FROM: **Medical Staff Services**
RE: **<u>09/22/2020 Medical Executive Committee appointments/reappointments for Board approval 09/23/2020</u>**

C-0241
§485.627(a) Standard: Governing Body or Responsible Individual
The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)
It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended provisional appointment to the active/courtesy/allied health/locum tenens staff:

1. Christine Skorberg, OBGYN – Women's Clinic
2. Asif Luqman, OBGYN – Women's Clinic
3. Shawnisa Francis, PA-C – Primary Care
4. Theresa Wittenberg, PA-C – Oncology
5. Stephen Burton, MD - Teleneurology

Recommended re-appointment to the active medical staff with privileges as requested:

6. David Schwartz, DO – General Surgery
7. Chrystal Schwartz, DO – Primary Care
8. Nathan Segerson, MD – Cardiology
9. Matthew Voorsanger, MD – Cardiology
10. Ann Murphy, MD – Oncology
11. Daniel Nadig, MD – General Surgery

Recommended re-appointment to the courtesy medical staff with privileges as requested:

1. Shannon Farmakis, MD – Teleradiology
2. Matthew Niedzwiecki, MD – Telepsychiatry
3. Melanie Rowson, MD – Telepsychiatry

Recommended re-appointment to the allied health staff with privileges as requested:

1. Charlene Hallowell, PA-C – Primary Care
2. Sarah Kirkegaard, ARNP – Women's Clinic
3. Elizabeth Yeater, ARNP – Sleep – Temporary Privileges

Medical Student Rotation:

1. Tessa Moore – end of September - December
2. Josefine Wallace – September - December

90-day provisional performance review completed successfully:

N/A

Resignations:

1. Somnath Prabhu, MD – Teleradiology
2. Rachel Sverchek, PA-C – Primary Care
3. Scott Hankinson, MD – Locum
4. Heather Sullivan, ARNP – Primary Care

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Summary of Changes for Policy and Privilege Review

Policy Review

1. 90 Day Focused Practice Professional Review
    a. Removed technology skills which was redundant with EHR Documentation
2. Practitioner Re-Entry Policy
    a. Unchanged
3. Telemedicine Services
    a. Unchanged
4. Access to Provider Credentialing and Quality Files
    a. Unchanged
5. Provider Conduct Policy
    a. Unchanged
6. Reproductive Health Care
    a. Unchanged
7. Verification of Licensure – Malpractice Insurance Coverage and DEA Certificates
    a. Unchanged

Privileges Review

1. ARNP General Privileges
    a. Unchanged
2. Psychiatric ARNP Privileges
    a. Unchanged
3. Urology Privileges
    a. ACLS requirement changed to a BLS
4. Tele-stroke Privileges
    a. Changed patient volume to adequate patient care and removed CME requirement for reappointment requirements
5. Pulmonary Privileges
    a. CME requirement removed from reappointment requirements
6. Physician Assistant - Certified
    a. Unchanged

Jefferson Healthcare

Old Version

Status: Active
Created: 2017

Focused Professional Practice Review

Owner: Medical Staff Services

Department: Medical Staff Services

Provider Name: _____ Department: _____

PLEASE COMPLETE ENTIRE FORM

		Meets expected practice	Opportunity for improvement	Specific concerns
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.	☐	☐	
Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application of patient care.	☐	☐	
Technical Skills	Demonstrates strong hand-eye coordination, manual dexterity and proper use of surgical equipment and technique.	☐	☐	
Technology Skills	Demonstrates appropriate and knowledgeable use of EMR to ensure patient safety **This has been removed**	☐	☐	
EHR Documentation	Demonstrates competence, appropriate documentation and utilization of EPIC. Timely completion of documentation.	☐	☐	
Practice based learning and improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning	☐	☐	
Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families and health professionals	☐	☐	

Revision Date: 2019

Review Date: November 20, 2019

Jefferson Healthcare

Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles	☐	☐	

- **Comments**

Recommendations:

☐ Resume routine evaluation process
☐ Extend evaluation period
☐ Recommend corrective action

Reviewer signature Date

Print Name

Jefferson Healthcare

Status: Active
Created: 2020
Archived:

Focused Professional Performance Review

Owner: Medical Staff Services

Department: Medical Staff Services

Provider Name: _____ Department: _____

PLEASE COMPLETE ENTIRE FORM		**Meets expected practice**	**Opportunity for improvement**	**Specific concerns**
Patient Care	Provides compassionate, appropriate, and effective patient care for the treatment of health problems and the promotion of health.			
Medical Knowledge	Demonstrates knowledge about established and evolving biomedical, clinical, epidemiological and social behavioral sciences as well as the application of patient care.			
Technical Skills	Demonstrates strong hand-eye coordination, manual dexterity and proper use of surgical equipment and technique.			
EHR Documentation	Demonstrates competence, appropriate documentation and utilization of EPIC. Timely completion of documentation.			
Practice based learning and improvement	Demonstrates the ability to investigate and evaluate patient care practices, appraises and assimilates scientific evidence to continuously improve patient care based on constant self-evaluation and life-long learning.			
Interpersonal and Communication Skills	Demonstrates interpersonal and communication skills that result in effective information exchange and collaboration with patients, their families and health professionals.			
Professionalism	Demonstrates a commitment to carrying out professional responsibilities, and adherence to ethical principles.			

Revision Date: 10/15/2020 *Review Date:* 10/15/2022

- **Comments**

Recommendations:

_____ Resume routine evaluation process
_____ Extend evaluation period
_____ Recommend corrective action

_____
Reviewer Signature Date

_____
Print Name

Origination:	*01/2018*
Last Approved:	*06/2019*
Last Revised:	*06/2019*
Next Review:	*06/2020*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Practitioner Re-Entry Policy

PURPOSE:

To develop a re-entry plan for such applicant depending on circumstances surrounding the provider's absence which may include among other things, a Focused Professional Practice Evaluation, a refresher course, and/or retraining in order to ensure that the individual's general and specialty skills are up to date.

SCOPE:

Medical Doctors, Osteopathic Doctors, Advanced Registered Nurse Practitioners, Physician Assistants, Dentists, Doctors of Podiatry out of practice for 24 months or more (Washington State Standard).

DEFINITION:

Physician reentry is a return to clinical practice in the discipline in which one has been previously trained or certified, following an extended period of clinical inactivity not resulting from discipline or impairment. A practitioner returning to clinical practice in an area or scope of practice in which he or she has not been previously trained or certified or in which he or she has not had an extensive work history is NOT considered a reentry practitioner for the purpose of this policy.

