



**Physician Assistant
Delineation of Privileges**

Name: _____
(Please print)

- _____ Initial privileges (initial appointment)
- _____ Renewal of privileges (*reappointment, on 2 year specialty cycles*)
- _____ Modification of privileges (*request for any additional privileges beyond those previously granted*)

Basic Requirements: Associate, Bachelor or Master's Degree required

Minimal formal training: Completion of an ARC-PA approved program (prior to January 2001, completion of a CAAHEP approved program) that included training in the procedures for which privileges are sought; or demonstrated completion of an accredited PA residency program. Current NCCPA certification. Current licensure to practice as a PA issued by the Tennessee board of medicine. Document their certification by their appropriate certifying board. Certification will be verified prior to recommending appointment to the APP staff. Additionally, maintenance of certification is required and will be verified prior to reappointment to the APP staff. Failure to achieve certification/recertification will result in termination of membership and privileges on the APP staff. If requesting procedures, evidence of training and experience must accompany the application.

1. Evidence of professional liability insurance (\$1/\$3 million coverage).
2. No physical or mental health problems which would prevent the exercise of privileges granted.
3. An agreement with a physician who is currently appointed by and in good standing with the Medical Staff of the Erlanger Health System to supervise the physician assistant's practice within the hospital complex.
4. Continuing education requirements will be consistent with the certification/recertification requirements, which may vary with the certification.
5. BLS is REQUIRED for all APPs and must be maintained.
6. ACLS, PALS, NRP per specialty department requirement/job description if working in critical care, cardiology, procedural, surgical or emergency medicine.

Baroness*	Children's**	North	East	Bledsoe/Sequatchie	Community Health Centers***

* Includes BEH Main Hospital, Miller Eye Center, Plaza Surgery and all Erlanger Ambulatory Clinics

**Includes Children's Hospital Inpatient, Children's Ambulatory clinics, Children's OR and Kennedy Children's Outpatient Center

***Includes Dodson Avenue Community Health Center, Premier Community Health Center, and Southside Community Health Center

Core Physician Assistant Privileges:

Interview to obtain health history

Record information in patient's medical record

Perform physical assessments

Conduct rounds independently of physician but not in lieu of physician

In consultation with the physician, may discharge the hospitalized patient

Order and/or schedule (when appropriate) laboratory and/or diagnostic studies

Evaluate and interpret laboratory and/or diagnostic studies

Establish medical diagnoses, and implement appropriate plan of care related to diagnoses. **NOTE:** Medical diagnosis and treatment will be per written protocols, which have been agreed upon by both the APP and the supervising physician. A copy of **each** signed protocol will be kept on file in the physician's private office and may be subject to review by the Medical Staff **prior** to implementation. Protocols will be used as guidelines, and will not restrict the use of good judgement concerning proper diagnostics and/or therapy. Protocols may be subject to review at the time of reappointment and may be approved by the appropriate Medical Staff committee(s).

Collaborate with the supervising physician, as needed, concerning appropriate diagnostic studies, medical diagnoses and treatment.

Provide health counseling and guidance.

Prescribe and regulate medications per written agreement with the appropriate persons/agencies. A copy of any and all written agreements with any and all person/agencies will be kept on file in the physician's private office.

Collaborate with and assist the supervising physician in the admission of patients to the hospital. **NOTE:** This does not grant the APP the right to independently admit any patient; admission privileges are granted to physicians (defined in the Medical Staff Bylaws as MD, DO and DDS).

Instruct patients regarding, but not limited to, the following:

- Diets and medications
- Exercise/physical therapy
- Prenatal and childcare instructions
- Hospital admission
- Education specific to the disease entity
- Discharge and follow-up instructions

Special Advanced Procedure Privileges for Physician Assistant:

Defined as those approved procedural privileges requiring additional education and training and may be granted only on evidence of initial and ongoing competency.

Additional Qualifications:

- Completion of an ARC-PA approved program (prior to January 2001, completion of a CAAHEP approved program) that included training in the procedures for which privileges are sought; or demonstrated completion of an accredited PA residency program.
- Demonstrate competency in the assessment, diagnosis, and management of the procedures requested.
- Successfully completed the national certification examination in Acute Care, Perioperative, Care, or Orthopedics, unless otherwise approved by the credentialing committee, Chief Medical Officer, and the medical executive committee of Erlanger Health System. Must be Acute Care trained and certified to practice in an inpatient setting for adult or pediatric unless specifically approved by the credentialing committee and MEC.
- Specific training and/or experience in the procedure(s) requested below.

