



RULES AND REGULATIONS

Allied Health Professional Staff

Providence St. Joseph Hospital

Eureka, California

February 21, 2024

**PROVIDENCE ST. JOSEPH HOSPITAL, EUREKA
ALLIED HEALTH PROFESSIONAL RULES AND REGULATIONS
FEBRUARY 21, 2024**

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A. Application

These standards apply to practitioners who are in Allied Health Professional status at the Hospital and who are under the jurisdiction of the Medical Staff.

B. Requirement for Allied Health Professional Status

In order to qualify for Allied Health Professional status at the Hospital, an Allied Health Professional shall:

1. Belong to an Allied Health Professional category that has been admitted to practice at the Hospital by the Governing Body. The following categories have been so admitted:

Pharmacotherapy Clinic (PTC) Pharmacists
Certified Nurse-Midwives
Nurse Practitioners
Physician Assistants
Registered Nurse First Assistant
2. Belong to an approved Allied Health Professional category.
3. Possess any license or certificate required under the laws of the State of California for his or her category.
4. Possess the background, training, experience, demonstrated ability, and physical and mental health necessary to ensure that he or she is able to exercise the clinical privileges requested in accordance with generally recognized professional standards of quality and efficiency;
5. Adhere strictly to generally recognized standards of professional ethics;
6. Be capable of working cooperatively with others to the extent necessary for proper patient care;
7. Perform services for patients at the Hospital in conjunction with the Medical Staff member responsible for the patient's care;
8. Comply with all Hospital, Medical Staff, Department and Service Bylaws, Rules and Regulations, and protocols to the extent applicable to the Allied Health Professional;
9. Be willing to participate in the discharge of administrative responsibilities, as reasonably determined by the Medical Staff;
10. Maintain professional liability insurance with a suitable insurer, with the minimum limits as determined by the Chief Executive and the Governing Body.
11. Maintain relationship with a supervising physician as outlined in the standards and associated supervising physician documents.
 - a. Failure to maintain supervising physician relationship, as required for the requested privileges, shall be grounds for an automatic suspension of a practitioner's clinical privileges and if within ninety (90) days of written warning of the delinquency, the practitioner does not provide evidence of the required supervising physician documentation, the practitioner's privileges and/or membership shall automatically be terminated.

C. Duration of Allied Health Professional Status

All appointments and reappointments to Allied Health Professional status shall be for a period of two (2) years.

D. Appointment Procedure

1. Every Allied Health Professional seeking appointment to Allied Health Professional status at the Hospital shall make an application on a prescribed form. Failure to complete the application shall preclude further consideration of it. An Allied Health Professional who fails to respond adequately to any request for further information during the review process will be deemed not to have completed the application.
2. The Hospital will request a report from the National Practitioner Data Bank concerning any Allied Health Professional who is licensed or certified in California.
3. Immediately upon completion, the application and all supporting material shall be forwarded to the Medical Staff Department Chairperson corresponding to the concerned supervising physician. The Chairperson shall review the application and all supporting material (and may arrange for a personal interview of the applicant) and shall forward the application and those materials to the Credentials Committee, or Interdisciplinary Practice Committee if an Advanced Practice Nurse.
4. The Credentials Committee, or Interdisciplinary Practice Committee as appropriate, shall review all pertinent information (and may arrange for a personal interview of the applicant) and shall make its recommendation on the application.
5. That recommendation shall then be forwarded to the Medical Executive Committee, along with any supporting documentation. As soon as practicable, the Medical Executive Committee shall review all pertinent information and shall make its recommendation on the application.
6. If its recommendation is adverse to the Allied Health Professional in any significant respect, the Medical Executive Committee shall hold it in abeyance until the Allied Health Professional has exercised or waived his or her right to review under Section I below. If the Allied Health Professional exercises his or her right to review, the Hospital and the Allied Health Professional shall follow the procedures set forth in Section I below. If the Allied Health Professional waives his or her right to review, the Medical Executive Committee shall forward its recommendation, together with any supporting documentation, to the Governing Body for a final decision.
7. If its recommendation is favorable to the Allied Health Professional in all respects, the Medical Executive Committee shall forward its recommendation, together with any supporting documentation, to the Governing Body for its ultimate decision. Provided, however, if the Governing Body is disposed to deny the Allied Health Professional's application in any significant respect, it shall arrange, prior to rendering its final decision, for a review in which the Allied Health Professional participates, under procedures determined by it.
8. In the event of a final decision to deny an Allied Health Professional who is licensed or certified in California appointment to Allied Health Professional status on the basis of competency or professional conduct, the Hospital may make a report to the National Practitioner Data Bank under standards and procedures to be determined by it.

