



Huntington Hospital

Allied Health Professionals

Rules and Regulations

Administrative Policy & Procedure 003

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Huntington Hospital

Allied Health Professionals (AHP) Rules and Regulations

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Allied Health Professionals (AHP) Rules and Regulations

1.0 DEFINITION OF ALLIED HEALTH PROFESSIONALS (AHPs)

Allied Health Professionals (AHPs) are health care workers other than physicians, dentists and podiatrists who are permitted (i.e., credentialed/authorized) to provide patient care services in the hospital. These individuals may be independent or dependent practitioners. All AHPs are required to adhere to all local, state and federal laws, all regulatory requirements, and all organizational policies and procedures (including but not limited to those of the Medical Staff).

1.1 Independent Practitioners

Independent practitioners (e.g., clinical psychologists) provide medical care to patients, in accordance with state licensure laws, without supervision by a physician. They assume considerable responsibility for the care of patients and exercise their own judgment. At Huntington Memorial Hospital (the “Hospital” or the “facility”), in the Section of Psychiatry any member of the staff may supervise AHPs associated with behavioral health (other than clinical psychologists, who do not require supervision). In other Hospital areas, every AHP other than a clinical psychologist must have a supervising physician, dentist, or podiatrist who is a member of the Active Medical Staff.

In accordance with the Standards of The Joint Commission, independent practitioners must have delineated clinical privileges recommended by the Medical Staff and approved by the Governing Body.

1.2 Dependent Practitioners

Dependent practitioners provide medical care to patients under supervision. They are usually employees of staff physicians or contracted for their services by the Hospital. Dependent practitioners are credentialed, but not in the same manner as independent practitioners. Dependent practitioners will either (a) be granted practice privileges and/or prerogatives (collectively, “Privileges”) by the Governing Body as provided in the Medical Staff Bylaws and these AHP Rules and Regulations, or (b) (for dependent AHPs employed by the Hospital) be given job descriptions.

Dependent practitioners do not have “clinical privileges”.

2.0 INTERDISCIPLINARY PRACTICE COMMITTEE (IDPC)

2.1 General Information

The Interdisciplinary Practice Committee (IDPC or Committee) is established by the Governing Body to oversee and carry out the responsibilities related to the practice of AHPs in the Hospital, including but not limited to those set forth in California Code of Regulations (CCR) Title 22, Section 70706 and California Business and Professions Code Section 2725.

2.2 Purpose of the Committee

2.2.1 To maintain written reports of the findings, conclusions, recommendations, actions taken and results of actions taken by the Committee.

2.2.2 To establish written policies and procedures for the conduct of its business.

2.3 Independent Allied Health Professionals

See Rules and Regulations of the Psychiatry Section.

- 2.4 Purposes Related to Authorizing Dependent Allied Health Professionals
 - 2.4.1 To determine, in cooperation with other groups and committees, the need for Dependent Practitioners in the Hospital.
 - 2.4.2 To recommend to the Governing Body all classifications and types of AHPs.
 - 2.4.3 To oversee all forms to be used by Dependent Practitioners.
 - 2.4.4 To review information on all new applicants for Dependent Practitioner AHP staff and make recommendations to the Governing Body regarding AHP appointment and periodic assessment.
 - 2.4.5 To recommend assignment of individuals/departments to be responsible for Dependent Practitioners.
 - 2.4.6 To establish, in cooperation with the Quality Management Department, mechanisms for monitoring and evaluation of all AHPs.
- 2.5 Purposes Related to Expanding Role or Advanced Practice Registered Nurses
 - 2.5.1 To recommend policies and procedures for granting expanded role or advanced practice privileges to registered nurses (RNs), whether or not employed by the Hospital.
 - 2.5.2 To provide for the assessment, planning, and direction of diagnostic and therapeutic care.
 - 2.5.3 To review credentials and make recommendations for the granting and/or rescinding of expanded roles or advanced practice nursing privileges.
- 2.6 Purposes Related to Standardized Procedures for Registered Nurses
 - 2.6.1 To identify functions/procedures which require the formulation and adoption of standardized procedures.
 - 2.6.2 To develop a methodology for the approval of standardized procedures in accordance with Section 2725 of the Business and Professions Code.
 - 2.6.3 To periodically review, revise, and approve the standardized procedures implemented in the facility.
 - 2.6.4 Each standardized procedure approved by the Committee shall:
 - 2.6.4.1 Be in writing, state the date it was approved by the Committee, and be signed by an authorized person.
 - 2.6.4.2 Specify the standardized procedures which registered nurses are authorized to perform and under what circumstances.
 - 2.6.4.3 State any specific requirements which are to be followed by registered nurses in performing all or part of the functions covered by the particular standardized procedure.
 - 2.6.4.4 Specify any experience, training or special education requirements for performance of the standardized procedures.
 - 2.6.4.5 Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform the standardized procedures.
 - 2.6.4.6 Provide for a method of maintaining a written record of those persons authorized to perform the standardized procedures.
 - 2.6.4.7 Specify the measure and scope of review and/or supervision required for the performance of the standardized procedures; for example, if the standardized procedure is to be performed only under the immediate supervision of a physician, that limitation must be clearly stated. If immediate physician supervision is not required, that fact should be clearly stated.

- 2.6.4.8 State any specialized circumstances under which the registered nurse is to communicate immediately with a patient's physician concerning the patient's condition.
- 2.6.4.9 State any limitation on settings or departments within the facility where the standardized procedure may be performed.
- 2.6.4.10 Specify any special requirements for procedures relating to patient record keeping.
- 2.6.4.11 Provide for periodic review of the standardized procedure.

If nurses have been approved to perform procedures pursuant to a standardized procedure, the names of the nurses so approved shall be on file in the office of the Resource Center.

2.7 Development and Review of Standardized Procedures

- 2.7.1 All standardized procedures are developed collaboratively by the Medical Staff and Nursing through their respective committee structures.
- 2.7.2 All standardized procedures are approved by the Interdisciplinary Practice Committee (IDP) of Huntington Memorial Hospital, as mandated by legal authority.
- 2.7.3 All standardized procedures are kept in a manual and include dated, signed approval forms of authorized persons covered by the standardized procedures. In addition, individual nurses will maintain evidence of this credentialing in their credentials file.
- 2.7.4 All standardized procedures are reviewed by the IDP Committee at least every year, as practice changes, or when revised. The most recent review date shall appear on each standardized procedure. Additionally, the IDP recommends that individual departments review their standardized procedures annually.
- 2.7.5 Changes, additions, or deletions to standardized procedures will be approved by the IDP, as reflected by a signed and dated approval sheet.

2.8 Membership of the Interdisciplinary Practice Committee

The committee is composed of the following members as specified in the Medical Staff Rules and Regulations:

- 2.8.1 Chair (appointed by the Governing Body)
- 2.8.2 Physician members appointed by the Executive Committee representing Medicine, OB/GYN, Pediatrics, Emergency Department, and Surgery Department
- 2.8.3 Vice President (VP) of Patient Care Services, who functions as the hospital's Director of Nursing Services
- 2.8.4 Registered Nurses (appointed by the VP of Patient Care Services)
- 2.8.5 Representatives of any categories of licensed/certified professionals, other than RNs, who are not Medical Staff members but will be granted practice privileges (appointed by the VP of Patient Care Services)
- 2.8.6 Administrator or designee
- 2.8.7 Other attendees invited as needed by the Committee Chair

Members are elected or appointed according to procedures specified in the Governing Body Bylaws. The number of physician members shall be equal to the number of nurse members.