Supporting Documentation: Requests for advanced procedure privileges at initial appointment, reappointment, and additional privilege additions must be supported by the following:

- Log of procedures performed indicating the date, proceduralist, and name of procedure and/or simulation lab certificate of completion as appropriate.
- The supervising physician will be responsible for attesting the log prior to submission with the initial application or reappointment application.

Definitions of supervision:

INDIRECT: The supervising MD/DO is available for consult by phone prior to performing the procedure.

DIRECT: The supervising MD/DO is in the building and can come if needed while performing the procedure.

PRESENT: The supervising MD/DO is present during the substantiated portion of the procedure EXCEPT in cases of emergency where patient harm would result in the APP not performing the procedure.

		Cricothyroidotomy (needle)	1	1	
		Cricothyroidotomy (surgical)	1	1	
		Cryotherapy (benign, premalignant, and malignant destruction)	3	2	
		Defibrillation/cardioversion	1	1	
		Destruction with Electrodesiccation	3	2	
		EKG Interpretation (preliminary read only)	10	5	
		Endotracheal intubation- ADULT	25	5	
		Endotracheal intubation- NEONATAL	5	5	
		endotracheal intubation- PEDIATRIC	25	5	
		Epidural Steroid Injection	5	5	
		Esophageal dilation	3	5	
		EVD care and removal with closure	3	5	
		Excisions	3	5	
		Feeding tube change (DHT or gastric tube only)	3	1	
		Feeding tube placement	3	1	
		Fern Testing (ED and GYN)	10	12	
		Fluoroscopic Procedures (GI, Chest, Biliary, Genitourinary & Localization)	10	5	
		Gastrostomy tube removal	1	1	
		Gastrostomy tube replacement	1	1	
		GU catheter check, change and placement	2	1	
		Hormone pellet insertion	3	2	
		Image guided Percutaneous Biopsy/Aspiration/Injection at the direction of Radiologist	10	5	With MD/DO present
		Image guided placement of central venous catheter	10	5	
		Imaging interpretation (preliminary read only)			
		Advanced imaging	10	10	
		Plain films	10	10	
		Impella removal	2	1	
		Incision and drainage of labial/bartholians abscess	2	2	
		Incision and drainage	3	2	
		Indwelling catheter checks (any vessel)	3	1	
		Initiation of IV therapy	1	1	
		Intra-arterial line placement for hemodynamic monitoring	10	5	

		Intralesional injections: including steroid, chemo (bleomycin, Fluorouracil, MTX)	5	3	
		Intraosseous (IO) placement	2	1	
		IUD insertion	3	12	
		IUD removal	1	1	
		Joint aspiration/injection			
		Ankle aspiration/injection	3	3	
		Elbow aspiration/injection	3	3	
		Hand/wrist injection	3	3	
		Hip-trochanteric injection only, NOT INTRA-ARTICULAR	3	3	
		Knee aspiration/injection	3	3	
		Plantar fascia injection	3	3	
		Shoulder aspiration/injection	3	3	
		Soft tissue/tendon injections	3	3	
		Toe joint injection	3	3	
		Joint injection under mobile fluoroscopy	3	3	
		Joint injection under ultrasound	3	3	
		JP removal	1	1	
		Laceration/incision repair (simple and intermediate)	2	2	
		Laceration/incision repair (complex)	5	10	
		Local nerve blocks	3	3	
		Lumbar puncture (diagnostic and therapeutic) ADULT/PEDIATRIC	5	2	
		Lumbar puncture (diagnostic and therapeutic) NEONATAL	3	3	
		Myelography	5	3	
		Nexplanon insertion	3	6	
		Nexplanon removal	3	6	
		Occipital nerve blocks	3	3	
		PA catheter insertion and maintenance	5	5	
		Paracentesis	5	2	
		Pelvic exams	2	2	
		Perform and interpret non-stress test (ED and GYN)	10	12	
		Peripheral Venography	3	1	
		Peripheral Venous puncture	3	1	
		Phototherapy	3	5	