E. Reappointment Procedure

1. At least one hundred and thirty-five (135) days prior to the expiration of current Allied Health Professional status, the Allied Health Professional shall receive an application for reappointment on a prescribed form. The Allied Health Professional shall complete the form and shall include in it any request for the extension or modification of clinical privileges. Failure to complete and return the form without good cause at least seventy-five (75) days prior to the expiration shall

preclude the application for reappointment from being considered, and Allied Health Professional status (together with clinical privileges) shall terminate on the date of expiration. If extenuating circumstances prohibit submission of the application within seventy-five (75) days of expiration, a fifteen (15) day extension may be made for good cause. In the case of termination, the Allied Health Professional shall be entitled to a review under Section I solely for the purpose of determining whether good cause existed for failure to complete and return the form.

2. The procedures for evaluation of an application for reappointment shall be identical to those set forth in Section D above for an application for initial appointment. These shall include the procedures in Section D for the requesting and making of reports.
3. If the consideration of an application for reappointment that was submitted in a timely fashion under Section E(1) above has not been completed by the time that Allied Health Professional status expires, the Allied Health Professional shall maintain such status (together with clinical privileges) until a final decision has been made.

F. Procedure for Extension of Clinical Privileges

1. An Allied Health Professional may request an extension of clinical privileges at the time of reappointment or at any other time by filing a written request, together with supporting documentation.
2. The procedures for evaluation of a request for an extension of clinical privileges shall be identical to those set forth in Section D above for appointment to Allied Health Professional status. These shall include the procedures in Section D for the requesting and making of reports.

G. Temporary Privileges

1. The Chief Executive Officer or the Chief of Staff, after consultation with the concerned Department Chair and any supervising physician, may grant an Allied Health Professional temporary privileges if he or she presents satisfactory evidence of any required licensure or certification and malpractice insurance coverage and sufficient additional information concerning the ability to exercise the privileges requested. The Hospital will request a report from the National Practitioner Data Bank concerning any Allied Health Professional who is licensed or certified in California.
2. Temporary privileges may be granted in any of the following circumstances:
 - a. Temporary privileges may be granted upon preliminary review of an application for initial appointment to Allied Health Professional status, to last as long as the application is pending;
 - b. Temporary privileges may be granted for the care of a specific patient in the Hospital, up to a maximum limit of three (3) patients in any calendar year; or
 - c. Temporary privileges may be granted, upon receipt and review of the form normally used for an application for Allied Health Professional status, for the care of patients as an alternate locum tenens for a specified Allied Health Professional at the Hospital, for a designated period that may not exceed three (3) months at any single time.
3. An Allied Health Professional who is granted temporary privileges shall be subject to monitoring under procedures established by the appropriate Service.
4. The Chief Executive Officer or the Chief of Staff may at any time terminate or restrict an Allied Health Professional's temporary privileges.

5. An Allied Health Professional shall not be entitled to any of the review rights set forth in this Protocol in the event that a request for temporary privileges is denied or in the event that temporary privileges are terminated or restricted under Section G(4) above. Provided, however, that a clinical psychologist shall be entitled to any applicable hearing procedures set forth in Article VIII of the Medical Staff Bylaws.
6. A denial or revocation of temporary privileges shall be subject to the reporting rules set forth in Section D(8) above.

H. Corrective Action

1. The concerned Department Chair, Chief of Staff, Chief Executive Officer, or Governing Body may make a request to the Medical Executive Committee for an investigation or corrective action whenever an Allied Health Professional engages in conduct that is perceived to be harmful to patient safety, detrimental to the delivery of quality patient care, or disruptive of Hospital operations. The request shall be in writing and shall be supported by reference to specific conduct or activities.
2. The Medical Executive Committee may appoint an ad hoc committee to carry out an investigation. Any such ad hoc committee shall proceed in a prompt manner with the investigation, which may include an informal meeting with the Allied Health Professional. At the conclusion of its investigation, the ad hoc committee shall forward a report, together with any recommendation for corrective action, to the Medical Executive Committee.
3. The Medical Executive Committee shall consider the report and recommendation of any ad hoc committee and shall make its own recommendation concerning any corrective action.
4. In the event that the Medical Executive Committee recommends suspension or termination of Allied Health Professional status or reduction in clinical privileges, the Allied Health Professional shall be entitled to a review under Section I. If the Allied Health Professional waives his or her right to a review, the matter shall be forwarded, together with the supporting materials, to the Governing Body for a final decision.
5. In the event that immediate action is necessary to prevent imminent danger to the health of an individual (including an imminent threat to the operations of the Hospital), any person or entity entitled to request an investigation or corrective action under Section H(1) above may restrict an Allied Health Professional's status or clinical privileges immediately. The Allied Health Professional then shall have the right to meet informally as soon as practicable with the Medical Executive Committee, which shall have the authority to continue, modify, or terminate the restriction. In the event that the restriction continues in any significant form, the Allied Health Professional shall have the right to obtain review under Section I below. The restriction shall remain in effect pending any such review.
6. In the event of a final decision to impose corrective action on an Allied Health Professional who is licensed or certified in California, the Hospital may make a report to the National Practitioner Data Bank under standards and procedures to be determined by it.