2.9 Meetings

The IDP Committee shall meet in order to fulfill the purpose and objective of the committee.

2.10 Legal Authority

2.10.1 Section 70706(a) of Title 22 of the CCR, entitled "Interdisciplinary Practice and Responsibility for Patient Care", states as follows:

In any facility where registered nurses will perform functions requiring standardized procedures pursuant to Section 2725 of the Business and Professionals Code, or in which licensed or certified healing arts professionals who are not members of the Medical Staff will be granted privileges pursuant to Section 70706.1, there shall be a Committee on Interdisciplinary Practice established by and accountable to the Governing Body, for establishing policies and procedures for interdisciplinary medical practice.

2.10.2 Section 2725 of the Business and Professionals Code states as follows:

(a) [T]he Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature to provide clear legal authority for functions and procedures which have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems which provide for collaboration between physicians and registered nurses.

(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.

(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen prescribed by a physician, dentist, podiatrist, or clinical psychologist.

(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (1) determination of whether such signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics; and (2) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency procedures.

(c) "Standardized procedures," as used in this section, means...

(1) Policies and protocols developed by a health facility [such as a hospital] through collaboration among administrators and health professionals including physicians and nurses...

(d) Nothing in this section shall be construed to require approval of standardized procedures by the Board of Medical Examiners or the Board of Nursing Education and Nurse Registration.

3.0 CREDENTIALING OF ALLIED HEALTH PROFESSIONALS

3.1 Credentials File

The credential file shall include:

- Application approval signed by the supervising physician if applicable
- Licensure and credential documents
- Proof of educational credentials
- Continuing education records
- Quality assurance data including practice trending and critical patient events
- Committee involvement and various activities
- Recent evaluation
- Record of disciplinary actions

3.1.1 Responsibility for maintaining the AHP's files belongs to the designated supervisors in conjunction with the Department of Medical Staff Services.

3.1.2 An AHP shall apply for privileges using a written application. Dependent practitioners requesting delineation of privileges must be approved by the supervising physician, the IDP Committee, and the Governing Body with the exception of physician's assistants who must also be approved by the Executive Committee. Independent practitioners requesting a delineation of privileges must be approved by the Chief of the appropriate department, the Executive Committee, and the Governing Body. The initial application fee is \$300.00. Reappointment fees are \$50.00 per year. All fees will be waived if the applicant is an employee.

3.1.3 Temporary privileges may be granted to clinical psychologists, licensed clinical social workers (LCSW), and marriage family therapists (MFT) for medical necessity and/or for care of a specific patient. Temporary privileges may be granted to other allied health professionals on a case-by-case basis.

3.1.4 Proctoring/skills validation shall be required and provided for all applicants and for individuals requesting additional privileges.

Proctoring shall be required for all independent AHPs and for those dependent AHPs who have been granted practice privileges (e.g. physician's assistants and nurse practitioners).

Skills validation shall be required and provided for all dependent AHPs who have been authorized to provide services as outlined under a job description (e.g. scrub nurses).

3.1.5 A reappraisal must be conducted on independent practitioners at least every two years, which must include peer recommendations. Dependent AHPs will be reviewed every year by the appropriate department manager or sponsoring physician who will conduct a review of the qualifications and performance of each AHP and may recommend to the IDP Committee that privileges be continued, extended, limited, or revoked.

3.1.6 The Chief Executive Officer, Vice President of Healthcare Services or Vice President of Patient Care Services and department managers, as appropriate, may, at any time upon reasonable notice under the circumstances and for any reason, after consultation with the Unit Medical Director or Section Chair responsible for supervision or the Chair of the Medical Executive Committee terminate any or all privileges granted (except for the privileges of clinical psychologists who are afforded hearing rights under the Medical Staff Bylaws). All actions will be reviewed by the Committee at its next meeting.

- 3.1.7 The IDP Committee shall be responsible for recommending policies and procedures for the granting of expanded role privileges to registered nurses, whether or not employed by the facility, to provide for the assessment, planning, and direction of the diagnostic and therapeutic care of a patient in a licensed health facility. These policies and procedures will be administered by the IDP Committee which shall be responsible for reviewing credentials and making recommendations for the granting and/or rescinding of such privileges.
- 3.1.8 A physician assistant shall be supervised by a physician who is a member of the active Medical Staff. Physician assistants shall apply and be approved by the Executive Committee of the Medical Staff.
- 3.1.9 An AHP may be granted a leave of absence, with the approval of the Governing Body, when circumstances such as prolonged illness, military service, absence for advanced study, or other reasons prevent practice in the community, for a period up to one (1) year. An AHP on a leave of absence must request reinstatement by written application at least 90 days prior to the expiration of the leave. This application will be handled in the same manner as a reappointment application. Failure, without good cause, to request reinstatement on a timely basis, shall result in the voluntary relinquishment of all AHP practice privileges at the expiration of the leave of absence. A request for AHP practice privileges subsequently received from the AHP so terminated shall be submitted and processed as a new application for AHP practice privileges.

3.2 Scope and Setting of Practice

Setting

- 3.2.1 The AHPs are an integral part of the health care delivery system as practiced at Huntington Memorial Hospital. The settings may be in all clinical areas.
- 3.2.2 Patients will be informed that they are being seen by an AHP and each AHP must wear an identifying name tag. The patient may request to be seen by a physician at any time.
- 3.2.3 If the AHP is unavailable due to illness, vacation or other recognized absence, the appropriate supervisor/physician will determine who will provide coverage.

Scope

- 3.2.4 An AHP may perform all functions consistent with the AHPs educational background and experience, and with the standards of practice in the community.
- 3.2.5 An AHP may perform functions overlapping with medicine and nursing under a standardized procedure/protocol describing that function.
- 3.2.6 Each AHP is responsible for accurate documentation of AHPs patient care activities, which should reflect consultation with referral sources and physicians.
- 3.2.7 Functions not consistent with the level of practice or knowledge of the AHP will be handled by referral or in collaboration with the appropriate referral source.
- 3.2.8 Physician consultation is available to the AHP either in person, by telephone, or electronic communication.
- 3.2.9 Documentation of patient problems and treatment regimens that deviate from the Standardized Procedure will be co-signed by the attending physician or physician designee.
- 3.2.10 AHPs participate in quality assessment and improvement programs.
- 3.2.11 AHPs participate in all appropriate organizational activities.

3.3 Categories of Allied Health Professionals

The categories of AHP eligible to apply for practice privilege are (in the order in which they are discussed below): clinical psychologist, licensed clinical social worker, licensed psychiatric technician, licensed vocational nurse, marriage and family therapist, nurse practitioner, oral and

maxillofacial surgery assistant, perfusionist, physician's assistant, RN/cardiology, RN/first assistant, RN/evaluation for 5150 status, RN/private scrub, registered psychological assistant, surgical technologist, EEG technologist, registered dietician, RN/coordinator of epilepsy/brain mapping program, surgical stereotactic technician, lithotripsy radiology technologist, clinical research coordinator, research assistant/data collector, and Bioethicist.