			PICC line placement	2	5	
			Pin removal	2	1	
			Placement of Central Venous Catheter	5	3	
			Reduction of simple closed dislocations and fractures	2	5	
			Removal of central venous catheters	2	2	
			Removal of chest tubes	1	1	
			Removal of drains	2	1	
			Removal of foreign bodies from superficial tissue (including sutures)	10	2	
			Removal of post CABG chest tubes	2	5	
			Repair of central venous catheters	3	2	
			Repair of excisions (simple and intermediate)	1	6	
			Reservoir tap	50	1	
			Saphenous vein harvesting (CT surgery only)	3	20	
			Shunt adjustment/taping	2	5	
			Simple wound debridement	1	2	
			Staple removal	3	1	
			Stapling incisions	1	5	
			Sterile Vaginal Packing (ED and GYN)	1	1	With MD/DO present
			Suprapubic aspiration	2	1	With MD/DO present
			Suture removal	2	1	
			Thoracentesis (image guided)	5	3	
			Thoracentesis (needle aspiration)	2	2	
			Thoracostomy tube placement (needle decompression)	5	2	
			Tracheostomy removal	2	2	
			Treatment of simple dislocations/fractures	5	5	
			Tunneled line/port removal	3	3	
			Tunneled line revision	5	3	
			Umbilical artery catheterization	3	3	
			Umbilical venous line	3	3	
			Venous catheter insertion	1	1	
			Ventricular reservoir tap	1	1	
			Wet Prep (ED and GYN)	10	12	

Request for Privilege Not Listed in Advanced Procedure *(please list the privilege and provide justification as well as any accompanying certifications or case logs)*

Department Chief Recommendation:

I have reviewed the requested clinical privileges and supportive documentation for the above named applicant.

_____ Recommended as Requested

_____ Recommended with Modifications (See comments below)

_____ Not Recommended (See comments below)

Chief Comments: _____

Provider Signature

Date

Chief Signature

Date

***ERLANGER HEALTH SYSTEM
REQUEST FOR NEW ADVANCED PROCEDURE
FOR ADVANCED PRACTICE PROVIDERS (APPS)***

Policy: Erlanger Credentialing committee and MEC must approve all new procedures requested by an Advanced Practice Provider to ensure clinical appropriateness, training, and competency are involved in order to provide superior safe care to the patients of Erlanger Health Systems.

- Philosophy:**
1. New scopes of service or procedures must be evaluated by the credentialing committee of EHS and approved by the MEC prior to performing to ensure standardization and competency.
 2. Advancements in technology require enhancements to current procedures as technologies become more available.
 3. New procedures are defined as those that require a specific and unique technical approach, or have been practiced outside of EHS at a prior institution and not currently performed by any APP on staff.
 4. The Chief Medical Officer, Division Chiefs, and Medical Executive Committee (MEC) leaders provide input and recommendations during the consideration process.
 5. Privileging requirements may take a variety of forms including, but are not limited to, specialized certification or specialty course/technical training, proctoring by physicians who are already credentialed to perform the procedure requested, or manufacturer-required training.

Scope of Services Summary Development/Checklist

1.	Procedure/Service requested	
2.	APP name requesting to perform procedure	
3.	Is supervising MD credentialed to perform the procedure	
4.	Location(s) where procedure will be performed	
5.	Age range of population of patients	
6.	Is the procedure FDA approved or investigational	
7.	Are new equipment/supplies needed to perform procedure, if so proforma is required and must be attached unless already performed within the system.	
8.	Are order sets required to implement	

9.	Number expected to perform annually	
10.	Number required to obtain competency annually and how was competency obtained (certification, course, proctored)- attach documentation	
11.	Number required to maintain proficiency	
12.	Projected start date	

Requesting Practitioner signature: _____

Date: _____

Requesting Practitioner printed name/credentials: _____

Supervising Physician signature: _____

Date: _____

Supervising Physician printed name: _____

Department Chief signature: _____

Date: _____

Department Chief printed name: _____

Credentialing Committee Approval: See Board Resolution

MEC Committee Approval: See Board Resolution

Board Approval: See Board Resolution