I. Review

1. An Allied Health Professional shall be given the opportunity to have any of the following recommended actions reviewed, according to the procedures described below, before it becomes final and effective (except for a summary restriction, which shall be effective immediately):
 - a. Denial of an application for appointment or reappointment to Allied Health Professional status;

- b. Denial of a request for initial or additional clinical privileges (except temporary privileges);
 - c. Reduction or suspension in existing clinical privileges (except temporary privileges); or
 - d. Suspension or expulsion from Allied Health Professional status.
2. Notwithstanding Section I(1) above, an Allied Health Professional shall have no right to obtain review in any of the following instances:
- a. When an application is deemed not to qualify because it is incomplete;
 - b. When an application is denied because the Allied Health Professional is not from a category that the Hospital has accepted for practice on its premises;
 - c. When an application is denied or Allied Health Professional status or clinical privileges are revoked because of the existence of an employment, contractual, panel, or other relationship between the Hospital and any other Allied Health Professional in the affected category which limits the number of Allied Health Professionals in that category who may practice at the Hospital;
 - d. When an application is denied or Allied Health Professional status or clinical privileges are revoked because the physician who is required by law or Medical Staff policy to act as the Allied Health Professional's supervising physician has given up or been deprived of that right or has resigned from the Medical Staff of the Hospital; or
 - e. When temporary privileges are denied or revoked under Section G above.
3. The procedures set forth in Section I(4)-(11) below shall apply to Allied Health Professionals from all categories that the Hospital has accepted for practice on its premises.
4. The Allied Health Professional shall be notified of his or her right to obtain review as soon as practicable after the Medical Executive Committee has decided to make an adverse recommendation under Section D(6) or H(4) above or has made an adverse decision under Section H(5) above. Notice shall be deemed given when deposited in the United States mail in a properly stamped envelope, certified or registered mail, return receipt requested or when personally delivered to the Allied Health Professional.
5. To obtain review, the Allied Health Professional shall submit a written request to the Chief Executive Officer. Such request must be received within fourteen (14) days of the notice to the Allied Health Professional. In the event that the Allied Health Professional does not request review in this manner, he or she shall be deemed to have waived any review rights. The matter then shall be dealt with in accordance with Section C(6) or Section H(4) above.
6. Review shall be in the form of a meeting with a panel, to be selected in accordance with Section I(7) below. Within a reasonable time in advance of the meeting, the Chief Executive Officer or the Medical Executive Committee shall give the Allied Health Professional written notice of the time and date of the meeting and a written summary of the reasons for the recommendation or action. If appropriate, this summary shall include references to representative patient care situations or to specific relevant events.
7. The meeting shall be with an ad hoc panel consisting of at least three (3) persons appointed by the Medical Executive Committee. The Medical Executive Committee shall ensure that panel members have not participated earlier in the formal consideration of the case. The Medical Executive Committee shall designate one (1) member of the panel as its chairman and may include an Allied Health Professional from the appropriate category as a panel member.

8. The panel shall set guidelines to assure that the meeting is held in an orderly manner and that the Allied Health Professional has a reasonable opportunity to challenge the recommendation or action and to respond to the reasons given for it. The guidelines shall allow for the following:
 - a. A presentation by one or more representatives of the Medical Executive Committee, in the presence of the Allied Health Professional, of the recommendation or action and the accompanying reasons, together with any additional information that the panel deems necessary to supplement the written notice received by the Allied Health Professional. The presentation may, for example, include oral statements by members of the concerned service or department, the Interdisciplinary Practice Committee, and the Medical Executive Committee, and any other oral or documentary information pertaining to the issues.
 - b. A presentation by the Allied Health Professional, which may include both an oral and a written statement, together with any other oral or documentary information pertaining to the issues and deemed appropriate by the panel.
 - c. The presence of a practitioner who may accompany and represent the Allied Health Professional at the meeting. If feasible, such practitioner shall possess Medical Staff membership or Allied Health Professional status at the Hospital. The panel in its discretion may permit the Allied Health Professional and the Medical Executive Committee to be accompanied or represented by legal counsel at the meeting. The panel itself may choose to be advised by legal counsel without regard to whether the parties are represented by counsel. The panel shall arrange for any such counsel through the Chief Executive Officer.
 - d. A record of the meeting, to be maintained by the panel in the form of minutes, a tape recording, or a Certified Shorthand Reporter. If a record is maintained by means of a tape recording or a Certified Shorthand Reporter, any party requesting the original of the transcript will bear the cost of the preparation of the transcript.
9. The panel shall affirm the recommendation or action of the Medical Executive Committee, unless the Allied Health Professional proves, by a preponderance of the information presented, that the challenged recommendation or action was unreasonable.
10. Following the meeting, the panel shall deliberate and shall issue a written decision and report. A copy of the decision and report shall be provided to the Allied Health Professional and to the Governing Body.
11. The Governing Body shall consider the decision and report of the panel. In its discretion, the Governing Body may allow the Allied Health Professional to submit a written statement to it commenting on the decision and report. The Governing Body then shall make the final decision on the matter, in accordance with its own procedures.

