

PRIVILEGE APPLICATION FORM - [Mercy Medical Center]

zz.Clinical_Activities_PA,

Current Privilege Status Key

Practitioner's Current Privilege status is signified in () preceding each privilege.

G = Granted

W = Withdrawn

T = Temporary

P = With Proctor

A = Assist with

C = With Consult

E = Emergency Only

RQ = Requested

L = Leave of Absence

R = Resigned

S = Suspended

Physician Assistant

This registration status allows the applicant to perform the privileges granted by the governing body. It does not include membership or membership rights to the Medical Staff. The applicant is still subject to the bylaws, rules and regulations of the Medical Staff.

INITIAL CRITERIA:

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

1. Graduation from a program approved by the Committee on Allied Health Education and Accreditation (CAHEA) or the Accreditation Review Commission on the Physician Assistant (ARC-PA).
2. Current active licensure to practice as a physician assistant issued by the Iowa Board of Physician Assistants.
3. Agreement with a physician(s) currently appointed to the Medical Staff to supervise the PA's practice within the hospital. According to the written agreement, the physician must:
 - Assume responsibility for supervision or monitoring of the PA's practice as stated in the Allied Health Practitioner: Physician Assistant policy.
 - Be continuously available or provide an alternate to provide consultation when requested and to intervene when necessary.
 - Assume total responsibility for the care of any patient when requested by the PA, required by clinical area or department policy, or in the interest of patient care.
 - Countersign all inpatient documentation entered into the patient's medical record by the PA.
4. All provision of specified services shall be in accordance with written policies and protocols governing allied health professionals and approved by the relevant Department Chair, Credentials Committee, Medical Executive Committee, and the governing board of the hospital.

REAPPOINTMENT CRITERIA:

To be eligible to renew privileges as a Physician Assistant, the applicant must meet the following maintenance criteria:

1. Current demonstrated competence and an adequate volume of current experience with acceptable results in the privileges requested for the past 24 months.
2. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

Date: Oct 2001

Revised: Aug 2003, May 2004, Jan 2008, Dec 2011

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Category I

Activities which may be performed following successful completion of accredited physician assistant program of study.

Requested	Granted	
_____	_____	() Patient history, physical examination, assessment and diagnosis
_____	_____	() Inpatient hospital consults
_____	_____	() Enter medical record documentation, such as order, progress notes, discharge summary
_____	_____	() Order common diagnostic studies and therapies
_____	_____	() Instruct and counsel patients as appropriate
_____	_____	() Perform routine wound care
_____	_____	() Write discharge prescription orders, as regulated by the Code of Iowa

Category II

The following activities require documentation of education and experience.

Requested	Granted	
_____	_____	() Surgical assist
_____	_____	() Suture wounds
_____	_____	() Suture/staple removal
_____	_____	() Debridement of wounds
_____	_____	() Removal/manipulation of drains
_____	_____	() Establish intravenous lines

Category III

The following activities require documentation of education and experience with validation by the supervising physician. The first of any Category III procedures is to be performed under the direct supervision and to the satisfaction of the supervising physician.

Requested	Granted	
_____	_____	() Talc pleurodesis
_____	_____	() Thoracentesis
_____	_____	() Intra-aortic balloon pump removal
_____	_____	() Chest tube removal
_____	_____	() Pacing wire removal
_____	_____	() Swan-Ganz removal
_____	_____	() Stress testing* (the supervising physician must be within the facility and not otherwise engaged in procedures or other activities that would preclude immediate response if the patient's condition warrants.)

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Signature

I have requested and will exercise only those privileges for which by education, training, current experience, and demonstrated performance, I am qualified to perform.

Physician Assistant Signature: _____ Date: _____

I have reviewed the requested privileges of the above Physician Assistant and attest to the training and experience and/or demonstrated performance of the applicant in these areas.

Physician Signature: _____ Date: _____

*specific privileging criteria or requires evidence of education and experience