Physician Assistant Privileges

Name: ____________________________________________

Please print name

To be eligible to request clinical privileges, the applicant must meet the following threshold criteria:

<table>
<thead>
<tr>
<th>Basic Education:</th>
<th>Successful completion of a CAAHEP (Commission on Accreditation of Allied Health Education Programs) accredited Physician Assistant training program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification:</td>
<td><strong>New Applicant:</strong> Current certification or in the process of becoming NCCPA certified. <strong>Reappointment:</strong> Maintenance of certification required. Failure to maintain certification will result in the ineligibility to apply for reappointment.</td>
</tr>
<tr>
<td>Experience:</td>
<td><strong>New Applicant:</strong> Documentation of the management of at least 30 patients in the specialty field of sponsoring physician during the past 12 months —OR— provide attestation by the sponsoring physician that there is an appropriate training plan in place, that will be provided upon request. <strong>Reappointment:</strong> Continued performance of privileges requested with acceptable outcomes. Please be prepared to provide a list of cases (case log) performed at facilities other than BCH if requested.</td>
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<tr>
<td>Additional Criteria:</td>
<td>Relevant Continuing Medical Education, Current Red Cross or American Heart Association BLS Certification that includes a skills lab. For Hospital Medicine PA’s and PA’s working in a Cardiology practice current ACLS.</td>
</tr>
</tbody>
</table>

**Physician Assistant Hospital Based Core:**

Initial and ongoing assessment of a patient’s medical, physical and psychosocial status.

*Privileges include but are not limited to the following:*

- Completing History & Physicals *
- Developing a treatment plan
- Making daily rounds at direction of supervising physician
- Recording of progress notes
- Ordering diagnostic tests, and therapeutic modalities, such as medications, treatments and, examinations.
- Initiating referral to appropriate physician or other healthcare professional
- Instructing, educating and counseling patients and families concerning health status, results of tests, disease process and discharge planning.
- Writing of discharge summaries

<table>
<thead>
<tr>
<th>Request</th>
<th>PA Hospital Based Additional Privileges</th>
<th>Additional Credentialing Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>Prescription privileges</td>
<td>DEA registration certificate.</td>
</tr>
<tr>
<td>☐</td>
<td>Perform graded exercise/stress/tilt table testing</td>
<td>Additional training or experience that demonstrates current competency. ACLS certification. If no experience proctoring by the supervising physician for the first 5.</td>
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<tr>
<td>☐</td>
<td>Cardioversion (a Cardiologist or anesthesiologist must be present))</td>
<td>Additional training or experience that demonstrates current competency. ACLS certification. If no experience proctoring by the supervising physician for the first 10.</td>
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<tr>
<td>☐</td>
<td>Remove temporary pacemaker wires</td>
<td>Additional training or experience that demonstrates current competency. ACLS certification. If no experience proctoring by the supervising physician for the first 3.</td>
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<tr>
<td>☐</td>
<td>Remove intra-aortic balloon pump</td>
<td>Additional training or experience that demonstrates current competency. ACLS certification. If no experience proctoring by the supervising physician for the first 3.</td>
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<td>☐</td>
<td>Deep Brain Stimulation-Interrogation and programming</td>
<td>Additional training or experience that demonstrates current competency</td>
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<tr>
<td>☐</td>
<td>Remove chest tubes</td>
<td>Additional training or experience that demonstrates current competency. ACLS certification. If no experience proctoring by the supervising physician for the first 3.</td>
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<tr>
<td>Request</td>
<td>PA Hospital Based Additional Privileges continued.</td>
<td>Additional Credentialing Criteria</td>
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<td>Surgical Assist: Perform under indirect supervision by the attending surgeon:</td>
<td>Initial Application Additional training or experience that demonstrates current competency.</td>
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<td>• Collaborate in the verification and preparation process of the surgical site</td>
<td>Note: Direct proctoring by the supervising physician will be required for the first 10 surgical assists performed.</td>
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<td>• Demonstrate sterile technique</td>
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<td></td>
<td>• Provide exposure of the surgical site for surgeon’s visualization</td>
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<td>• Apply traction, suction, clamps and dressings</td>
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<td>• Debride and care of superficial wounds</td>
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<td>• Closure of subcutaneous and skin body planes only</td>
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<td></td>
<td>• Incision of soft tissue</td>
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<td></td>
<td>Robotic Assisted Surgical Assist (da Vinci only)</td>
<td>Additional training or experience that demonstrates current competence in surgically assisting in laparoscopic procedures. and Successful completion of BCH training course or Documentation of robotic assisting experience (provide a log) and successful completion of the robotic first assistant skills assessment checklist</td>
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<td></td>
<td>Recommendation</td>
<td>Note: Proctoring of at least the first 2 cases may be required based on the level of past experience. The proctor may not be the principle surgeon.</td>
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<td></td>
<td>Robotic Assisted Surgical assists- Trocar insertion, following initial placement by surgeon. (da Vinci only)</td>
<td>Additional training or experience that demonstrates current competence in surgically assisting in laparoscopic procedures. and Robotic surgical assist privileges</td>
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<td>Under direct supervision of the surgeon</td>
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<td>C/S assist</td>
<td>Additional training or experience that demonstrates current competency.</td>
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<td>Lingual Frenulectomy</td>
<td>Additional training or experience that demonstrates current competency.</td>
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<td>Preparation of Implantation Tissue</td>
<td>Initial Appointment: Preparation of Implantation Tissue and/or Autologous Graft Preparation documentation of 20 combined procedures. Reappointment: Preparation of Implantation Tissue and/or Autologous Graft Preparation documentation of 10 combined procedures within past 24 months. Proctoring of first 5 cases required for those procedures where numbers criteria not met.</td>
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<td>Autologous Graft Preparation</td>
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<td>Trauma Perform assessments and implement physician-directed treatments for trauma patients. For trauma activations (full or limited), can assist with the patient’s plan of care as directed by the physician. This does not include performance of the initial assessment.</td>
<td>Initial Application Additional training or experience that demonstrates current competency. Reappointment Continuing education that meets the Trauma Services CME policy.</td>
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</table>
Physician Assistant Ambulatory BCH Clinic Core Privileges