J. Monitoring

1. An Allied Health Professional who is initially appointed to privileges shall automatically be subject to a period of monitoring which shall last a maximum of twelve (12) months or for such longer time as the concerned department or service may designate. The Allied Health Professional shall not be entitled to a review under Section I of a decision to continue or extend monitoring. In the event that the Department has not approved the full exercise of a particular privilege within the established monitoring period, that privilege shall cease, and the Allied Health Professional shall be entitled to review, upon request, pursuant to Section I above. Provided, however, if the Department has not given its approval due to the failure of the Allied Health Professional to meet the minimum cases required as outlined on the privileging form(s), the Allied Health Professional will be deemed to have relinquished the privilege in question and shall have no right to review.

2. The Medical Executive Committee, the appropriate Department Chair, the Chief of Staff, or the Governing Body shall have authority at any time to require that an Allied Health Professional be subject to a period of monitoring, to last as long as deemed appropriate, and shall have the authority to adopt any rules or procedures considered necessary to implement this requirement.
3. Monitoring may consist of the methods customarily used at hospitals, including concurrent or retrospective chart review, proctoring, or the requirement of consultation.
4. The monitor shall be a practitioner on the Medical Staff or in Allied Health Professional status who exercises clinical privileges relevant to the activity being evaluated. Alternatively, the monitor may be an outside practitioner with the necessary knowledge and experience.

K. Responsibilities and Duties of Allied Health Professionals

All Allied Health Professionals shall be expected to satisfy the following responsibilities and duties:

1. Comply with these Rules and Regulations and with all other applicable rules and regulations, policies, and procedures of the Hospital and the Medical Staff as well as all applicable laws, regulations, and standards;
2. Perform services for patients at the Hospital on the order of the Medical Staff member responsible for the patient's care and subject to the general oversight of the Medical Staff;
3. Exercise independent judgment within the area of competence and scope of licensure, provided that it is understood that Medical Staff members retain ultimate responsibility and authority for patient care;
4. Participate in management of patients as authorized by the Medical Staff and reasonable under the circumstances, but in no circumstance greater than the limits of their knowledge, expertise, education, licensing or other certificate;
5. Write orders, and make entries in the medical record as permitted by licensure;
6. Comply with the standardized procedures, as appropriate, as well as the requirements for performing functions pursuant to standardized procedures as they may exist and are modified from time to time;
7. Perform consultation when requested by the Medical Staff.

L. Participation in Committee Deliberations

Allied Health Professionals shall be expected to attend and participate in the meetings of their respective Departments to the extent permitted or requested by the Department Chair. Allied Health Professionals shall not be entitled to vote on Medical Staff matters.

M. Confidentiality of Information

Allied Health Professionals shall maintain the confidentiality of any and all information concerning patients, including peer review, quality assurance, utilization review or credentialing.

Standards for Pharmacotherapy Clinic (PTC) Pharmacists

A. Licensure

A PTC Pharmacist shall be currently licensed in good standing by the California State Board of Pharmacy, pursuant to Section 4052.

B. Training, Education and Experience

1. Doctor of Pharmacy degree from an accredited school of Pharmacy.
2. Valid California Pharmacist License.
3. Satisfy any one of the following criteria:
 - a. Pharmacist must demonstrate successful completion of an accredited postgraduate residency through an accredited postgraduate institution where at least fifty (50) percent of the experience included the provision of direct patient care services with interdisciplinary teams, by providing by either:
 - i. A copy of the residency certificate awarded by the pharmacist applicant, which includes:
 - I. Name of pharmacist
 - II. Area of Specialty
 - III. Dates of participation and completion
 - ii. A letter of completion of postgraduate residency program, sent directly to the Medical Staff Services Office, which is signed by either the dean or residency program director of the institution and includes:
 - I. Name of the pharmacist
 - II. Area of Specialty
 - III. Dates of participation and completion
 - b. Certification in a relevant area of practice, including, but not limited to, ambulatory care, critical care, geriatric pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pediatric pharmacy, pharmacotherapy, or psychiatric pharmacy, from an organization recognized by the Accreditation Council for Pharmacy Education or another entity recognized by the Board.
 - c. Have provided clinical services to patients for at least one (1) year under a collaborative practice agreement or protocol with a physician, advanced practice pharmacist, pharmacist practicing collaborative drug therapy management, hospital pharmacy practice, or health system.
4. The PTC Pharmacist will complete the required continuing education to maintain California State Board of Pharmacy licensure and board certification (if applicable).
5. PTC Pharmacist is strongly encouraged to obtain Advanced Practice license from Board of Pharmacy.