PROCEDURE:

An individual re-entry plan will be created in conjunction with the Chief of Service, Department Medical Director and/or representative from Credentials Committee which may include a refresher course and retraining and/or formal Focused Professional Practice Evaluation. The formal Focused Professional Practice Evaluation will be presented to MEC or delegate by Department Chair within 90 days or at next available committee meeting.

If reentry program calls for a practitioner to use a practice mentor upon return to practice, the mentor will be certified by a member board of the American Board of Medical Specialties or American Osteopathic Association and practice in the same clinical area as the returning practitioner. The mentor shall have the capacity to serve as a practice mentor, have no disciplinary history, an active and unrestricted license.

REFERENCES:

AAFP, RCW Chapter 18.71 and RCW 18.130.050(14), AMA

MEC approved 12/2017

Board approved 1/2018

Attachments

No Attachments

Approval Signatures

Approver	Date
Barbara York: Medical Staff coordinator	06/2019

Current Status: *Active*	**PolicyStat ID:** *6871217*
Origination:	*10/2007*
Last Approved:	*08/2019*
Last Revised:	*08/2019*
Next Review:	*08/2020*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Telemedicine Services

POLICY:

Jefferson Healthcare (originating site) will grant credentialing and privileging of all telemedicine providers through an agreement with the 'Medicare participating' distant site or a telemedicine entity and will rely upon the credentialing and privileging decisions made by the 'Medicare participating' distant site or telemedicine entity when making recommendations for appointments/re-appointments. For non Medicare participating sites the CMS Conditions of Participation must be met.

The written agreement **includes but is not limited to the following conditions**:

- Distant site telemedicine entity medical staff credentialing and privileging process
- The provider is privileged at the distant site
- The provider holds license or is recognized by the state where the originating site (Jefferson Healthcare) is located
- Jefferson Healthcare has evidence of internal review of the distant site practitioner's performance of these privileges and sends the distant site performance information for use in periodic appraisals (at a minimum patient complaints and adverse events).

Jefferson Healthcare Medical Staff Bylaws and Policies and Procedures for appointment, reappointment and granting of clinical privileges will be followed.

PURPOSE:

To establish guidelines for credentialing and privileging physicians who provide telemedicine.

DEFINITION OF TELEMEDICINE:

Remote licensed, independent practitioners who are responsible for patient care, treatment and services (e.g: providing official readings of images, tracings or interpretive studies, consultations) via telemedicine link.

Telemedicine sites consist of both an originating site and a distant site. An originating site is the hospital/facility where the patient is receiving care, whereas a distant site is the institution were telemedicine provider is located or telemedicine entity from which the prescribing or treating services are provided.

REFERENCES:

CMS CoPs: §482.22 (3), § 482.22(4), §482.12(a)(1) through (a)(7) and the Medical Staff standards at §

482.22(a)(1) through (a)(2); DNV MS.17, SR.1; 42 C.F.R. 485.616(c); RCW 70.41.230(3)(d)

Attachments

No Attachments

Approval Signatures

Approver	Date
Barbara York: Medical Staff coordinator	08/2019

Current Status: *Active*	**PolicyStat ID:** *6568842*
Origination:	*07/2014*
Last Approved:	*06/2019*
Last Revised:	*06/2019*
Next Review:	*06/2020*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Access to Provider Credentialing and Quality Files

POLICY/PURPOSE:

It is the policy of the Medical Staff of Jefferson Healthcare to maintain the confidentiality of all records, discussions and deliberations relating to credentialing, medical staff quality assessment and peer review committees. All practitioners have the right to access their credentialing quality data files upon request. Disclosure and/or access are as follows.

PROCEDURE:

Location and Security: All records shall be maintained under the care and custody of Jefferson Healthcare's Medical Staff Services Coordinator. Credentialing and peer review records must remain stored and locked in office and file cabinets except when in use for official business. Records stored electronically must have passwords and possess read/write control protections.

ACCESS TO RECORDS:

The following individuals may access credentialing and peer review records to the extent necessary to conduct official business and as described:

1. An individual practitioner may review his or her credentials and quality assessment file providing:
    - The practitioner will contact the Medical Staff Coordinator to make an appointment.
    - The Medical Staff Services Coordinator or officer of the medical staff is present during the file review.
    - The practitioner understands that he/she may not remove any items from the credentials file.
    - The practitioner understands that he/she may add an explanatory note or other document to the file and correct erroneous information.
    - The practitioner understands that he/she may not review confidential letters of reference received during the initial appointment or any subsequent reappointment.
    - Photocopying: The practitioner may photocopy items that he/she submitted as part of the application or reappointment process (i.e., application, diplomas, licenses, clinical performance reviews, etc.). The practitioner may not photocopy any other items unless express written permission is received from the Chief Executive Officer.

- For initial and reappointment application processes, the practitioner may receive status on his application upon request.

2. Medical Executive Committee member
3. Medical Staff Committee member conducting credentialing or peer review
4. A representative of the Governing Board
5. The Chief Executive Officer, Chief Medical Officer or designated Assistant Administrator
6. Medical Staff Services personnel for purposes of official medical staff committee business and routine filing of information
7. Consultants or attorneys engaged by Jefferson Healthcare or a Jefferson Healthcare credentialed provider
8. Representatives of regulatory or accreditation agencies

SUBPOENAS:

The hospital will refer all subpoenas pertaining to medical staff records to the Risk Manager and Medical Staff Services Coordinator, who shall consult with legal counsel regarding appropriate response and shall notify the involved practitioner and the Chief of Staff.

VERIFICATION OF INFORMATION:

Routine requests for verifications of affiliation and appointment, reappointment and privileges recommendations shall be released with an appropriate release of information form signed by the practitioner. Routine releases shall not be kept on file. Legal counsel will be obtained by Medical Staff Services Coordinator for release of adverse information and such release shall be documented.

DOCUMENTATION OF ACCESS:

Any person accessing credentialing or quality assessment files (other than Medical Staff Services Director/ personnel conducting routine medical staff file upkeep) shall sign and document the purpose and date of the access on the *Access and Released Information* form to be kept in the file.

