

SPECIALTY OF CERTIFIED PHYSICIAN ASSISTANT – EMERGENCY DEPARTMENT
Delineation of Clinical Privileges

Criteria for granting privileges: Current national board certification as a physician assistant from the (NCCPA)
And
Current, unencumbered license to practice as a Certified Physician Assistant, in the state of his/her practice, as applicable to the requested core privileges
And
Current Drug Enforcement Agency (DEA) number or registration in the state of his/her practice, as applicable
And
Current ACLS and/or PALS, as applicable

Applicants will be requested to provide documentation of practice and current clinical competence as defined on the attached competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Current Clinical Competence - MLH

In addition to the required education, experience and/or training specified on each DOP (Delineation of Privilege) form, documentation of current clinical competence is required. Current clinical competence is described as having “performed the privilege recently and performed it well”.

Current clinical competence is assessed prior to granting privileges initially and is reassessed when renewing privileges at reappointment – for maintenance of privileges. Current Clinical Competence (CCC) may be location specific (acute hospital care, surgery center) and/or age specific (adult, pediatric, neonatal).

This should not be confused with Focused Professional Practice Evaluation (FPPE)

- FPPE: an evaluation of clinical competence of all new privileges as performed at the specific licensed MLH facility (MHMH, MHOBH) for which they have been initially granted. This applies to privileges for all new applicants as well as to new/additional privileges for current members.

Both FPPE and current clinical competence assessments are privilege-specific. FPPE is conducted during the period after granting new/additional privileges. FPPE must occur at the MLH facility(ies) where privileges/membership are held. Current clinical competence may be evaluated from case logs provided by non-MLH facilities.

Current Clinical Competence: Requirements for New Applicants

- If applying directly from training, or based on the training received in a formal training program, provider should submit case* logs from the program authenticated by the program director along with their recommendation attesting to the comparable training, experience and qualifications relative to the criteria for the clinical privileges requested.
- If applying more than 1 year after training completion, submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.

- Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
- Case logs (see specifications below) for any special privileges requested that meet the criteria specific for the number of procedures defined for current clinical competence.

Current Clinical Competence: Maintenance of Privileges for Current Practitioners

- Practitioner should submit the following:
 - Aggregate data from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 diagnosis codes and the number of patients per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Procedure list from acute care or surgery center facility for the previous 12 month time period, identifying the top 10 CPT/ICD codes and the number of procedures per code. Any complications/poor outcomes should be delineated and accompanied by an explanation.
 - Case logs (see specifications below) for any special privileges requested that meet the specific number of procedures defined for current clinical competence.

Case Logs

All required case logs and/or procedure lists must contain the following information at a minimum: Date, patient identifier, CPT/ICD procedure code, diagnosis, complications, and disposition, and the facility name, name/title of the person authenticating the log, signature, date signed, and contact information. If the information requested is not available, please provide an explanation.

*A “case” is defined as an episode of care – either cognitive or procedural. For interpretive care, “case” is interpretation of one diagnostic study.

Ongoing Professional Performance Evaluation (OPPE)

OPPE is evaluated periodically (more frequently than annually) in the facility where membership/privileges are held.