C. Experience

1. If satisfying above criteria using collaborative practice agreement, Pharmacist Applicant must demonstrate experience earned under a Collaborative Practice Agreement (CPA) within the past ten (10) years. This experience must include: Initiating, adjusting, modifying or discontinuing drug therapy of patients as authorized by law.
2. Pharmacist Applicant must have one (1) year of experience which must include no fewer than 1,500 hours of providing clinical services to patients. This experience must include: Initiating, adjusting, modifying or discontinuing drug therapy of patients as authorized by law
3. Pharmacist Applicant must provide a written statement attesting that he or she has:
 - a. Earned the clinical experience within the required time frame
 - b. Complete the required number of hours of experience providing clinical services to patients
4. Pharmacist Applicant shall provide a copy of the Collaborative Practice Agreement or protocol from previous facility.
 - a. If the CPA or protocol is not available, the applicant shall provide a description of the CPA or protocol, including examples of the clinical services the applicant provided to patients.
5. Pharmacist Applicant shall provide a written statement from his or her previous Supervising Physician, Program Director or Health Care Facility Administrator attesting that the applicant has completed at least 1,500 hours of experience providing clinical services to patients.
 - a. The applicant who cannot satisfy this documentation requirement, may request a waiver, for good cause shown, for this subsection

D. Scope of Practice

See Collaborative Practice Agreement and Delineation of Privileges.

E. Supervising Physician

Required for PTC Pharmacists.

See Collaborative Practice Agreement and Delineation of Privileges.

Standards for Certified Nurse-Midwives

A. Licensure and Certification

A Nurse-Midwife shall be currently licensed in good standing as a registered nurse in California and currently certified as a Nurse-Midwife by the California Board of Registered Nursing.

B. Scope of Practice

1. A Nurse-Midwife may receive privileges to perform the following professional services at the Hospital, under the supervision of a physician who is a member of the Medical Staff:
 - a. Provide advice, supervision, and care for family planning, including fitting vaginal diaphragms, insertion of intrauterine devices, and selection of contraceptive agents from an approved formulary;
 - b. Provide advice, supervision, and care to women during pregnancy, so long as the medical situation meets criteria accepted as normal;
 - c. Evaluate the patient's labor status, authorize admissions, and write appropriate admitting orders;
 - d. Manage labor and delivery on his or her own responsibility, so long as the progress meets criteria accepted as normal and the Nurse-Midwife immediately refers any complications to the supervising physician. In conducting deliveries, the Nurse-Midwife may perform the following services:
 - i. Administer intravenous fluids, analgesics, postpartum oxytocics, and RhoGAM;
 - ii. Perform amniotomies during labor;
 - iii. Apply external or internal monitoring devices;
 - iv. Administer local anesthesia (paracervical blocks, pudendal blocks, and local infiltration);
 - v. Perform Level One sonography, perform non-stress and contraction stress testing, and interpret fetal heart rate monitoring during labor; and
 - vi. Perform and repair episiotomies, and repair first-degree and second-degree lacerations of the perineum, provided that such activities are performed pursuant to protocols that (1) are developed and approved by the Supervising Physician, the Nurse-Midwife, the department chairperson, the Credentials/ Interdisciplinary Practice Committee, and the Hospital's Chief Executive Officer (or designee), and (2) ensure that all complications are referred to a physician immediately, that emergency care or care beyond the Nurse-Midwife's scope of practice is available when the Supervising Physician is not on the Hospital's premises, and that the Supervising Physician oversees no more than a stated number of nurse-midwives at the Hospital;
 - e. Care for the mother and newborn immediately after delivery, as long as the medical situation meets the criteria accepted as normal, including administering preventive measures (e.g., vitamin K and eye prophylaxis), detecting abnormal conditions in the mother and newborn, and resuscitating the newborn;
 - f. Provide emergency care until the assistance of a physician can be obtained;
 - g. Furnish or order drugs or devices to patients under the following conditions:

- i. The following definitions apply:
 - a) "Furnishing" is defined as (1) making the drug or device available to the patient pursuant to an order from the attending physician or (2) transmitting an order from the attending physician to a person lawfully authorized to administer the drug or device;
 - b) "Ordering" is defined as directing a lawfully authorized person to furnish or administer the drug or device;
- ii. The drug or device must be:
 - a) Furnished or ordered incidental to the provision of family planning services;
 - b) Furnished or ordered incidental to the provision of routine health or prenatal care; or
 - c) Rendered to essentially healthy persons;
- iii. The drug or device must be furnished or ordered pursuant to a standardized procedure that is approved by the Hospital and that specifies all of the following:
 - a) The Nurse-Midwives who may furnish or order drugs or devices;
 - b) The drugs or devices that the identified Nurse-Midwives may furnish or order, and the circumstances under which they may do so;
 - c) The extent of the supervision by the attending physician; and
 - d) A method for periodic review by the Hospital of the standardized procedure and of the Nurse-Midwife's competence to furnish or order the drugs or devices specified in it;
- iv. The drug or device must be furnished or ordered under the supervision of the attending physician, who (1) collaborated in the development of and who approved the standardized procedure, (2) is available by telephone at the time of patient examination by the Nurse-Midwife, and (3) supervises no more than four (4) Nurse- Midwives at one time;
- v. The Nurse-Midwife must have received a certification from the Board of Registered Nursing that the Nurse-Midwife has completed (1) at least six month's physician-supervised experience in the furnishing of drugs or devices, and (2) a course in pharmacology covering the drugs and devices to be furnished or ordered;
- vi. The drug being furnished or ordered may be a Schedule III through Schedule V controlled substance if the following conditions are met:
 - a) For Schedule III controlled substances, the drug must be (1) limited to those Schedule III controlled substances specified in a standardized procedure, and (2) furnished or ordered only in accordance with a "patient-specific protocol" approved by the attending physician (i.e., a protocol that specifies the class of patients who can receive the identified Schedule III controlled substances and that can be included within the standardized procedure); and
 - b) For Schedule IV and V controlled substances, the drug must be limited to those Schedule IV and V controlled substances specified in the standardized procedure;