REFERENCED DOCUMENTS:

NCQA, CR.1, Element B

Board approved: 6/7/2017; Board appr: 6/19/2019

Attachments

No Attachments

Approval Signatures

Approver	Date
Barbara York: Medical Staff coordinator	06/2019

Current Status: *Active* **PolicyStat ID:** *8207631*

Origination:	*04/2014*
Last Approved:	*06/2020*
Last Revised:	*06/2020*
Next Review:	*06/2020*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Provider Conduct Policy

POLICY:

It is the policy of Jefferson Healthcare that all individuals within the hospital's or clinics' facilities will be treated with courtesy, respect and dignity. To that end, Jefferson Healthcare requires that all individuals working and/or providing patient care within its hospital and clinics, including all members of the medical staff as well as allied health practitioners with granted privileges, conduct themselves in a professional and cooperative manner in the hospital and/or clinic(s). The Governing Board, hospital management, and medical staff will enforce this policy in a firm, fair and equitable manner.

PURPOSE:

The objective of this policy is to ensure optimal patient care by promoting a safe, cooperative, and professional healthcare environment, and to prevent or eliminate to the extent possible, conduct that disrupts the operation of the hospital/clinics, affects the ability of others to do their jobs, creates a hostile work environment for hospital/clinic employees or other medical staff members, interferes with an individual's ability to practice competently and adversely affects the community's confidence in the hospital's ability to provide quality patient care.

SCOPE:

All employees of Jefferson Healthcare, as well as individuals providing services through contracts with Jefferson Healthcare, are accountable to the hospital CEO for their conduct within the Jefferson Healthcare premises. The CEO is accountable to the board for effectively addressing unprofessional conduct by these individuals consistent with this policy. All practitioners granted privileges are accountable to the medical staff for their conduct within the hospital and clinics. The medical staff is accountable to the Governing Board for effectively addressing unprofessional conduct by these individuals consistent with this policy. Individual incidents of severe unprofessional conduct or persistent patterns of unprofessional conduct not addressed by the CEO or medical staff in an effective or timely fashion shall be definitely addressed by the Governing Board.

The medical staff will interpret and enforce this policy as its sole process for dealing with egregious incidents and persistent patterns of unprofessional conduct. No other policy or procedure shall be applicable to unprofessional conduct by individuals granted privileges except as designated by the medical staff and governing board.

DEFINITION:

Consistent with the preceding objective, unacceptable, disruptive conduct may include, but is not limited to behavior such as the following:

- **Appropriate behavior** means any reasonable conduct to advocate for patients, to recommend improvements in patient care, to participate in the operations, leadership or activities of the organized medical staff, or to engage in professional practice, including practice that may be in competition with the hospital.
- **Inappropriate behavior** means conduct that is unwarranted and is reasonably interpreted to be demeaning or offensive. Persistent, repeated inappropriate behavior can become a form of harassment and thereby become disruptive, and subject to treatment as "disruptive behavior."
- **Disruptive behavior** means any abusive conduct, including sexual or other forms of harassment, or other forms of verbal or non-verbal conduct that harms or intimidates others to the extent that quality of care or patient safety could be compromised.
- **Sexual Harassment** means unwelcome sexual advances, requests for sexual favors, or verbal or physical activity through which submission to sexual advances is made an explicit or implicit condition of employment or future employment related decisions; unwelcome conduct of a sexual nature which has the purpose or effect of unreasonably interfering with a person's work performance or which creates an offensive intimidation or otherwise hostile work environment (please refer to the Non-Discrimination and Anti-Harassment Policy). Incidents involving sexual harassment, discrimination or hostile work environment are reported to Human Resources. Cases involving medical staff members will be handled by MEC in collaboration with HR as subject matter experts. Investigation, documentation, and discipline will be executed through the MEC.

PROCEDURE:

This policy will be implemented in a manner that carries out the following activities:

- Set, communicate and achieve buy-in to clear expectations of behavior through MEC, including wide dissemination of this policy.
- Measure performance compared to these expectations.
- Provide constructive, timely, and periodic feedback of performance to providers as needed.
- Manage poor performance when patterns of inappropriate/disruptive behavior persist.
- Take corrective action as applicable to terminate or limit employment, a contract, or a provider's medical staff membership or privileges following a single egregious incident (intentional harm or neglect of duties to patient or staff) or when the problem cannot otherwise be resolved in a timely manner.

Any provider, employee, patient or visitor may report conduct that he or she deems inappropriate or disruptive. The standard of reporting conduct issues is through the online occurrence reporting tool on the Jefferson Healthcare Intranet. Once it is received, the case will be assigned to the Section Chief or designee and Medical Staff Services to initiate the investigation. The investigating individual (as determined) may dismiss any unfounded report and will notify the individual who initiated the report of his/her decision. A confirmed report will address the following:

It shall be made clear to the offending individual that attempts to confront, intimidate, or otherwise retaliate against the individual(s) who reported the behavior in question is a violation of this policy and is grounds for further disciplinary action.

A single, confirmed incident warrants a discussion with the offending individual. This shall be carried out by the

Chief of Staff with the support of the CMO/CEO and Medical Staff Services. This initial discussion shall emphasize that such conduct is inappropriate and must cease. The Chief of Staff, CMO and CEO conducting the discussion will provide the offender with a copy of this policy and inform the individual that the governing board requires compliance with this policy. The approach during such an initial intervention should be collegial and helpful to the individual and hospital.

Further incidents that do not cluster into a pattern of persistent disruptive behavior will be handled by providing the individual with notification of each incident and a reminder of the expectation that the individual comply with this policy, that is, as a rule violation.

If it is determined that the individual is demonstrating persistent unprofessional conduct, this will be addressed with the individual as outlined. For a provider granted privileges, these steps will be carried out by the Chief of Staff with the support of the CMO, CEO or their designees.

- As with the single, confirmed incident, the individual(s) conducting the intervention will provide the offending individual with a copy of this policy and inform the individual that the governing board requires compliance with this policy. Failure to agree to abide by the terms of this policy shall be grounds for loss of employment, contract, or summary suspension of medical staff membership and privileges, as appropriate to the individual's status.
- The individual(s) conducting the intervention will inform the offending individual that if the unprofessional conduct recurs, the management, the Medical Executive Committee, and/or the governing board will take more formal action to stop it. The MEC and CEO will receive notification about the recurrence of this behavior.
- Because documentation of each incident of unprofessional conduct is critical as it is ordinarily not one incident alone that leads to corrective action, but rather a pattern of inappropriate conduct, the individual(s) conducting the intervention shall document all meetings regarding the offending individual. The letter will document the content of the discussion and any specific actions the offending individual has agreed to perform.