To assure OPPE requirements are satisfied, the practitioner must periodically exercise the privileges in the MLH facility(ies) where he/she has membership. OPPE must occur regularly on patient encounters in the MLH facility(ies) where privileges/membership are held.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
Certified Physician Assistant Emergency Department Core	Current national board certification as a physician assistant from the (NCCPA) And Current, unencumbered license to practice as a Certified Physician Assistant, in the state of his/her practice, as applicable to the requested core privileges And Current Drug Enforcement Agency (DEA) number and registration in the state of his/her practice, as applicable And Current ACLS and/or PALS, as applicable	Case log documenting 10 inpatient encounters during the previous 12 months at the practitioners primary practice facility	First 5 cases	MLH Data will be obtained for practitioners when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege. If no activity is found, applicant should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege. Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months. Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.
<i>Foreign Body Removal (aural, nasal, vaginal, dermal and subcutaneous tissue)</i>	Documentation of prior training validated by the supervising/sponsoring physician or pertinent CME as evidenced by certificate of completion.	If applying from an external facility: Case log of 5 successful procedures within the previous 12 months OR Completion of 5 successfully proctored procedures as evidenced by submission of proctor evaluation forms	First 3 cases	Case log documenting 3 procedures during the previous 24 months.
<i>Simple digit reduction (phalanges)</i>	Documentation of prior training validated by the supervising/sponsoring physician or pertinent CME as evidenced by certificate of completion.	If applying from an external facility: Case log of 5 successful procedures within the previous 12 months OR Completion of 5 successfully proctored procedures as evidenced by submission of proctor evaluation forms	First 5 cases	Case log documenting 5 procedures during the previous 24 months.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
<i>Radial head subluxation (Nursemaid's elbow) Reduction</i>	Documentation of prior training validated by the supervising/sponsoring physician or pertinent CME as evidenced by certificate of completion.	If applying from an external facility: Case log of 3 successful procedures within the previous 12 months OR Completion of 3 successfully proctored procedures as evidenced by submission of proctor evaluation forms	First 3 cases	Case log documenting 3 procedures during the previous 24 months
<i>Shoulder Reduction</i>	Documentation of prior training validated by the supervising/sponsoring physician or pertinent CME as evidenced by certificate of completion.	If applying from an external facility: Case log of 3 successful procedures within the previous 12 months OR Completion of 3 successfully proctored procedures as evidenced by submission of proctor evaluation forms	First 3 cases	Case log documenting 3 procedures during the previous 24 months
<i>Suture Lacerations</i>	Documentation of prior training validated by the supervising/sponsoring physician or pertinent CME as evidenced by certificate of completion.	If applying from an external facility: Case log of 5 successful procedures within the previous 12 months OR Completion of 5 successfully proctored procedures as evidenced by submission of proctor evaluation forms	First 5 cases	Case log documenting 5 procedures during the previous 24 months and at least 10 every 24 months
<i>Wound Debridement and Incision and Drainage</i>	Documentation of prior training validated by the supervising/sponsoring physician	If applying from an external facility: Case log of 5 successful procedures within the previous 12 months OR Completion of 5 successfully proctored procedures as evidenced by submission of proctor evaluation forms	First 5 cases	Case log documenting 5 procedures during the previous 24 months
<i>Arterial Punctures</i>	Documentation of prior training validated by the supervising/sponsoring physician	If applying from an external facility: Case log of 5 successful procedures within the previous 12 months OR Completion of 5 successfully	First 5 cases	Case log documenting 5 procedures during the previous 24 months

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
		proctored procedures as evidenced by submission of proctor evaluation forms		
<i>Endotracheal Intubation</i>	Documentation of training in procedure, supervising physician must validate	If applying from an external facility: Case log of 15 successful endotracheal intubations in the past 12 months from primary facility OR 35 successfully proctored endotracheal intubations, of which 20 may simulations, as evidenced by proctor evaluation forms	First 5 procedures	Case log documenting 5 procedures during the previous 12 months and at least 10 every 24 months.
<i>Lumbar punctures</i>	Documentation of training in procedure, supervising physician must validate	If applying from an external facility: Case log documenting 5 procedures during the previous 12 months OR Completion of 10 successfully proctored procedures as evidenced by submission of proctor evaluation forms	First 5 procedures	Case log documenting 5 procedures during the previous 12 months and at least 10 every 24 months.
<i>Insertion of Midline Catheters or PICC lines</i>	Documentation of training in procedure, supervising physician must validate	If applying from an external facility: Case log documenting 10 procedures during the previous 12 months OR Completion of 10 successfully proctored procedures as evidenced by submission of proctor evaluation forms	First 5 procedures	Case log documenting 5 procedures during the previous 12 months and at least 10 every 24 months.
<i>Ultrasound-guided Insertion of Central Venous Catheter</i>	Documentation of training in procedure, supervising physician must validate	If applying from an external facility: Case log documenting 10 procedures during the previous 12 months OR Completion of 10 successfully	First 5 procedures	Case log documenting 5 procedures during the previous 12 months and at least 10 every 24 months.

