

## **CARDIOVASCULAR SURGERY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES**

**Notice to Applicant:** Applicants have the burden of producing information deemed adequate by University of Mississippi Medical Center (UMMC) for a proper evaluation of current competence, current clinical activity, and other qualifications and for resolving any doubts related to qualifications for requested privileges.

- Note that privileges granted may only be exercised at the site(s) and/or setting(s) that have the appropriate equipment, license, beds, staff and other support required to provide the services defined in this document. Site-specific services may be defined in hospital and/or department policy.
- This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional governance (Medical Staff Bylaws, Rules and Regulations) organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

### **QUALIFICATIONS FOR PHYSICIAN ASSISTANT**

***To be eligible to apply for core privileges as a Physician Assistant, the initial applicant must meet the following criteria:***

- Education: Master's degree or higher in Physician Assistant Studies or equivalent area of study
- Training: Successful completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) (or one of its predecessors) accredited Physician Assistant education program
- Board Certification:
  - Current certification by the National Commission on Certification of Physician Assistants (NCCPA); or
  - Currently in the process to achieve board certification, in which case the physician assistant must become certified by the NCCPA within six (6) months of completion of formal training
- Required Previous Experience:
  - Initial appointment:
    - Demonstration of the provision of care, reflective of the scope of privileges requested, for a sufficient volume of adult and/or pediatric inpatients or outpatients during the past 24 months; or
    - Successful completion of an ARC-PA accredited program within the past 12 months.
  - Reappointment:
    - Current demonstrated competence and a sufficient volume of experience in adult and/or pediatric inpatients or outpatients, with acceptable results, reflective of the scope of privileges requested, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

**CARDIOVASCULAR SURGERY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES**

	<p align="center"><b>Physician Assistant Core Privileges and Procedures</b> <b>DO NOT request privileges you will not be performing in your current role.</b></p>
<p><i>Check requested privileges below</i></p>	<p><i>Please strike through and initial any privilege you wish to exclude from those listed below.</i></p>
<p align="center"><input type="checkbox"/></p>	<p>Assess, evaluate, diagnose, treat, and provide consultation patients of all ages. Provide care to patients in the inpatient and outpatient setting in conformance with hospital policies and in accordance with privileges held by the supervising physician. Initiate emergency resuscitation and stabilization measures on any patient. Order and interpret appropriate diagnostic tests. Perform evaluations. Change or discontinue medical treatment plans. Prescribe, initiate, and monitor all medications which PAs are authorized to prescribe in Mississippi. Initiate consultation for and monitor patients during special tests. May enter orders in the medical record, including standing orders under supervision with a physician; may record pertinent data on the medical record, including progress notes and discharge summaries; and may conduct patient/family education and counseling. The core privileges in this specialty include the procedures listed below.</p> <ul style="list-style-type: none"> <li>• Abscess incision and drainage</li> <li>• Arterial line insertion and removal</li> <li>• Assist in surgery</li> <li>• Bladder decompression and catheterization techniques</li> <li>• Blood component transfusion therapy</li> <li>• Bronchoscopy (simple) for mucous removal and emergency endotracheal intubation</li> <li>• Cardiac pacing – transthoracic, transvenous</li> <li>• Cardioversion</li> <li>• Central line insertion and/or repositioning (femoral and internal jugular access require special privileges for ultrasound guided central line insertion)</li> <li>• Chest tube insertion and removal</li> <li>• Debridement</li> <li>• Preliminary evaluation of EKG</li> <li>• Epistaxis, management of</li> <li>• Gastrostomy (PEG) tube reinsertion</li> <li>• Histories and physicals, performance of</li> <li>• Impedence cardiography and/or capnography, preliminary interpretation</li> <li>• Incision line closure under physician supervision while the patient is under anesthesia</li> <li>• Intubation, oral and/or nasal</li> <li>• Laceration repair</li> <li>• Medication administration via chest tube</li> <li>• Negative pressure dressings and bandages, application, change, and removal</li> <li>• Oxygen therapy</li> <li>• Pericardiocentesis</li> <li>• PICC line placement, including repositioning and removal</li> <li>• Preliminary evaluation of radiological studies (plain radiographs, CT, MRI scans)</li> <li>• Rehab service ordering</li> <li>• Respiratory services, ordering of</li> <li>• Restraints, Chemical and/or physical of agitated patient in accordance with hospital policy</li> <li>• Spirometry interpretation</li> <li>• Temporary pacer wire removal</li> <li>• Temporary peritoneal dialysis catheter removal</li> <li>• Thoracentesis</li> <li>• Tracheostomy, downsize, change, and/or remove (decannulation)</li> </ul>