The letter shall include the following:

1. The date and time of the questionable behavior
2. A statement of whether the behavior affected or involved a patient in any way, and if so, information identifying the patient
3. The circumstances that precipitated this behavior
4. A factual and objective description of the questionable behavior
5. The consequences, if any, of the disruptive behavior as it relates to patient care or hospital operations
6. A record of any action taken to remedy the situation, including the date, time, place, action and name(s) of those intervening and follow-up action steps agreed to by the individual involved and the individual(s) performing the intervention

The hospital will keep a copy of this letter on file in the Medical Staff Office. The involved individual may submit a rebuttal to the charge. This rebuttal will become a permanent part of the record.

If the offending behavior continues, it the responsibility of the CEO to ensure that it stops. To do so, the Chief of Staff will collaborate with the CEO or designee in holding meetings with the offending individual until the behavior stops. To do so, the Chief of Staff or designee will collaborate with the Chief Medical Officer and CEO in holding series of meetings with the offending individual until the behavior stops. Regardless of who is carrying out these meetings, the intervention involved in each meeting will progressively increase in severity

until the behavior in question ceases.

If, in spite of these interventions, the behavior continues, the offending individual will receive a final warning. The individuals carrying out this intervention will inform the offending individual that a single recurrence of the offending behavior within a specified time period shall result in separation from the hospital through termination of employment or contract or loss of medical staff membership and privileges, as appropriate. This meeting is not a discussion, but rather constitutes the provider's final warning. The offender will also receive a follow up letter that reiterates the final warning.

If, after this final meeting, the offending behavior recurs within the specified time period, the individual's medical staff membership and privileges shall be summarily suspended consistent with the summary suspension terms of the medical staff bylaws and policies and procedures. The MEC and board then will take action to revoke the individual's membership and privileges.

If a single incident of disruptive behavior or repeated incidents of disruptive behavior are determined to place patient care or the liability and reputation of the hospital at risk, the offending individual may be immediately fired or his or her contract terminated. For providers granted privileges, the individual will be summarily suspended and the medical staff and hospital policies for addressing summary suspension will be followed.

REFERENCES:

DNV, MS.4; CMS, § 482.22(b); AMA; RCW 18.130.180; The Greeley Company

Approved: MEC 3/24/2015; 3/22/2016; 9-26-2017; 4/21/2020

Approved: Board 4/20/2016; 10-18-2017; 4/22/2020

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: H.R. Business Partner	06/2020

Origination:	*01/2014*
Last Approved:	*07/2019*
Last Revised:	*07/2019*
Next Review:	*07/2020*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Reproductive Health Care

POLICY:

As a municipal corporation of the State of Washington, it is the policy of Jefferson Healthcare to abide by Chapter 9.02 and RCW 18.71.240 as applicable within the lawful limitations of the resources and services offered at the organization

PURPOSE:

To outline the process to meet the reproductive health care requirements of Washington State Department of Health.

SCOPE:

This policy applies to all areas where reproductive health care is offered and provided at Jefferson Healthcare

DEFINITIONS:

RCW 9.02.100, Reproductive privacy—Public Policy: the sovereign people hereby declare that every individual possesses a fundamental right of privacy with respect to personal reproductive decisions.

Accordingly, it is the public policy of the state of Washington that:

1. Every individual has the fundamental right to choose or refuse birth control;
2. Every woman had the fundamental right to choose or refuse to have an abortion, except as specifically limited by RCW 9.02.100 through 9.02.170 and 9.02.900 through 9.02.902;
3. Except as specifically permitted by RCW 9.02.100 through 9.02.170 and 9.02.900 through 9.02.902, the state shall not deny or interfere with a woman's fundamental right to choose or refuse to have an abortion; and
4. The state shall not discriminate against the exercise of these rights in the regulation or provision of benefits, facilities, services or information.

RCW 9.02.150, Refusing to perform:

No person or private medical facility may be required by law or contract in any circumstances to participate in the performance of an abortion if such person or private medical facility objects to so doing. No person may be discriminated against in employment or professional privileges because of the person's participation or refusal

to participate in the termination of a pregnancy.

RCW 9.02.160, State-provided benefits:

If the state provides, directly or by contract, maternity care benefits, services, or information to women through any program administered or funded in whole or in part by the state, the state shall also provide women otherwise eligible for any such program with substantially equivalent benefits, services, or information to permit them to voluntarily terminate their pregnancies.

RESPONSIBILITY:

Healthcare providers at Jefferson Healthcare are responsible to be aware of the laws regarding reproductive healthcare.

Leadership at Jefferson Healthcare is responsible to be aware of laws regarding reproductive healthcare and to facilitate meeting requirements that are within the scope and resources of the organization.

PROCEDURE:

Reproductive healthcare services offered at Jefferson Healthcare include women's health exams, low risk prenatal care and childbirth care including childbirth and lactation education, birth control including insertion of IUD's and implants, low risk abortions and abortion care, referrals for high risk pregnancies including high risk abortion needs, referrals for fertility management, diagnosis and treatment or referral for reproductive cancer.

No person will be discriminated against and no health care within the scope of Jefferson Healthcare services will be refused based upon the choice to terminate a pregnancy.

RECORDS REQUIRED:

Documentation of all aspects of care will be recorded in the EMR including counseling, procedure notes and any referrals generated regarding reproductive healthcare including voluntary termination of pregnancy.

REFERENCES:

Chapter 9.02 RCW and RCW 18.71.240

Bulletin: WSHA: Submission of Policies to the Washington State Department of Health. Date 1/29/2014

Board approve: 6/7/2017; 7/25/2018; 7/24/2019

Attachments

No Attachments

Approval Signatures

Approver	Date
Barbara York: Medical Staff coordinator	07/2019

Origination:	*10/2014*
Last Approved:	*08/2019*
Last Revised:	*08/2019*
Next Review:	*08/2020*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Policies*
Standards & Regulations:	
References:	

Verification of Licensure, Malpractice Insurance Coverage and DEA Certificates

POLICY:

All members of the medical staff and allied health professional staff shall have current state license, DEA (when applicable) and malpractice insurance coverage.

