized procedure(s).
3. The standardized procedure or protocol covering the furnishing of drugs or devices shall specify which NPs may furnish or order drugs or devices, which drugs or devices may be furnished or ordered, under what circumstances, the extent of physician and surgeon supervision, the method of periodic review of the NP's competence, including peer review, and review of the provisions of the standardized procedure.
4. In addition to the requirements in paragraph (3) above, for Schedule II controlled substance protocols, the provision for furnishing Schedule II controlled substances shall address the diagnosis of the illness, injury, or condition for which the Schedule II controlled substance is to be furnished.
5. The furnishing or ordering of drugs or devices by a NP occurs under physician and surgeon supervision. Physician and surgeon supervision shall not be construed to require the physical presence of the physician, but does include:
  - a. collaboration on the development of the standardized procedure;
  - b. approval of the standardized procedure; and
  - c. availability by telephonic contact at the time of patient examination by the NP.
6. Drugs or devices furnished or ordered by a NP may include Schedule II through Schedule V controlled substances and shall be further limited to those drugs agreed upon by the NP and physician and surgeon and specified in the standardized procedure.
7. When Schedule II or III controlled substances are furnished or ordered by a NP, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the NP's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the NP furnishing the order.

### **9.15-8 GENERAL POLICIES**


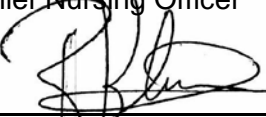
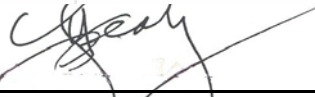
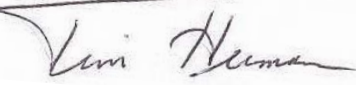
- A. Proctoring will be conducted as outlined in Section 4.2-6.
- B. Ongoing Evaluation/Skills Validation: Ongoing and periodic review will be conducted per the Medical Staff Professional Practice Evaluation Policy.

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**ARTICLE IX  
AMENDMENTS TO THE AHP RULES AND REGULATIONS**

Amendments to the AHP Rules and Regulations will be approved by the Interdisciplinary Practice Committee and subsequently shall be submitted to the Medical Staff Executive Committee for review and recommendation prior to approval by the Board of Trustees. Amendments shall become effective when approved by the Board of Trustees.

**APPROVALS**

 _____ Chief Nursing Officer	<u>07/10/2019</u> Date
 _____ Interdisciplinary Practice Committee	<u>07/10/2019</u> Date
 _____ Medical Staff Executive Committee	<u>07/16/2019</u> Date
 _____ Board of Trustees	<u>07/19/2019</u> Date

Effective 5/15/09

Revised 2/26/10, 10/22/10, 7/22/11, 9/23/11, 8/24/12, 2/28/14, 2/27/15, 4/24/15, 6/26/15, 10/22/15, 6/24/16, 9/30/16, 1/27/17, 4/28/17, 8/29/17, 12/15/18; 07/19/19

Administrative Update 10/25/15