3.4 Conditions and Duration of Appointment to the Allied Health Professional Staff

- 3.4.1 In order to be eligible for appointment to the AHP staff, the professional must hold a current, unrestricted California State License and/or certificate in his/her field, and/or have completed the training and have the experience described below.
- 3.4.2 Independent AHPs – All new appointments shall be to the AHP-Provisional status for not less than six (6) months or more than two (2) years. Advancement from AHP-Provisional status will be based on whether the AHPs performance is satisfactory based upon completion and satisfactory results of the proctoring requirements as determined by the applicable department, the Medical Executive Committee, and the Governing Body.
- 3.4.3 Dependent AHPs – All new appointments shall be to the AHP-Provisional status for not less than six (6) months or more than two (2) years. Advancement from AHP-Provisional status will be determined based on whether the AHPs performance is satisfactory based upon completion and satisfactory results from evaluations, skills validation, and/or proctoring reports and reviewed by the IDP Committee and recommendations made to the Governing Body.

3.5 Application Process

- 3.5.1 An AHP shall complete an application for membership and practice privileges prescribed by the Medical Executive Committee (for independent practitioners) or the IDP Committee (for dependent practitioners), and the Governing Body.
- 3.5.2 Professional References
The applicant must include the names of at least two (2) professionals who have observed the applicant's practice and are capable of evaluating his/her competency and qualifications.
At least one of the two persons listed as professional references must be a member of the Huntington Memorial Hospital Medical Staff, which may include the supervising physician, if any. At least one of the individuals listed as a professional reference must hold the same licensure as the AHP applicant (e.g. RN, NP). In addition, if the AHP is a member of a qualified group practice, at least one reference must be provided by a qualified professional who is not a member of the group.

3.6 Content of Application and Processing

- 3.6.1 The application forms shall request information pertinent to the AHPs, and for dependent AHPs the supervising physician's, training, qualifications, and demonstrated competence.
- 3.6.2 The applications shall be processed in accordance with the procedure set forth in the Medical Staff Bylaws for processing applications for Medical Staff membership and clinical privileges, insofar as the provisions are relevant. Thus, information shall be verified by the Medical Staff Department and the dependent practitioner applications shall be reviewed by the IDP Committee, the Medical Executive Committee (as a means to forward to the Governing Body), and the Governing Body. Independent practitioner applications shall be reviewed by the appropriate Medical Staff Section (when Section review is warranted), the Chair of the appropriate Medical Staff Department, the Credentials Committee, the Medical Executive Committee, and the Governing Body.

3.7 Reappointment

- 3.7.1 As noted above in Section 3.4, both independent and dependent AHPs shall be granted practice privileges for no more than twenty-four (24) months. Reappointment to the AHP staff shall be processed every other year, in a parallel manner to that specified in the Medical Staff Bylaws for Medical Staff members insofar as those procedures shall be relevant. Dependent AHPs must also be evaluated on an annual basis by their supervising physician.
- 3.7.2 In accordance with the Medical Staff Bylaws, the application for renewal of the AHPs privileges must be completed by the AHP and submitted for processing in a parallel manner to that set forth in the Medical Staff Bylaws, insofar as those provisions are relevant.
- 3.7.3 In accordance with the Medical Staff Bylaws, AHPs without hospital activity during a two-year reappointment term will be notified that their reappointment will be for a one-year period. Failure to submit activity at Huntington Hospital within the next year will result in what will be considered a voluntary resignation of AHP staff.

3.8 Automatic Termination of Privileges

In accordance with the Medical Staff Bylaws, there shall be no right of appeal of automatic privilege terminations for AHPs when executed for the reasons stated below. Privileges are automatically terminated in the event:

- 3.8.1 The Medical Staff membership of the supervising or sponsoring physician is terminated or suspended, whether such termination or suspension is voluntary and involuntary. Exceptions may be made if the AHP is able to obtain acceptable sponsorship from another Active Staff member and previously granted privileges apply, or if the AHP is a clinical psychologist.
- 3.8.2 The supervising physician no longer agrees to act as the supervising physician for any reason, or the relationship between the AHP and the supervising physician is otherwise terminated, regardless of the reason. Exception may be made if the AHP is able to obtain acceptable sponsorship from another Active Staff member and previously granted privileges apply, or if the AHP is a clinical psychologist.
- 3.8.3 The AHPs license/certification expires, is revoked or is suspended in whole or part.
- 3.8.4 Procedural Rights: Clinical psychologists shall be entitled to the same hearing and appeal rights as members of the Medical staff, as outlined in Chapters 7 & 8 of the Medical Staff Bylaws. Dependent AHPs are not entitled to the fair hearing rights set forth in the Medical Staff Bylaws Chapter 7 & 8. The dependent AHPs are entitled to the rights outlined in Chapter 17.8 of the Medical Staff Bylaws.

3.9 General Information

- 3.9.1 Charting: AHPs granted practice privileges may enter notes in patients' charts. The supervising physician, if any, shall countersign all entries except routine progress notes and psychological test reports. Unless otherwise specified in the Rules and Regulations or specific supervision protocols, all chart entries requiring countersignatures must be countersigned within 24 hours after the entry is made.
- 3.9.2 Identification of Practitioner: When rendering services, the AHP wear an identification badge on an outer garment and in plain view, which shall state the practitioner's name and licensure category.
- 3.9.3 Liability Insurance: Independent non-employed AHPs must maintain professional liability insurance in the amounts of at least \$1 million per occurrence and \$3 million annual aggregate. Non-employed dependent AHPs must provide evidence of insurance coverage under the professional liability policy for the supervising physician in the amounts of at least \$1 million/\$3 million.

- 3.9.4 Employer Responsibilities: If a supervising physician employs the AHP, the supervising physician agrees that the AHP shall be solely his/her employee and not the employee or agent of the Hospital. The supervising physician must assume full and sole responsibility for making all payments to and establishing all working conditions and terms for the AHP and for complying with all relevant laws with respect thereto, including those pertaining to withholding of federal and state income taxes, FICA, payment for overtime, and provision of workers' compensation insurance coverage. The supervising physician agrees to indemnify the Hospital against any expense, loss, or adverse judgment it may incur as a result of allowing a physician-employed AHP to practice at the Hospital or as a result of denying or terminating the AHPs privileges.

4.0 CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA)

4.1 Criteria for Granting Privileges

- 4.1.1 Current California Registered Nursing license from the California Board of Registered Nursing
- 4.1.2 Current Nurse Anesthetist License from the California Board of Registered Nursing
- 4.1.3 Current certification from the Council of Certification of the American Association of Nurse Anesthetists
- 4.1.4 Evidence of continuing education in anesthesia
- 4.1.5 Recertification by the Council on Recertification two (2) years after passing the initial certification exam
- 4.1.6 Current ACLS certification from the American Heart Association

4.2 Scope of Privileges

- 4.2.1 Maintain equipment, supplies, and drugs
- 4.2.2 Use appropriate monitoring devices per policy and procedure of department
- 4.2.3 Prepare drugs for administration
- 4.2.4 Review preoperative evaluation completed by staff anesthesiologists
- 4.2.5 Evaluate patient's need for preoperative medication and records response.
- 4.2.6 Choose anesthetic of choice for patient based on preoperative recommendations of staff anesthesiologist
- 4.2.7 Prior to induction, the CRNA must consult and confer the anesthesia plan with the staff anesthesiologist
- 4.2.8 At the discretion of the staff anesthesiologist, the CRNA, may be present at induction with the patient's condition requires their presence. An anesthesiologist will be immediately available at all times during induction and maintenance of anesthesia.
- 4.2.9 Administer general anesthesia for surgical procedures and certain medical procedures
- 4.2.10 Use fluids, blood components, anesthetic, and ancillary drugs to optimally maintain the health of the patient.
- 4.2.11 Use all necessary techniques and devices for adequate and proper patient monitoring.
- 4.2.12 Anesthetists will report any abnormal patient responses to the supervising anesthesiologist immediately.
- 4.2.13 Assist the anesthesiologist in the post anesthesia recovery room (PACU)

- 4.3 Supervision – A staff anesthesiologist must sponsor and supervise the CRNA.