PROCEDURE:

The Medical Staff Services Coordinator or designee will:

1. Periodically review Modio Alerts for expiring state licenses, DEA certification and malpractice insurance.
2. Send reminders to provider and office manager one month prior to expirations requesting renewal of expiring document and a copy if necessary.
    a. Query Department of Health provider license verification website weekly for license renewal and print verification. Note any adverse actions.
3. If license/certification documentation is not received one week prior to expiration, the provider will be contacted to provide new document(s) and reminded that current license/certificates are a condition of medical staff membership.
4. At least one day prior to expiration, a final call will be made to the provider and office manager informing him/her that the document is needed by the morning of expiration.
5. On the morning of expiration, the state licensing board, DEA and/or insurance company is called to verify renewal. If not renewed, the provider and office manager are notified by telephone.
6. The provider and office manager will be sent a letter notifying him/her that hospital privileges are suspended as of the license/insurance expiration date, pending receipt of current information and will be reinstated upon verification of renewal.
    a. DEA expiration: Provider will be notified that co-signature is required for Schedule II-V drugs.
7. Appropriate departments are notified.
8. At reappointment time valid DEA certificate will be primary source verified through the DEA website: https://apps.deadiversion.usdoj.gov/webforms/dupeCertLogin.jsp
9. Should a new provider's valid DEA be pending at time of Medical Executive Committee review for appointment, the provider will obtain signature from a credentialed practitioner with a valid DEA certificate

until the DEA arrives. The Medical Staff Coordinator will facilitate this arrangement and document it in new provider's credentialing file.

Approved: MEC 9/22/2015, Board 9/30/2015; MEC 9-26-2017; Board 10-18-2017

Reference Type	Title	Notes

Attachments

No Attachments

Approval Signatures

Approver	Date
Barbara York: Medical Staff coordinator	08/2019

Jefferson Healthcare
Advanced Registered Nurse Practitioner
Delineation of Privileges

Primary Practice Area: Psychiatry

To be eligible to request ARNP privileges, the following minimum threshold criteria must be met:

Basic education: Advance Registered Nurse Practitioner

Minimum formal training:

- Master's degree in nursing from accredited college or university if training was completed after January 1, 1995, or certified by a board approved national certification program prior to December 31, 1994 and recognized by another state board of nursing for advanced practice prior to December 31, 1994.
- If the applicant has neither specialty certification nor at least two years of clinical experience, the specialty department shall submit a formal training and evaluation plan to Credentials Committee/MEC prior to the granting of initial privileges. At minimum, the practitioner is required to work alongside a specialty trained physician until a recommendation for independent practice is made during formal review at 3 months, 6 months and/or 1 year of work.

Credentials:

- Current Washington State advanced registered nurse practitioner license
- Current Washington State registered nurse license
- Current Certification by American Nurses Credentialing Center (ANCC), AANP or NCC as Psychiatric Mental Health Nurse Practitioner or Family Psychiatric Mental Health Practitioner
- Valid DEA registration for ordering medications and prescriptions
- Current BLS certification (ACLS supersedes BLS for care of adult patients)

Required previous experience:

- Minimum of one year of experience in a clinic or hospital setting. If the provider does not have the experience, the department will provide appropriate training plan to Medical Executive Committee

Reappointment Criteria:

- Documented clinical activity within the scope of privileges without significant variations identified
- Continuing education related to applicant's primary practice area is required.

Orders:
Diagnostic tests, medications (including Schedule II-V controlled substance with appropriate DEA registration), and other patient treatments may be ordered by the ARNP and treated as a physician's orders. ARNP may initiate referrals to other disciplines of specialists as necessary

Medical Records:
In accordance with standard work policies and procedures, the ARNP will document all care provided

A representative but not inclusive list of ARNP scope of services and specific procedures is stated below.
Other procedures and problems of similar complexity will fall within the identified core privileges.
The ARNP must obtain consultation for all clinical situations that lie outside his/her training or experience.

Please check privilege request:

☐ **Core Privileges:**
Evaluate, diagnose, treat and provide consultation to patients of all ages presenting with mental, behavioral, addictive or emotional disorders, e.g. psychoses, depression, anxiety disorders, substance abuse disorders, developmental disabilities, sexual dysfunction and adjustment disorders. Privileges include consultation with other providers in other fields regarding mental, behavioral or emotional disorders, pharmacotherapy, psychotherapy,

family therapy, behavior modification, consultations to the court, as well as ordering of diagnostic and laboratory tests and prescribing of medications.

Requirements:

Additional post-graduate training in child and adolescent psychiatry or documentation of 2 years work experience specific to the care and treatment of children and adolescents.

Addiction Psychiatry Core Privileges:

☐ **Requested**

Evaluate, diagnose, treat and provide consultation to patients or all ages with mental problems related to addictive disorders and the special and emotional problems related to addiction and substance abuse (alcoholism and other drug dependencies, such as psychoactive drug use and addiction), utilizing all forms of psychological and social treatment, including medications.

Requirements:

Additional post-graduate training in addiction psychiatry or documentation of 2 years work experience specific to the care and treatment of addictive disorders.

II Reappointment requirement: Continued competence in performing these procedures is demonstrated by ongoing quality review.

Where applicable:

ARNPs practicing in the hospital are required to have a physician sponsor that is a member of the Active Medical Staff. Privileges in the Hospital shall be exercised only under the supervision of the physician sponsor. Supervision shall not require the actual physical presence of the sponsor unless so indicated on the privilege list. The sponsoring physician or designee shall review care provided by the ARNP on a continuous basis and for admitted patients, shall countersign the admitting history and physical and the discharge summary.

_____ _____

Provider Signature Date

_____ _____

Physician **Sponsor** signature (if applicable) Date

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

_____

Provider Signature Date

Governing Board Approval Date _____

Privileges form approved by MEC: 8/23/2016

Jefferson Healthcare
Advanced Registered Nurse Practitioner
Delineation of Privileges

To be eligible to request ARNP privileges, the following minimum threshold criteria must be met:

Basic education: Advance Registered Nurse Practitioner

Minimum formal training:

- Master's degree in nursing from accredited college or university if training was completed after January 1, 1995, or certified by a board approved national certification program prior to December 31, 1994 and recognized by another state board of nursing for advanced practice prior to December 31, 1994.
- If the applicant has neither specialty certification nor at least two years of clinical experience, the specialty department shall submit a formal training and evaluation plan to Credentials Committee/MEC prior to the granting of initial privileges. At minimum, the practitioner is required to work alongside a specialty trained physician until a recommendation for independent practice is made during formal review at 3 months, 6 months and/or 1 year of work.