- vii. The drug or device must be furnished or ordered under (1) a number issued by the Board of Registered Nursing to the Nurse-Midwife, and (2) where a drug is a controlled substance, a registration number issued by the federal Drug Enforcement Administration;
- viii. The drug or device must be ordered by means of:
 - a) A written statement in the patient's medical record signed and dated by the Nurse-Midwife; or
 - b) A written form containing (1) the attending physician's printed name, address, and telephone number, (2) the Nurse-Midwife's printed or stamped name and furnishing number, (3) the Nurse-Midwife's DEA registration number if the order is for a controlled substance, and (4) the Nurse-Midwife's signature and the date;
- h. Perform other functions according to standardized procedures adopted by the Hospital.
- 2. "Criteria accepted as normal" include situations where the patient's history reveals no condition that would adversely affect, or be adversely affected by, pregnancy; where there is no indication of current pathology present in the mother or fetus; and where there are no obstetric findings indicating the likelihood of an operative delivery.
- 3. A Nurse-Midwife shall not:
 - a. Assist in childbirth by any artificial, forcible, or mechanical means;
 - b. Perform any version; or
 - c. Practice medicine or surgery.
- 4. The supervising physician need not be physically present when the Nurse-Midwife performs services at the Hospital.

Standards for Nurse Practitioners

A. Licensure and Certification

A Nurse Practitioner shall be currently licensed in good standing as a registered nurse in California and currently certified as a Nurse Practitioner by the California Board of Registered Nursing.

B. Scope of Practice

A Nurse Practitioner may receive privileges to perform the following professional services at the Hospital:

1. Provide services in one or more of the following primary health care areas (i.e., areas involving the assumption of responsibility for the continuity of health care regardless of the presence or absence of disease):
 - a. Adult Care
 - b. Cardiology
 - c. Critical care
 - d. Emergency Medicine
 - e. Family Care
 - f. Geriatrics
 - g. Surgical Care
2. Furnish or order drugs or devices to patients under the following conditions:
 - a. The following definitions apply:
 - i. "Furnishing" is defined as (1) making the drug or device available to the patient pursuant to an order from the attending physician or (2) transmitting an order from the attending physician to a person lawfully authorized to administer the drug or device;
 - ii. "Ordering" is defined as directing a lawfully authorized person to furnish or administer the drug or device;
 - b. The drug or device must be:
 - i. Furnished or ordered incidental to the provision of family planning services;
 - ii. Furnished or ordered incidental to the provision of routine health or prenatal care; or
 - iii. Rendered to essentially healthy persons;
 - c. The drug or device must be furnished or ordered pursuant to a standardized procedure that is approved by the Hospital and that specifies all of the following:
 - i. The Nurse Practitioners who may furnish or order drugs or devices;
 - ii. The drugs or devices that the identified Nurse Practitioners may furnish or order, and the circumstances under which they may do so;
 - iii. The extent of the supervision by the attending physician; and
 - iv. A method for periodic review by the Hospital of the standardized procedure and of the Nurse Practitioner's competence to furnish or order the drugs or devices specified in it;

- d. The drug or device must be furnished or ordered under the supervision of the attending physician, who (1) collaborated in the development of and who approved the standardized procedure, (2) is available by telephone at the time of patient examination by the Nurse Practitioner, and (3) supervises no more than four (4) Nurse Practitioners at one time;
 - e. The Nurse Practitioner must have received a certification from the Board of Registered Nursing that the Nurse Practitioner has completed (1) at least six month's physician-supervised experience in the furnishing of drugs or devices, and (2) a course in pharmacology covering the drugs and devices to be furnished or ordered;
 - f. The drug being furnished or ordered may be a Schedule III through Schedule V controlled substance if the following conditions are met:
 - i. For Schedule III controlled substances, the drug must be (1) limited to those Schedule III controlled substances specified in a standardized procedure, and (2) furnished or ordered only in accordance with a "patient-specific protocol" approved by the attending physician (i.e., a protocol that specifies the class of patients who can receive the identified Schedule III controlled substances and that can be included within the standardized procedure); and
 - ii. For Schedule IV and V controlled substances, the drug must be limited to those Schedule IV and V controlled substances specified in the standardized procedure;
 - g. The drug or device must be furnished or ordered under (1) a number issued by the Board of Registered Nursing to the Nurse Practitioner, and (2) where a drug is a controlled substance, a registration number issued by the federal Drug Enforcement Administration;
 - h. The drug or device must be ordered by means of:
 - i. A written statement in the patient's medical record signed and dated by the Nurse Practitioner; or
 - ii. A written form containing (1) the attending physician's printed name, address, and telephone number, (2) the Nurse Practitioner's printed or stamped name and furnishing number, (3) the Nurse Practitioner's DEA registration number if the order is for a controlled substance, and (4) the Nurse Practitioner's signature and the date.
3. Perform other functions according to standardized procedures adopted by the Hospital.