5.0 CLINICAL PSYCHOLOGIST

For purposes of this policy, a clinical psychologist is an independent practitioner who has earned a doctorate degree in psychology, has been granted a license by the California State Board of

Psychology, and has successfully demonstrated psychiatric inpatient treatment experience. The clinical psychologist may perform testing and assessment services and provides psychotherapy to all patients, including children and geriatric patients. Also, with additional training, the clinical psychologist may provide neuropsychological treatment, biofeedback therapy, hypnotherapy, and educational testing.

5.1 Criteria for Granting Privileges

- 5.1.1 All psychologists shall be appointed to the AHP staff. Privileging recommendations shall be made by the Chair of the Psychiatry Section and shall require approval by the Medicine Department Chair, the Credentials Committee, the Medical Executive Committee, and the Governing Body.
- 5.1.2 The minimum qualifications for appointment of initial applicants shall be either all of the criteria of "A" or of "B" below:
 - A. A doctorate degree in Psychology from a regionally accredited institution; AND pre and post-doctorate internship comprising a total of 3,000 supervised hours of clinical experience; AND two years of inpatient psychological treatment experience; AND licensure by the California Board of Psychology.
 - OR
 - B. Current credential issued by the National Register of Health Service Providers in Psychology.
- 5.1.3 The minimum qualifications for current AHP staff members shall be either "A" or "B" above, OR successful completion of an approved training program; OR has demonstrated acceptable practice in the privileges being requested for a minimum of five (5) years.

5.2 Scope of Privileges

An appropriately qualified psychologist may be approved for the following practice privileges:

- 5.2.1 Della Martin Center
 - 5.2.1.1 Admission of patients for treatment in the Psychiatric Unit. Any such admission must also be in tandem, e.g. a co-admission, with a psychiatrist on staff who has assessed the need for admission in terms of the patient's medical/psychiatric needs.
 - 5.2.1.2 The psychiatric evaluation as well as the admitting history and physical examination for each patient admitted by a psychologist are the responsibility of the licensed psychiatrist, who will notify the internist.
 - 5.2.1.3 A psychologist may assume primary responsibility for the psychological care and treatment of his/her patient on the Psychiatric Unit. This may include development of treatment plans, assessments and treatments, orders for psychotherapy interventions, psychological testing, milieu orders and chemical dependency consultations. Assessments, treatment, and orders shall be properly reflected in the patient's chart. All care provided by the clinical psychologist must be within the scope of his/her education, training, licensure, and privileges. Care for any psychiatric or physical problem that is beyond the scope of the clinical psychologist's licensure will be the responsibility of the co-admitting psychiatrist.
 - 5.2.1.4 The care of each patient shall be reviewed by the designated psychiatrist no less than every 48 hours.
 - 5.2.1.5 The psychologist may discharge his/her patients from the Psychiatric Unit. Any discharge must be done in collaboration with the attending psychiatrist who has assessed the appropriateness of the discharge in terms of the patient's medical psychiatric needs.
 - 5.2.1.6 A psychologist may perform consultations requested by attending clinical staff.

- 5.2.1.7 A psychologist may evaluate patient status for involuntary detainment under Section 5150 of the California Welfare Institutions Code (5150 Status)
- 5.2.1.8 A clinical psychologist shall not: prescribe drugs, perform surgery, or otherwise practice medicine, or knowingly undertake any therapy or other professional activity where his/her own personality may likely interfere with the services rendered or which may result in harm to the patient.
- 5.2.2 General – A psychologist may perform consultations requested by attending clinical staff.
- 5.2.3 Physical Rehabilitation Services – The psychologist, upon referral from the Rehabilitation physicians, performs psychological assessments and testing.

6.0 LICENSED CLINICAL SOCIAL WORKER (LCSW)

A LCSW has a master's degree in social work and is currently licensed by the California Board of Behavioral Sciences to provide patient care with only indirect supervision. The LCSW may provide a range of activities at the Hospital. These are usually limited to nonmedical psychotherapy (e.g. individual and group psychotherapy and family or couples psychotherapy), hypnotherapy and biofeedback.

6.1 Criteria for Granting Privileges

- 6.1.1 Master of Social Work from an accredited graduate school of social work
- 6.1.2 Current California State LCSW License issued by the Board of Behavioral Sciences
- 6.1.3 Experience and demonstrated competence in Category 1 privileges
- 6.1.4 Current Basic Life Support (BLS) certificate from the American Heart Association

6.2 Scope of Privileges

An LCSW may be granted practice privileges to perform the following nonmedical services

- 6.2.1 Individual psychotherapy/adult
- 6.2.2 Family/Couple psychotherapy
- 6.2.3 Group psychotherapy
- 6.2.4 Hypnotherapy
- 6.2.5 Biofeedback
- 6.2.6 Evaluation for 5150 Status

6.3 Supervision – A psychiatrist must sponsor an LCSW

7.0 LICENSED PSYCHIATRIC TECHNICIAN (LPT)

A qualified LPT may conduct patient assessments at the Hospital to determine 5150 status an appropriate disposition of patients including Lanterman-Petris Short Act (LPS) designation required paperwork.

7.1 Criteria for Granting Privileges

- 7.1.1 Bachelor's Degree in a related field plus two (2) years of post-licensure acute psychiatric care experience or, if no Bachelor's Degree, must have two (2) years of college education and four (4) years of post-licensure acute psychiatric care (or a combined total of six (6) years of college education and post-licensure acute psychiatric care experience).
- 7.1.2 Current California State LPT License issued by the California Board of Vocational Nursing and Psychiatric Technicians
- 7.1.3 Must be able to perform and summarize a focused mental status examination
- 7.1.4 Must complete the Patients' Rights/LPS training program and must pass a Patient's Rights/LPS quiz and score 85% or higher

- 7.1.5 Experience and demonstrate competence in Category I privileges
- 7.1.6 Current BLS certificate from the American Heart Association
- 7.2 Scope of Privileges – Evaluation of 5150 Status
- 7.3 Proctoring and Supervision
The LPT must successfully complete a minimum of two (2) proctored assessments. The Hospital Medical Director or Program Director will serve as a proctor. All involuntary holds will be subject to concurrent quality review by the Program Manager or Program Coordinator.

8.0 LICENSED VOCATIONAL NURSE (LVN)

A qualified LVN may conduct patient assessments to determine 5150 Status and appropriate disposition of the patient including LPS designation required paperwork.