Specialty/Procedure Delineation of Privilege Form	Education/Training Documentation for Initial Granting	Initial Application (Proof of current clinical competence)	FPPE – Validation of competence after appointment and/or granting of a new or additional privilege (To be completed within one year)	Maintenance Requirements
		proctored procedures as evidenced by submission of proctor evaluation forms		
Certified Physician Assistant - Emergency Medicine Fellowship Trained - Core	<p>Current national board certification as a physician assistant from the (NCCPA) And Current, unencumbered license to practice as a Certified Physician Assistant, in the state of his/her practice, as applicable to the requested core privileges And Current Drug Enforcement Agency (DEA) number and registration in the state of his/her practice, as applicable And Current ACLS and/or PALS, as applicable And Completion of a one year Emergency Medicine Physician Assistant Fellowship validated by the Program Director</p>	<p>Case log documenting 10 inpatient encounters during the previous 12 months at the practitioners primary practice facility Or Case log from Emergency Medicine Physician Assistant Fellowship</p>	<p>First 10 cases to include 2 cases each of: Incision and drainage of abscesses, removal of foreign body from the ears/nose, reduction of shoulder dislocations.</p>	<p>MLH Data will be obtained for practitioners when available, the applicant should supply additional case logs from other facilities' HIM departments, if necessary, to meet the minimum requirement(s) to be considered for the privilege.</p> <p>If no activity is found, applicant should supply case logs from other facilities' HIM departments to meet the minimum requirement(s) to be considered for the privilege.</p> <p>Aggregate data submitted should include the top 10 diagnosis codes, with the number of inpatients per code, and procedure lists indicating the top 10 CPT/ICD codes, with the number of procedures per code for the previous 12 months.</p> <p>Any complications/poor outcomes should be delineated and accompanied by an explanation. Department chair recommendation will be obtained from primary practice facility.</p>

Scope of Service and Responsibility:

Scope of service is based upon education, clinical training, demonstrated skills and capacity to manage procedurally related complications. The PA-C will collaborate with the supervising physician in admitting, managing care, and discharging patients from the hospital and provide select medical/surgical services when within their training and skills when delegated by the physician that are a component of the supervising physician's scope of practice.

The PA-C shall be in compliance with all applicable state and hospital rules including, but not limited to, supervision, protocols, patient reviews, and prescriptions.

Clinical Supervision Requirements:

The supervision of the PA-C will be compliant with all applicable state rules and regulations.

Core Physician Assistant Emergency Department Core Privilege:

Consistent with the intent of the state rules and regulations, privileges serve the purpose to maximize the collaborative practice of PA-C and supervising physicians in a manner consistent with quality health care delivery. Therefore, written agreements developed jointly by the supervising physician and the PA-C will guide the ongoing medical management of patients and the following privileges.

1. Perform and document initial and subsequent history and physicals, including medical screening exams for patients in the Emergency Department. The supervising physician validates the final documented diagnosis after reviewing and confirming the history and physical findings within 48 hours.
2. Record information for the patient's chart.
3. Perform/interpret laboratory, and patient screening processes
4. Assist the supervising physician in reviewing treatment plans and ordering tests and diagnostic laboratory/radiological services.
5. Order therapies, using procedures reviewed and approved by the supervising physician
6. Write orders for medications, treatments, tests and IV fluids consistent with the scope of practice of the PA-C of the supervising physician.
7. The PA-C may write prescriptions, and any prescription written and signed by the PA-C under the supervision and control of a supervising physician shall be deemed to be that of the PA-C. Controlled substances may be prescribed consistent with state rules and regulations.
8. Collaborate with supervising physician and other health care providers to provide patient care.
9. May prepare a discharge summary, including final diagnosis and procedures, and incorporate the physical findings, laboratory reports, and the patient's course in the hospital. In addition the summary will indicate the instructions given the patient in reference to diet, medication, physical activity, and follow-up care. The discharging physician will certify the completed medical record.

Core Procedures:

- a. application, change and removal of dressing
- b. venous punctures
- c. removal of sutures and staples
- d. splinting and casting of closed extremity fractures
- e. wound care, cleanse

Certified Physician Assistant - Emergency Medicine Fellowship Trained - Core Privilege:

Consistent with the intent of the state rules and regulations, privileges serve the purpose to maximize the collaborative practice of PA-C and supervising physicians in a manner consistent with quality health care delivery. Therefore, written agreements developed jointly by the supervising physician and the PA-C will guide the ongoing medical management of patients and the following privileges.

1. Perform and document initial and subsequent history and physicals, including medical screening exams for patients in the Emergency Department. The supervising physician validates the final documented diagnosis after reviewing and confirming the history and physical findings within 48 hours.
2. Record information for the patient's chart.
3. Perform/interpret laboratory, and patient screening processes
4. Assist the supervising physician in reviewing treatment plans and ordering tests and diagnostic laboratory/radiological services.
5. Order therapies, using procedures reviewed and approved by the supervising physician
6. Write orders for medications, treatments, tests and IV fluids consistent with the scope of practice of the PA-C of the supervising physician.
7. The PA-C may write prescriptions, and any prescription written and signed by the PA-C under the supervision and control of a supervising physician shall be deemed to be that of the PA-C. Controlled substances may be prescribed consistent with state rules and regulations.
8. Collaborate with supervising physician and other health care providers to provide patient care.
9. May prepare a discharge summary, including final diagnosis and procedures, and incorporate the physical findings, laboratory reports, and the patient's course in the hospital. In addition the summary will indicate the instructions given the patient in reference to diet, medication, physical activity, and follow-up care. The discharging physician will certify the completed medical record.