Standards for Physician Assistants

A. Licensure

A Physician Assistant shall be currently licensed in good standing by the Physician Assistant Examining Committee of the Medical Board of California.

B. Scope of Practice

1. A Physician Assistant may receive privileges to perform the following professional services at the Hospital:
 - a. Take a patient history, perform a physical examination, and make an assessment and diagnosis;
 - b. Initiate, review, and revise treatment and therapy plans;
 - c. Record and present pertinent data in a manner meaningful to the Supervising Physician;
 - d. Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services;
 - e. Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures, and therapeutic procedures;
 - f. Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient;
 - g. Instruct and counsel patients regarding matters pertaining to their physical and mental health, such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding and managing their 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 the following functions with respect to drugs and devices:
 - i. Administer or provide a drug or device to a patient pursuant to an order from the Supervising Physician;
 - ii. Transmit, either orally or in writing in the patient's medical record, a prescription from the Supervising Physician to a person who may lawfully furnish the drug or device; or
 - iii. Order (i.e., direct a lawfully authorized person to dispense or administer) a drug or device for a patient pursuant to either (1) specific advance written approval from the Supervising Physician for the particular patient, or (2) a written protocol that identifies each drug or device covered, specifies the criteria for its use, and designates any contraindications.
 - a) A Physician Assistant may order Schedule II through Schedule V controlled substances if the Physician Assistant has (1) obtained a federal DEA registration number, and (2) received advance written approval from the Supervising Physician as outlined in the PA Practice Agreement;

- b) Except when written directly into the patient's medical record, a drug or device order issued by a Physician Assistant shall contain (1) the Physician Assistant's printed or stamped name and license number, (2) the Physician Assistant's DEA registration number if the order is for a controlled substance, and (3) the Physician Assistant's signature.
 - k. Perform, outside the personal presence of the Supervising Physician, surgical procedures which are customarily performed under local anesthesia and which the Supervising Physician determines, after reviewing appropriate documentation, that the Physician Assistant is trained to perform;
 - l. Act as first or second assistant in surgery under the supervision of the Supervising Physician.
2. A Physician Assistant shall not:
- a. Perform any task or function that requires the peculiar skill, training, or experience of a physician, dentist, or dental hygienist;
 - b. Prescribe medication independently;
 - c. Determine eye refractions or fit or adapt lenses or frames to enhance vision;
 - d. Prescribe or use any optical device for eye exercises, visual training, or orthoptics (this does not, however, preclude administering routine visual screening tests); or
 - e. Prescribe, fit, or adapt contact lenses.

C. Supervising Physician

- 1. A Physician Assistant shall perform all services at the Hospital under the direction of a Supervising Physician who:
 - a. Is currently licensed in good standing by the State of California;
 - b. Is not currently on disciplinary probation from the Medical Board of California for improper use of a physician assistant;
 - c. Is a current member in good standing of the Medical Staff and practices actively at the Hospital; and
 - d. Meets the requirements set forth in this Section C.
- 2. Before the Physician Assistant is permitted to perform services at the Hospital, the Supervising Physician shall submit a signed, written request which describes the tasks and functions that the Physician Assistant would be performing. Those tasks and functions shall be consistent with the Supervising Physician's specialty, with the Supervising Physician's usual and customary practice, and with the patient's health and condition.
- 3. The Supervising Physician shall establish the following in writing, together with any necessary documentation:
 - a. That the Supervising Physician accepts full legal and ethical responsibility for the performance of all professional activities of the Physician Assistant;