- 8.1 Criteria for Granting Privileges
 - 8.1.1 Bachelor's Degree in a related field plus two (2) years of post-licensure acute psychiatric care experience or, if no Bachelor's Degree, must have two (2) years of college education and four (4) years of post-licensure acute psychiatric care (or a combined total of six (6) years of college education and post-licensure acute psychiatric care experience).
 - 8.1.2 Current California State LVN License issued by the California Board of Vocational Nursing and Psychiatric Technicians
 - 8.1.3 Must be able to perform and summarize a focused mental status examination
 - 8.1.4 Must complete the Patients' Rights/LPS training program and must pass a Patient's Rights/LPS quiz and score 85% or higher
 - 8.1.5 Experience and demonstrate competence in Category I privileges
 - 8.1.6 Current BLS certificate from the American Heart Association
- 8.2 Scope of Privileges – Evaluation of 5150 Status
- 8.3 Proctoring and Supervision
The LPT must successfully complete a minimum of two (2) proctored assessments. The Hospital Medical Director or Program Director will serve as a proctor. All involuntary holds will be subject to concurrent quality review by the Program Manager or Program Coordinator.

9.0 MARRIAGE FAMILY THERAPIST (MFT)

An MFT is a master's level therapist with state licensure to practice with indirect supervision. These practitioners usually provide nonmedical group and individual psychotherapy, marital therapy, and vocational testing. MFTs may also provide biofeedback and hypnotherapy with additional demonstrated training and experience.

- 9.1 Criteria for Granting Privileges
 - 9.1.1 Licensed by the Board of Behavioral Science Examiners
 - 9.1.2 Doctorate or Master's Degree in Psychology or Counseling from a qualifying program.
 - 9.1.3 One (1) year post-license multidisciplinary inpatient hospital experience as a therapist and/or experience as a therapist with a Doctorate or Master's degree in Psychology or Counseling (those not meeting this requirement are subject to a period of supervision by a qualified medical/AHP staff member, until they have satisfied the inpatient hospital experience requirement).
 - 9.1.4 Experience and demonstrated competence in Category I privileges
 - 9.1.5 Current BLS certificate from the American Heart Association
- 9.2 Scope of Privileges

An MFT may be granted practice privileges to provide the following nonmedical services:

- 9.2.1 Individual psychotherapy/adult
- 9.2.2 Family/Couple psychotherapy
- 9.2.3 Group psychotherapy
- 9.2.4 Hypnotherapy (where appropriate experience, course work, and certification is demonstrated)
- 9.2.5 Biofeedback
- 9.2.6 Evaluation for 5150 Status

9.3 Supervision – A psychiatrist must sponsor and supervise and MFT.

10.0 NURSE PRACTITIONER (NP)

Use of the title “nurse practitioner” is limited to registered nurses who have been approved for that purpose by the California Board of Registered Nursing (BRN), e.g. registered nurses who possesses additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness needs in primary health care, and who have been prepared in a program that conforms to BRN standards. A nurse practitioner approved by the California BRN may use the abbreviation “RN, NP”.

10.1 Criteria for Granting Privileges

- 10.1.1 Successful completion of an accredited Nurse Practitioner program
- 10.1.2 Possession of a current certification as a Nurse Practitioner from the California Board of Registered Nursing
- 10.1.3 Current California Registered Nursing license from the California Board of Registered Nursing
- 10.1.4 Current BLS certificate from the American Heart Association
- 10.1.5 Any certifications above and beyond the RN and NP license required to perform duties such as furnishing drugs and devices (including but not limited to special educational and other requirements for furnishing Schedule II drugs, e.g. a federal Drug Enforcement Administration (DEA) number), or performing First Assistant duties in the operating room
- 10.1.6 For initial competency, procedure checklists, signed and dated by both supervising physician and nurse practitioner
- 10.1.7 For ongoing competency/reappointment, patient activity summary (PAS) form and demonstrated competency according to the most recent annual review by the supervising physician
- 10.1.8 Standardized Procedures in Huntington Memorial Hospital format.

10.2 Scope of Privileges

The NPs practice privileges will be based on each NPs standardized procedure. Any tasks or functions within the expanded scope of nursing practice must be defined in the standardized procedures, in accordance with the applicable state law. The specific standardized procedures will be defined by the NP and the supervising physician, and must adhere to the format developed by Hospital Administration along with healthy professionals including physicians and nurses, and required by the Hospital as mentioned previously. Once a supervising physician deems the NP to be competent, the NP may perform the standardized procedure functions independently, e.g. without the physical presence or direct supervision of the physician. Typically, the practice will include, but not be limited to, the following, in strict accordance with the standardized procedures and applicable law:

- Disease management/primary care/urgent care
- Ordering laboratory work and diagnostic studies

- Ordering prescription drugs and devices
- Furnishing medication, provided the NP has a furnishing number issued by the BRN, and meets any additional requirements such as a DEA number for furnishing particular drugs, as specified in the relevant standardized procedure (a patient-specific protocol is required for an NP to furnish any Schedule II or III controlled substance)
- Dispensing medication in a clinic; and performing overlapping procedures that been approved by the applicable Medical Staff Department.

10.2.1 Standardized Procedures

An NP must rely on standardized procedures for authorization to perform the overlapping medical functions listed above. The standardized procedures are the legal authority to exceed the usual scope of RN practice and will be required by the Hospital for credentialing and granting of privileges to the NP. Each NP credentialed at the Hospital will be required to provide the Hospital with standardized procedures, which must do all the following:

- 10.2.1.1 Be in writing, dated and signed by the chair of the IDP Committee
- 10.2.1.2 Specify which standardized procedure functions NPs may perform and under what circumstances
- 10.2.1.3 State any specific requirements, which are to be followed by the NP in performing the standardized procedure functions (must include details in the format that include a Subjective, Objective, Treatment, Plan, Record Keeping, Ongoing Competency Evaluation, and Consultation criteria)
- 10.2.1.4 Specify any experience, training, and/or educational requirements for performance of standardized procedures
- 10.2.1.5 Establish a method for initial and continuing evaluation of the competence of those NPs authorized to perform standardized procedure functions
- 10.2.1.6 Provide a method of maintain written documentation of those persons authorized to perform standardized procedure functions
- 10.2.1.7 Specify the scope of supervision required for performance of standardized procedure functions, for example telephone contact with the physician
- 10.2.1.8 Set forth any specialized circumstances under which the NP is to immediately communicate with a physician concerning a patient
- 10.2.1.9 State limitations on settings, if any, in which the standardized procedure functions may be performed
- 10.2.1.10 Specify patient record keeping requirements
- 10.2.1.11 Provide for periodic review of the standardized procedures, and the NPs performance of the standardized procedures (as summarized on the PAS form) at the time of reappointment

The standardized procedures used in the Hospital will be developed collaboratively by the Medical Staff, Nursing, and Hospital Administration, and specific standardized procedures will be review and approved or denied by the IDP Committee based on completeness and demonstrated competency of the NP. The NP, the sponsoring physician, a nursing representative, and the IDP Chair will sign the procedures. The standardized procedures will be reviewed by the IDP every two (2) years at the time of reappointment.

10.2.2 Initial Competency

Initial competency will be determined by the supervising physician based upon the Hospital competency checklists specific to each NPs standardized procedure. The Hospital will provide the competency checklist to each NP for each standardized procedure function the individual is applying to perform. The Hospital must receive the checklist signed and dated by both the applicant and the supervising physician before

privileges will be granted and the NP may perform functions independently as permitted by California law. Initial competency must be established within six (6) months of the privileging request. Once initial competency is ascertained, the Hospital will notify the applicant of the approval and/or denial and make this information available to the Hospital staff through the online practitioner privileging database.