Provides continuing, comprehensive health maintenance and medical care to adolescents, adults, and elderly adults. 

Privileges include but are not limited to the following:
- Collects medical histories, examines patients, formulates differential diagnostic plans, defines and orders required diagnostic testing.
- Interprets examination findings and test results, and implements treatment plans.
- Diagnoses diseases and renders non-surgical care.
- Minor wound repair and management.
- Splinting and casting.
- Injection of infiltrative local anesthesia.
- Administration of appropriate pain medication (i.e. oral, IV, IM, topical, etc.).
- Collaborates with other health care providers.
- Provides patient education.

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<tbody>
<tr>
<td></td>
<td>Prescription privileges</td>
<td>DEA registration certificate.</td>
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<td>Arthrocentesis</td>
<td>Additional training or experience that demonstrates current competency.</td>
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<td>Joint injections</td>
<td>Initial Application. Additional training or experience that demonstrates current competency.</td>
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<td>Trigger point injections</td>
<td>Initial Application. Additional training or experience that demonstrates current competency.</td>
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<td></td>
<td>Ultrasound guided injections</td>
<td>Initial Application. Additional training or experience that demonstrates current competency.</td>
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Physician Assistant Urgent Care Core Privileges

Perform medical screening examinations of patients who present to the Urgent Care and have been triaged as "non-urgent" or "urgent". In the event the patient's condition becomes emergent or critical, care shall be transferred to the urgent care physician.

Privileges include but are not limited to the following:
- Completing History & Physicals *
- Developing a treatment plan.
- Ordering diagnostic tests.
- Initiating referral to appropriate physician or other healthcare professional.
- Instructing, educating and counseling patients and families.
- Injection of infiltrative local anesthesia.
- Administration of appropriate pain medication (i.e. oral, IV, IM, topical, etc.).
- Minor wound repair and management.
- Orthopedic immobilization and splinting of sprains.
- Arthrocentesis.
- Slit lamp examination.

<table>
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<td></td>
<td>Prescription privileges</td>
<td>Must have a RXN number. Must have own DEA registration certificate to prescribe controlled substances.</td>
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</tbody>
</table>
**Physician Assistant Emergency Medicine Core**

Perform medical screening examinations of patients who present to the Emergency Department and have been triaged as "non-urgent" or "urgent". In the event the patient’s condition becomes emergent or critical, care shall be transferred to an ED physician or attending physician.