- b. Those specific duties and acts, including histories and physical examinations, that the Physician Assistant would be permitted to perform outside of the Supervising Physician's immediate supervision and control;
 - c. That the Supervising Physician is covered by professional liability insurance with limits as determined by Board of Trustees, for acts or omissions arising from supervision of the Physician Assistant (the Supervising Physician shall verify such coverage in a form acceptable to the Medical Executive Committee); and
 - d. That the Supervising Physician has obtained appropriate approval from the Medical Board of California to supervise Physician Assistants in the particular type and scope of practice applied for.
4. The Supervising Physician shall agree in writing in a form acceptable to the Hospital that:
- a. He or she shall notify the Hospital and its Medical Staff immediately in the event that he or she is placed on disciplinary probation by the Medical Board of California for improper use of a physician assistant; and
 - b. He or she shall comply with all Medical Board of California regulations regarding supervision of the Physician Assistant.
5. No Supervising Physician shall have a supervisory relationship with more than four (4) Physician Assistants at any one time. Notwithstanding the foregoing, an emergency physician may have a supervisory relationship with more than four (4) emergency care Physician Assistants at any one time, provided that the emergency physician does not oversee the work of more than four (4) such Physician Assistants while on duty at any one time.
6. The supervision of the Physician Assistant by the Supervising Physician shall include all of the following:
- a. Availability of the Supervising Physician in person or by electronic communication when the Physician Assistant is caring for patients;
 - b. Monitoring or review of the Physician Assistant's performance of all tasks and procedures that the Supervising Physician will delegate to the Physician Assistant until the Supervising Physician is assured of competency;
 - c. Establishment of written transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the Physician Assistant's scope of practice for such times when the Supervising Physician is not on the premises;
 - d. Establishment of written guidelines for the adequate supervision of the Physician Assistant as outlined in the Practice Agreement and/or supervising physician documents.
 - e. On-site supervision by the Supervising Physician of any surgery requiring anesthesia other than local anesthesia; and
 - f. Responsibility on the part of the Supervising Physician to follow the progress of the patient and to make certain that the Physician Assistant does not function autonomously.

Standards for Registered Nurse First Assistants

A. Definition

1. The Registered Nurse First Assistant (RNFA) is available to:
 - a. Provide retraction and hemostasis;
 - b. Make incisions;
 - c. Perform knot tying; and
 - d. Perform wound closure in collaboration with the supervising surgeon.
Position, prepping and draping of the patient can also be done independently if so directed by the surgeon.
2. Indications
 - a. Setting: Any Providence St. Joseph Hospital, Eureka operating theater
 - b. Patient Population: Any patient undergoing surgery
 - c. Circumstances: These procedures are performed on surgical patients when determined by the attending surgeon.
3. Contraindications
 - a. The RNFA must be unencumbered in the role of first assistant, with no concurrent role as scrub nurse or circulating nurse.

B. Licensure and Certification

An RNFA shall:

1. Be currently licensed as a registered nurse in California; and
2. Either:
 - a. Be currently certified or eligible as a “certified registered nurse first assistant” (“CRNFA”); or
 - b. Be currently certified or eligible as a “certified nurse operating room” (“CNOR”)

C. Standards of Practice

1. An RNFA may receive privileges to perform the following professional services at the Hospital:
 - a. Perform the following preoperative services:
 - i. Conduct patient interviews;
 - ii. Perform patient assessments; and
 - iii. Perform patient teaching

- b. Perform the following intraoperative services in the immediate presence of the supervising physician:
 - i. Assist with positioning, preparing, and draping the patient;
 - ii. Use surgical instruments;
 - iii. Perform dissection;
 - iv. Suction the wound area;
 - v. Pack sponges or laparotomy pads into body cavities to hold tissues or organs out of the operating field;
 - vi. Grasp or fixate tissue with screws, staples or other devices;
 - vii. Apply bovie power to instrumentation held by the surgeon when the surgeon is unable to do so;
 - viii. Inject medications;
 - ix. Make incisions by:
 - 1. Incising skin with a scalpel where and as directed by surgeon.
 - 2. Using above techniques of retraction and hemostasis.
 - x. Provide retraction for adequate exposure 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.
 - xi. 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.
 - xii. 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.
- xiii. Provide closure of surgical wound by:
1. Correctly approximating layers as directed by surgeon.
 2. Demonstrate knowledge of different types of closure.
 3. Correctly applying skin staples.
- xiv. Assist the surgeon at the completion of procedure by:
1. Affixing and stabilizing drains.
 2. Cleaning the wound and applying the dressing.
 3. Assisting in applying casts
- xv. 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.
- c. Perform the following postoperative services:
- i. Remove dressings, sutures, skin staples, drains, chest tubes, and casts;
 - ii. Perform postoperative assessments;
 - iii. Perform postoperative teaching; and
 - iv. Conduct discharge planning.
- d. Perform other functions according to standardized procedures and delineation of privileges adopted by the Hospital.

D. Supervision

1. The attending surgeon will provide direct or immediate supervision of the RNFA
2. Should the surgeon elect to use the services of an RNFA, the surgeon agrees to assume the responsibility for direct supervision of the RNFA for the duration of the encounter.

E. Other Requirements

1. Record Keeping
 - a. Name listed on the surgical consent as is appropriate
 - b. Name listed on perioperative record under assistant surgeon
2. Proctoring will be conducted as outlined in the Focused Professional Practice Evaluation (FPPE) policy.
3. Ongoing and periodic review will be conducted per the Ongoing Professional Practice Evaluation (OPPE) policy.