Credentials:

- Current Washington State advanced registered nurse practitioner license
- Current Washington State registered nurse license
- Certification by American Nurses Credentialing Center (ANCC), AANP or NCC
- Valid DEA registration for ordering medications and prescriptions
- Current BLS certification (ACLS supersedes BLS for care of adult patients)

Required previous experience:

- Minimum of one year of experience in a clinic or hospital setting. If provider does not have the experience, the department will present appropriate training plan to Medical Executive Committee.

Reappointment Criteria:

- Documented clinical activity within the scope of privileges without significant variations identified
- Continuing education related to applicant's primary practice area is required.

Orders:
Diagnostic tests, medications (including Schedule II-V controlled substance with appropriate DEA registration), and other patient treatments may be ordered by the ARNP and treated as a physician's orders. ARNP may initiate referrals to other disciplines or specialist as necessary.

Medical Records:
In accordance with standard work policies and procedures the ARNP will document all care provided.

A representative but not inclusive list of ARNP scope of services and specific procedures is stated below.
Other procedures and problems of similar complexity will fall within the identified core privileges.
The ARNP must obtain consultation for all clinical situations that lie outside his/her training or experience.

Please check privilege requests:

☐ **Core Privileges for outpatient/clinic:**
Evaluate, assess (including history and physical) and treat adults and children with routine and urgent conditions within scope of licensure

- Perform and document complete, system-focused, or symptom-specific physical examination
- Assess the need for and perform additional screening and diagnostic testing, based on initial assessment findings
- Prioritize data collection
- Manage diagnostic tests through ordering and interpretation
- Formulate differential diagnoses by priority
- Prescribe appropriate pharmacologic and non-pharmacologic treatment modalities
- Utilize evidence-based, approved practice protocols in planning and implementing care
- Initiate appropriate referrals and consultations

- Provide specialty specific consultation services upon request and within specialty scope of practice
- Facilitate the patient's transition between and within health care settings, such as admitting, transferring, and discharging
- patients
- Identify patient and family needs regarding preventative care, disease entity, medications, dietary restrictions and other therapeutic forms

Outpatient/Clinic Privileges

- Biopsy/removal of skin lesions
  - Endometrial and vulvar
- Laceration repair
- I & D of abscess
- Nail removal
- Trigger point/soft tissue injections
- Insulin pump
- Continuous glucose monitoring

Special Requests:

I. For Initial Application the ARNP must indicate for each procedure if they have been:
   1) Trained in initial program to do the procedure
      Or
   2) Received post graduate training in the procedure *(attach copy of certificate)*
      Or
   3) Will be supervised by a staff member with privileges in the procedure until demonstrated to be competent.

II Reappointment requirement: Continued competence in performing these procedures is demonstrated by ongoing quality review.

ARNPs practicing in the hospital are required to have a physician sponsor that is a member of the Active Medical Staff. Privileges in the Hospital shall be exercised only under the supervision of the physician sponsor. Supervision shall not require the actual physical presence of the sponsor unless so indicated on the privilege list. The sponsoring physician or designee shall review care provided by the ARNP on a continuous basis and for admitted patients, shall countersign the admitting history and physical and the discharge summary.

_____ _____

Physician **Sponsor** signature (if applicable) Date

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

_____

Provider Signature Date

Governing Board Approval Date _____

Privileges form approved by MEC: 07/15/2011
Governing Board: 8/3/2011

Current Status: *Active*	**PolicyStat ID:** *8749896*
Origination:	*05/2018*
Last Approved:	*10/2020*
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Next Review:	*10/2022*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Delineation of Privileges*
Standards & Regulations:	
References:	

Urology Privileges

Basic education: Doctor of Medicine or Doctor of Osteopathy degree (MD/DO) from an accredited program.

Formal training and experience at initial appointment:

- Successful completion of an approved residency program in urology, approved by the Accreditation Council for Graduate Medical Education (ACGME) or American Osteopathic Association.
- Board Certification in Urology by an ABMS or AOA approved Board or active participation in the examination process leading to certification.
- Applicant must demonstrate that he or she has performed at least 100 urological procedures during the past 24 months.

Reappointment requirement:

- **Documentation of clinical activity within the scope of core privileges requested, without significant quality variations identified.**
- **Continuing medical education related to Urology is required.**
- Maintenance of current BLS certification

Privileges Requested: (please cross out any of the core privileges that you do not currently perform or request)

- **Urology Core Privileges:**

Privileges include being able to admit, work up, consult with, and treat either surgical or medical patients, adult and pediatric, presenting with illnesses or injuries of the genitourinary system. A representative, but of necessity, not a complete list of the Urology Core Privileges are stated below. It is assumed that other procedures and problems of similar complexity will fall within the identified scope of the Urology Core Privileges.

Core privileges include procedures such as:

- Penis: circumcision plastic procedures (includes hypospadias repairs); repair and reconstruction (includes penile prosthesis, repair of genital injuries); excision (includes partial and total penectomy)
- Urethra: repair and reconstruction (includes stricture repair, closure or fistula); excision (includes

urethrectomy, caruncle and diverticulum excision)
- Testes: repair and reconstruction (includes orchiopexy, reduction of torsion, vasovasostomy, varicocele ligation); excision (includes orchiectomy, hydrocelectomy, permatocelectomy, epididymectomy, vasectomy)
- Prostate: excision
- Bladder: excision (includes partial and total cystectomy, diverticulectomy) repair and reconstruction (includes incontinence procedures, repair of vesicovaginal and enterovesical fistulas, augmentation); diversion (includes cystotomy, continent and conduit diversions)
- Ureter: excision; repair and reconstruction (includes reimplantation); incision
- Kidney: excision (includes partial and total nephrectomy); repair and reconstruction; incision
- Adrenal: excision
- Cystoscopic surgery: (includes injection, incision, resection, excision and fulguration of bladder, urethra, prostate, and ureteral orifice; stent placement, manipulation and removal)
- Ureteroscopic Surgery: (includes balloon dilation, stone removal, resection)
- Percutaneous renal and ureteral procedures
- Extracorporeal shock wave lithotripsy
- Laparoscopic surgery
- Use of mesh, cadaveric tissue, xenograft or bone screws for pelvic surgery
- Pelvic reconstruction in including repair of vagina, rectocele
- Surgery for correction of urinary incontinence

Privileges Delineated Separately: Applicant must provide evidence of training and experience for privileges delineated separately.