**CARDIOVASCULAR SURGERY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES**

	<ul style="list-style-type: none"><li>• Use of ultrasound for insertion of central venous catheters or PICC lines</li><li>• Wound management</li></ul>
--	--

**CARDIOVASCULAR SURGERY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES**

<i>Check requested privileges below</i>	<b>Non-Core Privileges and Procedures DO NOT request privileges you will not be performing in your current role.</b>	
<input type="checkbox"/>	<b>Administration of Sedation and Analgesia</b>	Successful completion of Healthstream module: "Procedural Sedation Credentialing"
<input type="checkbox"/>	<b>Conduit harvest, including greater and lesser Saphenous vein and radial artery (open or endoscopic)</b>	<p><i>Criteria:</i></p> <ul style="list-style-type: none"> <li>• Successful completion of formal training in this procedure or the applicant must have completed hands-on training in this procedure under the supervision of a qualified physician preceptor.</li> </ul> <p><i>Required Previous Experience:</i></p> <ul style="list-style-type: none"> <li>• Demonstrated current competence and evidence of the performance of a sufficient volume of procedures in the past 24 months or completion of a preceptorship within the past 12 months consisting of at least 5 precepted procedures.</li> </ul> <p><i>Maintenance of Privilege:</i></p> <ul style="list-style-type: none"> <li>• Demonstrated current competence and evidence of the performance of a sufficient volume of procedures in the past 24 months based on results of quality assessment/improvement activities and outcomes.</li> </ul>
<input type="checkbox"/>	<b>Ultrasound-Guided Central Line Insertion</b>	<p>See Medical Staff Policy for Ultrasound-Guided Central Line Insertion for additional information.</p> <p>Initial Privileging: As for core privileges plus:</p> <ul style="list-style-type: none"> <li>• Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and</li> <li>• Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and</li> <li>• Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of appointment</li> </ul> <p>Maintenance of Privilege: As for core privileges plus:</p> <ul style="list-style-type: none"> <li>• Completion of a UMMC ultrasound-guided central line insertion Healthstream learning module; and</li> <li>• Performance of at least 10 ultrasound-guided central line insertions in the past 24 months; If volume requirements are not met, the following may substitute:</li> <li>• Completion of ultrasound-guided central line insertion simulation training in the UMMC Simulation and Interprofessional Education Center; and</li> </ul>

**CARDIOVASCULAR SURGERY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES**

		<ul style="list-style-type: none"><li>• Focused professional practice evaluation to include proctoring of the ultrasound-guided insertion of at least 5 central lines (femoral or internal jugular) within the first 6 months of re-appointment</li></ul>
--	--	---



## CARDIOVASCULAR SURGERY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES

### 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 University of Mississippi Medical Center, and I understand that:

- a. In exercising any clinical privileges granted, I am constrained by Hospital 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.

Signed \_\_\_\_\_ Date \_\_\_\_\_

### PHYSICIAN SUPERVISOR'S RECOMMENDATION:

I have reviewed and recommend the above requested privileges based on the provider's training and/or background.

\_\_\_\_\_  
Signature of Physician Supervisor                      Date

### DIVISION CHIEF'S RECOMMENDATION (IF APPLICABLE):

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Division Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

**CARDIOVASCULAR SURGERY PHYSICIAN ASSISTANT CLINICAL PRIVILEGES**

**DEPARTMENT CHAIR'S RECOMMENDATION (IF APPLICABLE):**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant. To the best of my knowledge, this practitioner's health status is such that he/she may fully perform with safety the clinical activities for which he/she is being recommended. I make the following recommendation(s):

- Recommend all requested privileges.
- Recommend privileges with the following conditions/modifications:
- Do not recommend the following requested privileges:

<b>Privilege</b>	<b>Condition/Modification/Explanation</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

**Notes**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Department Chair Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Reviewed (without revision):

Revised: 9/3/2014, 4/1/15, 8/5/15