10.2.3 Ongoing Competency

Ongoing competency is evaluated every two years at the time of reappointment. At this time the NP must provide the IDP Committee with a summary of patient activities (PAS form) based on a sampling of the NPs clinical practice. The NP is responsible for collecting this information once a month and recording it on a Hospital log that includes the date of encounter, the patient name/ID, the standardized procedure used, and complications that arise. The NP will be required to retain these documents in his/her records.

10.3 Supervision/Consultation

Once initial competency is established, and the NPs standardized procedures have been defined and approved, the NP is authorized to perform approved standardized procedures without the direct observation, supervision, or approval of a physician. Physician consultation must be available at all time, either on-site or by immediate electronic communication, when needed for any reason, as defined by the individual standardized procedure. With respect to the ordering or furnishing of drugs or devices by the NP, the supervising physician must be available by telephone at the time of patient examination by the NP.

11.0 ORAL AND MAXILLOFACIAL SURGERY (OMS) ASSISTANT

An OMS Assistant is a dental assistant who provide care in OMS procedures in accordance with the California Dental Practice Act. Under the direct supervision of the employing physician, the OMS Assistant is responsible for assisting the physician in the scrub role for patients under his/her care. He/she is indirectly under the supervision of the Registered Nurse for proper aseptic technique and adherence to operating room rules and regulations.

11.1 Criteria for Granting Privileges

- 11.1.1 Completed training approved by the Southern California Society of Oral and Maxillofacial Surgeons OR California Association of Oral and Maxillofacial Surgeons
- 11.1.2 Current Oral and Maxillofacial Surgical Assistant or Technician certificate
- 11.1.3 Current BLS certification by the American Heart Association
- 11.1.4 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment
- 11.1.5 Completion of the two (2) Dental Board required courses in the California Dental Practice Act and infection control. If after 120 days of employment the OMS Assistant has not successfully completed the courses he/she will have an additional year to do so.

11.2 Scope of Privileges

- 11.2.1 Care of surgical instruments
- 11.2.2 Opening of sterile supplies prior to surgery
- 11.2.3 Cutting off ends of suture material after physician closes an incision
- 11.2.4 Assisting in wiring (specific scope depends upon level of certification/licensure)
- 11.3.5 Retracting
- 11.3.6 Suctioning
- 11.3.7 Taking dental impressions
- 11.3.8 Passing of instruments

- 11.3.9 Placing post-operative dressing (only if the OMS Assistant is a registered dental assistant or registered dental assistant in extended functions; other OMS assistants may remove dressings)

An OMS assistant may be granted practice privileges to act as the first assistant on all minor oral and maxillofacial surgical cases. He/she may not act as first assistant on any major surgical procedures.

11.3 Supervision

An OMS assistant must be sponsored by a physician who has unrestricted privileges to perform oral and maxillofacial surgery at the Hospital. This physician must provide direct supervision of all services rendered by the OMS assistant at the Hospital.

12.0 PERFUSIONIST

The Perfusionist is responsible to the Chair of the Department of Cardiothoracic Surgery under the direct supervision of the supervising physician. The Perfusionist is responsible for the surgical patient while under the auspices of his/her specialty. The responsibility encompasses the knowledgeable operation of various therapeutic and operational modalities with the application of the appropriate physiological principles of such modalities.

12.1 Criteria for Granting Privileges

- 12.1.1 Graduation from an approved training program in perfusion technology
- 12.1.2 Evidence of completion of the entire American Board of Cardiovascular Perfusion (ABCP) (written and oral) examination
- The applicant must be eligible to use either the title "Perfusionist" or "Graduate Perfusionist" as defined by the Perfusionist Titling Act (AB566 and AB569) which became law under the California Business and Professional Code (Chapter 5.67, Division 2) on January 1, 1993. This law also requires the Perfusionist to maintain certification by the ABCP, or documentation proving that continuing education equivalent to that required by the ABCP has been achieved.
- 12.1.3 Current BLS certificate from the American Heart Association
- 12.1.4 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment

12.2 Scope of Privileges

- 12.2.1 Use of extra-corporeal circulation (heart-lung machine)
- 12.2.2 Cardiopulmonary support
- 12.2.3 Counterpulsation (intra-aortic balloon support)
- 12.2.4 Ventricular assistance
- 12.2.5 Blood conservation/autotransfusion
- 12.2.6 Isolated limb perfusion

Additionally, the following services may also be performed by Perfusionists during, or in connection with, the performance of the functions described above:

- Blood and drug administration
- Blood glucose testing
- Certain laboratory analyses (e.g. ACT, blood gas, and blood chemistry monitoring)
- Hemodilution
- Membrane concentration (Hemofiltration)
- Thermal regulation
- Anticoagulation and hematologic monitoring/analysis

- Documentation associated with these duties

12.3 Supervision

A Perfusionist may provide services only under the direct supervision of the supervising physician. The physician with overall responsibility for the cardiovascular surgery service, including training and supervision of perfusionists, must be certified (or a candidate for certification) by the American Board of Thoracic Surgery or the American Board of Surgery. A perfusionist must be under the immediate supervision of a cardiovascular surgeon or cardiologist when the Perfusionist is operating the extracorporeal equipment.

13.0 PHYSICIAN ASSISTANT (PA)

A PA may provide only those medical services that he/she is competent to perform, as determined by the supervising physician, that are consistent with the PA's education, training, experience, and that are delegated in writing by a supervising physician who is responsible for the patient's care by the PA. The department to which the PA is assigned will require proof or demonstration of competence from any PA for any tasks, procedures, or management he/she is performing. A PA shall consult with a physician regarding any task, procedure, or diagnostic problem that the PA determines exceeds his/her level of competence, or shall refer any such case to a physician.

13.1 Criteria for Granting Privileges

- 13.1.1 Completion of an accredited training program as a physician assistant
- 13.1.2 Current Physician Assistant license from the Medical Board of California Physician Assistant Committee
- 13.1.3 Physician sponsorship (the physician sponsor must be an Active member of the Medical Staff) and proof that the supervising physician is approved by the Medical Board of California to supervise PAs
- 13.1.4 Demonstrated competence in requested privileges/procedures, which will be reviewed and evaluated at least annually
- 13.1.5 Current BLS or ACLS certification working with an adult patient population; and/or BLS or PALS for PA's working with a pediatric patient population
- 13.1.6 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment

13.2 Scope of Privileges

The practice of a PA is directed by a supervising physician pursuant to a delegation of services agreement, and a PA acts as an agent for that physician. The orders given and tasks performed by a PA shall be considered the same as if they have been given and performed by the supervising physician. Unless otherwise specified in these Rules & Regulations or in the delegation of services agreement or in protocols that may be adopted in addition to the delegation of services agreement, these orders may be initiated without the prior patient-specific order of the supervising physician.