- Advanced Laparoscopic Surgery (partial or total nephrectomy, adrenalectomy, UPJ repair, ureterectomy, prostatectomy)
- An advanced course certificate or documentation of training in residency program. For initial appointment must have evidence of 5 successful cases. Must be currently proficiency in performance of open urological procedures and in the management of the predictable complications of the operation.
- **Reappointment:** Documentation of performing laparoscopy without significant quality variations identified.
- Cryoablation Procedures
- Certificate of training completion. Documentation of 5 cases.
- **Reappointment:** Documentation of performing procedure without significant quality variations identified.
- InterStim Placement
  - Certificate of training completion.
- Percutaneous Nephrolithotomy or Endopelvic Surgery Privileges
- (1) successful completion of an AUA approved hands-on course or (2) evidence of residency training.
- Procedural Sedation
- Evidence of completion of sedation competency module **MUST** be evident before privilege will be granted. (required every two years).
- Radioactive Seed Implantation of the Prostate
- Certificate of training that includes the physics and handling of radioactive material. Evidence of

performance of 5 prostate seed implantations in past 12 months.

- Transurethral Laser Prostatectomy (for the treatment of benign prostatic hyperplasia).
- Certificate of training or evidence of training in residency program.
- **Reappointment:** Documentation of performing procedure without significant quality variations identified.
- Transurethral Microwave Therapy (TUMT)
- Certificate of training.
- **Reappointment:** Documentation of performing procedure without significant quality variations identified.

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

Physician SignatureDate

Governing Board Approval Date

Hello.

As part of our ongoing commitment to patient safety and quality and in compliance with DNV Rules and Regulations, Jefferson Healthcare is standardizing its approach to procedural sedation training. Documented completion of procedural sedation training is required every 2 years.

Therefore, following please find instructions for online Procedural Sedation training. Please note that this training document is for the sole use of Jefferson Healthcare Authorized Users. Do not reproduce, retain or redistribute this document without prior authorization.

Please review the instructions below, complete the training, print a copy of the completion certificate and forward it to Barbara York, Medical Staff Services, no later than as soon as possible. Thank you!

PROCEDURAL SEDATION ONLINE

For Physicians, CNRAs, and ARNPs:

An online Procedural Sedation Course is offered to JHC physicians, CRNAs, and ANRPs through Swedish.

To access the course, please copy & paste the following link on the address bar of JHC's intranet or the internet:

http://www.swedish.org/for-health-professionals/cme/online-cmes/adult-procedural-sedation#axzz1rwF8ljkj

Once the Swedish Procedural Sedation page opens, you are asked to review the information and read all materials listed under "Course Materials & Self-Assessment" before completing the online assessment. These materials consist of:

- Procedural Sedation: Adult Clinical procedure
- Addendum 1 to Procedural Sedation: Adult Clinical procedure
- Addendum 2 to Procedural Sedation: Adult Clinical procedure
- Adult Procedural Sedation Self-Learning Packet
- On the last page of this packet, you will find the "Next Steps" box which will direct you to complete

an evaluation, register for CME credit, and print your certificate of completion

Participation Overview

- This is a self-learning module
- CME credit will be granted only if your quiz score is 100%
- Estimated time to complete the training module and exam is one hour
- **The registration fee will be waived if you click on "Swedish Provider" (for Swedish affiliates –**

Jefferson Healthcare employees only)

Online Self-Assessment

- If asked, "Would you like to resume the quiz where you left off?" click "No."
  After passing the quiz, you will be directed to:
- Complete the CME Evaluation of this activity
- Register to record participation and claim credit
- Print your CME Certificate

Please note that this training is required every two years. Please forward a copy of your completion certificate to Jefferson Healthcare Medical Staff Services. Thank you.

reviewed by CC 7/9/2018

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	10/2020

Current Status: *Active*	**PolicyStat ID:** *8750806*
Origination:	*05/2018*
Last Approved:	*10/2020*
Last Revised:	*10/2020*
Next Review:	*10/2022*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Delineation of Privileges*
Standards & Regulations:	
References:	

Tele-Stroke Privileges

Initial Appointment Requirements:

Basic Education:M.D. or D.O.

Formal training and experience at initial appointment:

- Successful completion of an approved residency in Neurology or Radiology (as applicable to privileges) approved by the Accreditation Council for Graduate Medical Education (ACGME) or AOA.
- Board Certification in Neurology or Radiology by an ABMS or AOA approved Board or active participation in the examination process leading to certification. Must have current re-certification, if required by certifying board.
- Evidence of adequate patient care volume without evidence of deviation of standard of care.
- Evidence of Continuing Medical Education related to Neurology or Radiology

Reappointment requirements:

- Documentation of clinical activity within the scope of privileges requested without significant quality variations identified.

Neurology Privileges:

Privileges include ability to remotely evaluate, diagnose, initiate orders for treatment, provide consultation, and initial interpretation of CT scans for patients presenting with stroke signs and symptoms.

Radiology:

Remote interpretation of CT scans

I hereby certify that I possess the necessary skill and expertise to justify granting of a clinical privilege in each of those areas which I have indicated. I understand that in making these requests, I am bound by the applicable bylaws, rules and regulations or policies of the hospital and medical staff. I also certify that I have no mental or physical conditions which would limit my clinical abilities.

SIGNATURE Date

reviewed by CC 7/9/2018

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	10/2020

Current Status: *Active*	**PolicyStat ID:** *8749915*
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Last Revised:	*10/2020*
Next Review:	*10/2022*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Delineation of Privileges*
Standards & Regulations:	
References:	

Pulmonary Medicine Privileges

Pulmonary Medicine Privileges

To be eligible to request Pulmonary Medicine privileges the following minimum criteria must be met.

Basic education: Doctor of Medicine or Doctor of Osteopathy degree (MD/DO) from an accredited program.

Formal training and experience at initial appointment:

- Successful completion of an approved residency program in pulmonary medicine by the American Board of Internal Medicine or the American Osteopathic Board of Internal Medicine with Special Qualifications in pulmonary diseases.
- Board Certification in Internal Medicine/certificate in Pulmonary Medicine approved by ABMS or AOA approved Board or active participation in the examination process leading to certification.
- **Applicant must demonstrate training and experience for privileges requested below.**

Reappointment requirement:

- **Current demonstrated competence and documentation of clinical activity within the scope of privileges requested without significant quality variations based on results of quality assessment and improvement activities and or peer review outcomes. In the absence of Jefferson Healthcare specific data, applicant shall provide quality reports from primary hospital or other volume and quality assessment data.**
- Maintenance of current ACLS certificate

Privileges Requested: (please cross out any of the core privileges that you do not currently perform or request)

- **Pulmonary Medicine Core Privileges:**

Admit, evaluate, diagnose, treat and provide consultation to patients of all ages, except as specifically excluded from practice, presenting with conditions, disorders, and diseases of the organs of the thorax or chest; the lungs and airways, cardiovascular and tracheobronchial systems, esophagus and other mediastinal contents, diaphragm, circulatory system. Privileges include but are not limited to:

- Interpretation of pulmonary function testing
- Pleural biopsy
- Insertion and management of pulmonary artery catheters, chest tubes and central venous catheters
- Bronchoscopy
- Thoracentesis
- Management of mechanical ventilation

Administration of Sedation and Analgesia

- Requested

Criteria: Evidence of completion of sedation competency module **MUST** be evident before privilege will be granted.