Core Procedures:

- a. application, change and removal of dressing
- b. arterial and venous punctures
- c. removal of sutures and staples
- d. splinting and casting of closed extremity fractures
- e. suture lacerations
- f. wound care, cleanse and debride
- g. incision and drainage of abscesses
- h. removal of foreign body from the ear/nose
- i. reduction of shoulder dislocation

Process Protocol:

The Certified Physicians Assistant in collaboration with the supervising physicians identifies the following evidence-based resources, texts, and reference documents that are applicable standards of care and provide the applicable process protocols for care management:

- Clinical Guidelines in Emergency Medicine; Roberts and Hedges
- Emergency Department Patient Care Protocols
- Emergency Medicine, A Comprehensive Study Guide, American Academy of Emergency Physicians, Tintinalli
- Principles of Internal Medicine; Harrison

Consultation:

The Certified Physicians Assistant will be managing Primary, Secondary, and Tertiary care conditions for the above described patient population. In general, communication with a physician will be sought for all of the following situations and any others deemed appropriate:

- Whenever situations arise which go beyond the intent of the Protocols or the competence, scope of practice or experience of the Certified Physicians Assistant.
- Whenever patient conditions fail to respond to the management plan in an appropriate time.
- Any rare or unstable patient conditions.
- Any patient conditions which do not fit the commonly accepted diagnostic patterns for a disease or disorder.
- Any unexplained physical examination or historical finding.
- At the request of the patient, the Certified Physician's Assistant or the physician.
- All emergency situations after initial stabilizing care has been started.

Whenever a physician is consulted, a notation to that effect, including the physician's name, must be made in the medical record.

Special Procedures:

The applicant must provide documentation of current clinical competence in performing the procedure consistent with the criteria set forth in medical staff policies governing the exercise of specific privileges and the appended competency grid. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current clinical competence, and other qualifications and for resolving any doubts.

Certified Physician Assistant – Emergency Department (Adult Facilities) Clinical Privileges

Check below the particular privileges desired as Certified Physician Assistant for each facility:

Please check (✓) applicable age categories for each privilege requested.

Privilege Description	Methodist Healthcare – Memphis Hospitals (MHMH) Germantown, Le Bonheur Medical Center, North, South & University, Outpatient Clinics & Diagnostic Facilities					Methodist Healthcare – Olive Branch Hospital (MHOBH)	
	Neonates (0-28 days)	Infants (29 days– 2 Years)	Children (2- 12 years)	Adults & Adolescents (13 & Above)	Adults (18 & Above)	Children 2-12 years	Adults (13 & Above)
Certified Physician Assistant Emergency Department Core							
Special Privileges							
Foreign Body Removal (aural, nasal, vaginal, dermal and subcutaneous)							
Simple Digit Reduction (phalanges)							
Radial Head Subluxation (nurse maid's elbow) Reduction							
Shoulder Reduction							
Suture Lacerations							
Wound Debridement and Incision and Drainage							
-Arterial Punctures							
Intubation							
Lumbar punctures							
Insertion of Midline Catheters or PICC lines							
Ultrasound-guided Insertion of Central Venous Catheter							
Certified Physician Assistant - Emergency Medicine Fellowship Trained Core							
Specialty Focus: condition(s), disease(s) for the patient population (e.g. pediatric neurology, adult cardiology)				Emergency Medicine			
Limitations	Clinical privileges are granted only to the extent privileges are available at each facility.						
Darkly shaded areas represent privileges not available to any practitioner due to the privilege not being offered by the facility.							

Acknowledgement of practitioner

I have requested only those privileges for which by education, training, current experience and demonstrated performance I am qualified to perform and for which I wish to exercise at the facilities indicated above, to the extent services are available at each facility, and I understand that:

(a) in exercising any clinical privileges granted, I am constrained by facility and medical staff policies and rules applicable generally and any applicable to the particular situation

(b) any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the medical staff bylaws or related documents

Practitioner's Signature

Date

Printed Name

Acknowledgement of sponsor

I agree to abide by the clinical supervision responsibilities listed and the Certified Physicians Assistant will abide by the privileges outlined above and the appropriate facility Medical Staff Rules and Regulations.

Signature (No Stamps)
Employing or Supervising Physician

Date: _____

Printed Name

ID # _____