Pursuant to the supervising physician's delegation, and any additional protocols, a PA may:

- 13.2.1 Take a patient history; perform a physical examination, and make an assessment therefrom; initiate, review, and revise treatment and therapy plans including plans for those services described below, and record present pertinent data in a manner meaningful to the physician
- 13.2.2 Transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services
- 13.2.3 Transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures, and therapeutic procedures

- 13.2.4 Recognize and evaluate situations that call for immediate attention of a physician; institute when necessary, treatment procedures essential for the life of the patient; and notify the supervising physician of any such situation immediately
- 13.2.5 Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth development, aging and understanding of long term management of their diseases
- 13.2.6 Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home
- 13.2.7 Initiate and facilitate the referral of patients to the appropriate health facilities, agencies, and resources of the community
- 13.2.8 Administer medication to a patient, or transmit orally, or transmit in writing on a patient's record, a prescription from his/her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician's prescription, transmitted by the PA, for any patient cared for by the PA, shall be based either on a patient-specific order by the supervising physician or on a written protocol that specifies all criteria for the use of a specific drug or device and any contraindications for the selection. A PA shall not provide a drug or transmit a prescription for a drug other than that drug specified in the protocol, without a patient-specific order from a supervising physician. At the direction and under the supervision of a physician supervisor, a PA may hand to a patient of the supervising physician a properly labeled prescription drug prepackaged by a physician, a manufacturer, or a pharmacist, as defined in California Pharmacy Law.

In any case, the medical record of any patient cared for by the PA for who a physician's medication order has been transmitted or carried out by the PA shall be reviewed and countersigned and dated by a supervising physician within 48 hours.
- 13.2.9 A PA may not administer, provide or transmit a prescription for controlled substances in Schedule II through V inclusive without patient-specific authority by a supervising physician.

13.3 Delegated Procedures

The delegation of procedures to a PA under this rule shall not relieve the supervising physician of primary continued responsibility for the patient's welfare.

13.4 Supervision

- 13.4.1 An approved supervising physician shall be available in person or by electronic communication at all times when the PA is caring for patients. A physician may not supervise more than two (2) PAs simultaneously.
- 13.4.2 A supervising physician shall delegate to a PA only those tasks and procedures consistent with the supervising physician's privileges or usual and customary practice and with the patient's health and condition.
- 13.4.3 A supervising physician shall observe or review evidence of the PA's performance of all tasks and procedures to be delegated to the PA until assured of competency.
- 13.4.4 The PA and the supervising physician shall establish in writing back-up procedures for the immediate care of patients who are in need of emergency care beyond the PA's scope of practice for such times when a supervising physician is not on the premises, and related transport procedures, if applicable.
- 13.4.5 A PA and his/her supervising physician shall establish in writing guidelines for the adequate supervision of the PA which shall include one or more of the following mechanisms:

- 13.4.5.1 Examination of the patient by the supervising physician the same day care is given by the PA
- 13.4.5.2 Countersignature and dating of all medical records written by the PA within thirty (30) days of the date when the care was given by the PA
- 13.4.5.3 The supervising physician may adopt protocols to govern the performance of a PA for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the supervising physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising and the PA. The supervising physician shall review, countersign, and date a minimum of 10% sample of medical records of patients treated by the PA functioning under these protocols within thirty (30) days of treatment by the PA. The supervising physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient
- 13.4.5.4 Other mechanisms for adequate supervision of the PA approved in advance by the IDP Committee.
- 13.4.6 In the case of PA operating under interim approval, the supervising physician shall review, sign and date the medical record of all patients cared for by that PA within three (3) days if the physician was on the premises when the PA diagnosed or treated the patient. If the physician was not on the premises at that time, he or she shall review, sign and date such medical records within 48 hours of the time medical services were provided.
- 13.4.7 A PA may perform surgical procedures that are customarily performed under local anesthesia, without the personal presence of the supervising physician. Prior to delegating any such surgical procedures, the supervising physician shall review documentation that indicates the PA is trained to perform the surgical procedures. All other surgical procedures requiring other forms of anesthesia may be performed by a PA only in the personal presence of an approved supervising physician. A PA may also act as first or second assistant in surgery under the supervision of an approved supervising physician.
- 13.4.8 The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the PA does not function autonomously. The supervising physician shall be responsible for all medical services provided by a PA under his or her supervision.
- 13.4.9 Each time a PA cares for a patient and enters his/her name, signature, and initials on the patient record, the PA shall also enter the name of his/her supervising physician who is responsible for the patient. When a PA transmits an oral order, he/she shall also state the name of the supervising physician who is responsible for the patient.
- 13.4.10 The supervising physician, within 48 hours, must countersign all medication orders.
- 13.4.11 If a PA consults with a physician, the consulting physician should sign the medical record.

14.0 RN-CARDIOLOGY

RN-Cardiology make daily rounds on patients who are preparing for discharge, surgery or procedures, to identify clinical and psychosocial patient needs. The nurse functions as an extension of the Medical Group, the patient, referring physicians, and the Hospital.

14.1 Criteria for Granting Privileges

- 14.1.1 Current nursing license from the California Board of Registered Nursing
- 14.1.2 A BSN is preferred, but another degree may be considered equivalent in the direction of the Hospital
- 14.1.3 Minimum of three (3) years cardiology experience and/or critical nursing
- 14.1.4 Current BLS certification from the American Heart Association; also current ACLS certification is preferred
- 14.1.5 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment

14.2 Scope of Privileges

- 14.2.1 Discharge planning
- 14.2.2 Educating patients (post-open heart surgery, pacemaker insertion, angiography, angioplasty, atherectomy, cardioversion, Coumadin, amiodarone, and discharge instructions)
- 14.2.3 Dictating physician discharge summaries
- 14.2.4 Documenting verbal and telephone orders from physicians in patient charts
- 14.2.5 Assisting in insertion of Swan-Ganz catheters, pacemakers, etc.
- 14.2.6 Dictating physician current routine history and physicals
- 14.2.7 Coordinating inter-facility patient transfers
- 14.2.8 Removing arterial and venous sheaths
- 14.2.9 Interrogating, analyzing, and reprogramming permanent pacemakers
- 14.2.10 Interrogating, analyzing, and reprogramming permanent Automatic Implantable Cardioverter-Defibrillators (AICDs)
- 14.2.11 Assessing and evaluating laboratory chemistry results and documentation on the chart
- 14.2.12 Evaluating post-operative wounds
- 14.2.13 Inserting venous access lines
- 14.2.14 Conducting Hospital based patient rounds
- 14.2.15 Documenting care/actions on physician progress notes

14.3 Supervision

A cardiologist must sponsor and supervise an RN working in cardiology

15.0 RN FIRST ASSISTANT (RNFA)

The RN is the first assistant to the surgeon during a surgical procedure and carries out functions that will assist the surgeon in performing a safe operation with optimal results for the patient. The RNFA practices perioperative nursing and has acquired the knowledge, skills and judgment necessary to assist the surgeon through organized instruction and supervised practice. The RNFA practices under the direct supervision of the surgeon during the first assisting phase of the perioperative phase. The RNFA does not concurrently function as a scrub nurse.

15.1 Criteria for Granting Privileges

- 15.1.1 Current nursing license from the California Board of Registered Nursing

- 15.1.2 Current professional liability insurance, if RN is not employed by the Hospital
 - 15.1.3 Proof of acceptance into an accredited RNFA program or successful completion of an accredited RNFA program
 - 15.1.4 Current certification or eligibility in operating room nursing (CNOR) or board certification or board eligibility as an advanced practice nurse (APN)
 - 15.1.5 APNs without competence in intraoperative patient care must undergo an assessment regarding clinical skills and knowledge. If it is determined that skill and knowledge are deficient they must complete AORN's Periop 101 course provided through OR Educator.
 - 15.1.6 BLS certification from the American Heart Association; ACLS certification is preferred
 - 15.1.7 Validation of clinical skills by a qualified physician for those who are in practice or by a qualified physician sponsor for those undergoing training
 - 15.1.8 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment
- 15.2 Scope of Privileges
- 15.2.1 Providing exposure
 - 15.2.2 Providing hemostasis
 - 15.2.3 Suturing
 - 15.2.4 Handling of tissue
 - 15.2.5 Using instrumentation
 - 15.2.6 Patient record keeping
- 15.3 Supervision
- The RNFA provides services under the direct supervision of the surgeon.