Privileges include but are not limited to:

- Injection of infiltrative local anesthesia
- Administration of appropriate pain medication (i.e. oral, IV, IM, topical, etc.)
- Minor wound repair and management
- Orthopedic immobilization and splinting of sprains
- Urgent closed reduction of dislocation
- Arterial and venous blood sampling
- Arthrocentesis
- Slit lamp examination
- Discharging patients determined not to have an emergency medical condition
- Sign transfer certifications under the conditions set forth in the policy
- Referrals to other health care providers
- Patient and family education

Next page for additional privilege requests

<table>
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<th>Request</th>
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<td></td>
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<td>DEA registration certificate.</td>
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<tr>
<td></td>
<td>Trauma</td>
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<td></td>
<td>Perform assessments and implement physician-directed treatments for trauma patients. For trauma activations (full or limited), can assist with the patient’s plan of care as directed by the physician. This does not include performance of the initial assessment.</td>
<td>Initial Application Additional training or experience that demonstrates current competency. Reappointment Continuing education that meets the Trauma Services CME policy.</td>
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</tbody>
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*The Collaborating and/or Attending Physician is responsible for reviewing and signing all H&P examinations and discharge summaries in accordance to BCH Rules and Regulations and other applicable policies.*

**In an emergency**, a provider is permitted to exercise clinical privileges to the extent permitted by his or her license, regardless of that individual’s department status or specific grant of clinical privileges. An emergency is defined as a condition which could result in serious or permanent harm to a patient and for which any delay in administering treatment would add to that harm or danger.

**ACKNOWLEDGMENT OF PRACTITIONER:**

I have requested only those privileges for which, by education, training, current experience and demonstrated performance I am qualified to perform, and expect to perform at Boulder Community Health. I also acknowledge that my professional malpractice insurance extends to all privileges I have requested. I attest by signature that I have met the minimum criteria for procedures/diagnoses management within the past 24 months, and have provided documentation where specifically requested. I agree to provide any additional documentation if requested. I understand that in exercising any clinical privileges granted, I am constrained by BCH and medical staff policies and rules. I understand that performing procedures outside of my privileges may result in immediate suspension and/or loss of privileges.

Applicant Signature: _______________________________ Date: _______________
Boulder Community Health
Allied Health Professional (AHP)
Sponsoring Medical Staff Member Agreement

Applicant Name: ____________________________________________________________

I am a sponsoring Medical Staff Member of the individual named above. I understand and agree that the Boulder Community Health and Medical Staff Bylaws, and associated documents, require that I accept the following responsibilities with respect to this individual while performing specified Practice Privileges under my supervision or within a collaborative agreement at BCH (as applicable):

1. Supervision of or collaboration with the AHP pertaining to the services he/she performs in the BCH facilities, as defined in the AHP’s Practice Privilege form. The supervision or collaboration is relative to performance of Practice Privileges while under my supervision or within the scope of the job description.
2. If the AHP does not have documentation of the management of 30 patients in my specialty during the last 12 month, an appropriate training plan will be initiated and will be provided upon request.
3. Further, I understand that, in the event this individual’s association with me is terminated, or I otherwise withdraw my agreement to supervise or to maintain a current collaborative agreement with the AHP, I will provide prompt, written notice of such termination to the Medical Staff Department. Additionally, BCH may, at any time, affect the AHP’s Practice Privileges, if my medical staff membership or privileges are suspended or terminated.

SIGNATURE(s) OF ALL SPONSORING PHYSICIAN(s), OR PHYSICIAN(s) WITH WHOM THE APPLICANT HOLDS A COLLABORATIVE AGREEMENT (for AHP’s working at CMC, or with the hospitalist and the ED, one signature will suffice for the group):

Medical Staff Member Signature  Medical Staff Member’s Name - Printed

Medical Staff Member Signature  Medical Staff Member’s Name - Printed

Medical Staff Member Signature  Medical Staff Member’s Name - Printed

Medical Staff Member Signature  Medical Staff Member’s Name - Printed

Medical Staff Member Signature  Medical Staff Member’s Name - Printed