I request the privileges checked above and attest that I have met the requirements for these privileges. I have crossed out any procedures that I do not currently perform or request. I understand that by making this request I am bound by the applicable bylaws, policies and procedures of the hospital and the Medical Staff and hereby stipulate that I meet the threshold criteria for each privilege requested.

Physician SignatureDate

Governing Board Approval Date

Hello.

As part of our ongoing commitment to patient safety and quality and in compliance with DNV Rules and Regulations, Jefferson Healthcare is standardizing its approach to procedural sedation training. Documented completion of procedural sedation training is required every 2 years.

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Please review the instructions below, complete the training, print a copy of the completion certificate and forward it to Barbara York, Medical Staff Services, no later than as soon as possible. Thank you!

PROCEDURAL SEDATION ONLINE

For Physicians, CNRAs, and ARNPs:

An online Procedural Sedation Course is offered to JHC physicians, CRNAs, and ANRPs through Swedish.

To access the course, please copy & paste the following link on the address bar of JHC's intranet or the internet:

http://www.swedish.org/for-health-professionals/cme/online-cmes/adult-procedural-sedation#axzz1rwF8ljkj

Once the Swedish Procedural Sedation page opens, you are asked to review the information and read all materials listed under "Course Materials & Self-Assessment" before completing the online assessment. These materials consist of:

- Procedural Sedation: Adult Clinical procedure
- Addendum 1 to Procedural Sedation: Adult Clinical procedure
- Addendum 2 to Procedural Sedation: Adult Clinical procedure
- Adult Procedural Sedation Self-Learning Packet

- On the last page of this packet, you will find the "Next Steps" box which will direct you to complete

an evaluation, register for CME credit, and print your certificate of completion

Participation Overview

- This is a self-learning module
- CME credit will be granted only if your quiz score is 100%
- Estimated time to complete the training module and exam is one hour
- **The registration fee will be waived if you click on "Swedish Provider" (for Swedish affiliates –**

Jefferson Healthcare employees only)

Online Self-Assessment

- If asked, "Would you like to resume the quiz where you left off?" click "No."
  After passing the quiz, you will be directed to:
- Complete the CME Evaluation of this activity
- Register to record participation and claim credit

Print your CME Certificate

Please note that this training is required every two years. Please forward a copy of your completion certificate to Jefferson Healthcare Medical Staff Services. Thank you.

reviewed by CC 7/9/2018

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	10/2020

Jefferson Healthcare

Origination:	*07/2019*
Last Approved:	*09/2020*
Last Revised:	*07/2019*
Next Review:	*09/2022*
Owner:	*Allison Crispen: Director of Medical Staff Programs*
Policy Area:	*Medical Staff Delineation of Privileges*
Standards & Regulations:	
References:	

Physician Assistant - Certified

JEFFERSON HEALTHCARE PRIVILEGE LIST

Physician Assistant - Certified

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Inpatient and Outpatient Evaluation and Management Core Privileges: In collaboration and under the supervision of the designated physician (s)

- Obtain and document a health history
- Perform and document complete, system-focused, or symptom-specific physical examination
- Assess the need for and perform additional screening and diagnostic testing, based on initial assessment findings
- Prioritize data collection
- Perform daily rounds/clinic visits on assigned patient population
- Document daily progress notes, plan of care, evaluation and discharge summary
- Manage diagnostic tests through ordering and interpretation
- Formulate differential diagnoses
- Prescribe appropriate pharmacologic and non-pharmacologic treatment modalities
- Utilize evidence-based, approved practice protocols in planning and implementing care
- Initiate appropriate referrals and consultations
- Provide specialty specific consultation services upon request and within specialty scope of practice
- Facilitate the patientâ€™s transition between and within health care settings
- Prescriptive authority: to administer and dispense legend drugs to include Schedule II-V controlled substances with DEA certification (WAC246-918-030)
- Initiate and facilitate the referral of patients to the appropriate health facilities, agencies and resources of the community

Requesting Physician Assistant:

_____

Name Date

The Washington Medical Quality Assurance Commission has used the following number system and definitions to define levels of supervision:

1 = Performs under the general supervision of the responsible physician but does not require any

immediate contact under normal circumstances.

2 = Performs with the knowledge and concurrence of the physician. The physician must be

available for consultation,but need not be present in the room when the services are being performed.

3 = Performs the task with the physician present.

Please place a check mark by privileges you are requesting:

Medical and Surgical Privileges	Level of Supervision	Requested	Granted
Joint injections and taps	2		
Simple excision and biopsy of lesions	1		
Lesion removal with complex repair	2		
Abscess I and D (simple)	1		
Wound debridement	1		
Injections, including intravenous medications	1		
Skin surgery with complex repair	2		
Drains, insertion and removal	2		
Management of parenteral fluids	2		
PAP smears	1		
Vaginal speculum exam	1		
Placement of IUD	1		
Endometrial biopsy	1		
Subcutaneous contraceptive placement	2		
EKG Interpretation	1		

Digital blocks, local anesthesia	1		
Orthopedic Procedures			
Cast application and removal	1		
Place and remove pins, wires, or screws	2		
Wound vac placement	2		
Surgical assisting	3		
Major Surgery			
Pre and post operative care	1		
Suturing, including major lacerations	1		
Wound debridement	1		
Surgical assisting	3		

- **Maintenance of current BLS or ACLS certificate**

Applicant Signature _____Date _____

The undersigned has reviewed this privilege list and attests to instruct, observe and supervise the applicant in the performance of core privileges:

_____Date_____

Sponsoring Physician

/tmp/document_builder_pzy1w_fc.doc

Attachments

No Attachments

Approval Signatures

Approver	Date
Allison Crispen: Director of Medical Staff Programs	09/2020