16.0 RN-EVALUATION FOR 5150 STATUS

RN-Evaluation for 5150 status conducts patient assessments to determine 5150 Status and appropriate disposition of patients, including LPS designation required paperwork.

- 16.1 Criteria for Granting Privileges
- 16.1.1 Current nursing license from the California Board of Registered Nursing
 - 16.1.2 Must have a minimum of three (3) years of psychiatric experience
 - 16.1.3 Must be able to perform and summarize a focused mental status examination;
 - 16.1.4 Must complete the Patients' Rights/LPS training program and must pass a Patient's Rights/LPS quiz and score 85% or higher
 - 16.1.5 Experience and demonstrate competence in Category I Privileges
 - 16.1.6 Current BLS certificate from the American Heart Association
- 16.2 Scope of Privileges – Evaluating 5150 Status
- 16.3 Proctoring and Supervision
- Must successfully complete a minimum of six (6) proctored assessments. The Hospital Medical Director or Program Director will serve as a proctor. All involuntary holds will be reviewed by the Program Manager or Program Coordinator.

17.0 REGISTERED NURSE-PRIVATE SCRUB

The private scrub nurse is responsible and accountable for the delivery of individualized nursing care to patients having surgical intervention. Incorporating current clinical knowledge with established nursing

practice, he/she performs nursing interventions utilizing the nursing process. The private scrub nurse works directly under the supervision of the employing surgeon. He/she is indirectly under the supervision of and directly accountable to the Department Manager of Surgical Services for proper aseptic technique and adherence to operating room rules and regulations.

17.1 Criteria for Granting Privileges

- 17.1.1 Current nursing license from the California Board of Registered Nursing
- 17.1.2 Either at least one (1) year of experience acting as an operating room nurse, or graduation from an operating room nurse training program
- 17.1.3 Current BLS certificate from the American Heart Association
- 17.1.4 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment

17.2 Scope of Privileges

- 17.2.1 Care of surgical instruments
- 17.2.2 Prepping patients as appropriate to specialty and procedure
- 17.2.3 Opening of sterile supplies
- 17.2.4 Passing of instruments
- 17.2.5 Cutting ends of suture after surgeon places suture
- 17.2.6 Holding retractors
- 17.2.7 Suctioning wounds
- 17.2.8 Placement of post-op dressings
- 17.2.9 Administering medications as prescribed by sponsoring physician; and
- 17.2.10 Participating in discharge planning with patients including explanation of prescriptions, such dosage, possible side effects, follow-up visits and outpatient testing.

17.3 Supervision

A nurse granted practice privileges as a scrub nurse may not function autonomously, and must always be acting under the direct supervision of a physician when providing direct patient care services.

18.0 REGISTERED PSYCHOLOGICAL ASSISTANT

A Registered Psychological Assistant is a limited practitioner who may practice only under the direct supervision of a psychologist or psychiatrist. The psychological assistant is a graduate of a doctoral program in Psychology and is registered by the State Board of Behavioral Examiners. Individuals designated as psychological assistants are promoted to the clinical psychologist status upon successful licensure by the state and following completion of 2,000 hours of work. Registered Psychological Assistants may perform most activities of clinical psychologists but must have care reviewed at regular intervals and individual supervision provided by the sponsoring psychologist to whom the Registered Psychological Assistant is registered.

18.1 Criteria for Granting Privileges

- 18.1.1 Registered by the Board of Behavioral Sciences
- 18.1.2 Doctorate in Psychology from an accredited program
- 18.1.3 Current BLS certificate from the American Heart Association

18.2 Scope of Privileges

A registered psychological assistant may be granted practice privileges in the following:

- 18.2.1 Individual psychotherapy

- 18.2.2 Psychological assessment and testing
- 18.2.3 Family/marital therapy
- 18.2.4 Group psychotherapy
- 18.2.5 Vocational testing
- 18.2.6 Adolescent treatment
- 18.2.7 Educational testing
- 18.2.8 Neuropsychology
- 18.2.9 Biofeedback
- 18.2.10 Hypnotherapy

18.3 Supervision

A clinical psychologist must sponsor and supervise a Registered Psychological Assistant.

19.0 SURGICAL TECHNOLOGIST

Under the direct supervision of the employing physician, the Surgical Technologist in the scrub role is responsible for the care and safety of the patients who come under his/her care. He/she is indirectly under the supervision of the registered nurse for proper aseptic technique and adherence to operating room rules and regulations.

19.1 Criteria for Granting Privileges

- 19.1.1 Completion of a surgical technologist program
- 19.1.2 Certified as a operating room technologist
- 19.1.3 Have at least one (1) year of experience acting as a surgical technologist
- 19.1.4 Current BLS certificate from the American Heart Association
- 19.1.5 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment

19.2 Scope of Privileges

- 19.2.1 Caring for surgical instruments
- 19.2.2 Prepping patients as appropriate to specialty and procedure
- 19.2.3 Opening sterile supplies prior to surgery
- 19.2.4 Cutting off ends of sutures after the surgeon places the suture or closes an exterior incision
- 19.2.5 Retracting
- 19.2.6 Suctioning
- 19.2.7 Passing of instruments
- 19.2.8 Placing post-operative dressings

19.3 Supervision

A Surgical Technologist must work under the direct supervision of the physician and of the operating room nurses.

20.0 ELECTROENCEPHALOGRAM (EEG) TECHNOLOGIST

The EEG Technologist conducts electroencephalograms, 24-hour monitoring studies, visual, brain stem auditory, and somatosensory evoked response testing.

20.1 Criteria for Granting Privileges

- 20.1.1 Completion of an accredited two (2) year program in electrodiagnostics or have five (5) years of practical experience in EEG telemetry
- 20.1.2 Certified or eligible for registration with the American Board of Registration of Electroencephalographic and Evoked Potential Technologists
- 20.1.3 Current BLS certification from the American Heart Association

20.2 Scope of Privileges

- 20.2.1 Routine and customary EEG recordings
- 20.3.2 Testing via EEG telemetry
- 20.3.3 Evoked potentials testing
- 20.3.4 Computerized EEG topographic brain mapping
- 20.3.5 Assisting with intraoperative brain mapping
- 20.3.6 Assisting with intraoperative EEG monitoring
- 20.3.7 Intensive care EEG monitoring
- 20.3.8 Intraoperative evoked potential testing
- 20.3.9 Assisting with conscious sedation procedures associated with the above tests
- 20.3.10 EEG monitoring during intracarotid amytal and intravenous methohexital tests
- 20.3.11 Assisting with other neurophysiologic testing

20.3 Supervision

The EEG Technologist must work under the direct supervision of the supervising physician.

21.0 REGISTERED DIETITIAN

The Registered Dietician provides guidance and direction patients, families, and staff regarding compliance with the ketogenic nutrition program.

21.1 Criteria for Granting Privileges

- 21.1.1 Registered with the American Dietetic Association
- 21.1.2 Completed post-graduate training
- 21.1.3 Completed the Registration Examination for Dietitians
- 21.1.4 Training in the ketogenic diet per the Johns Hopkins model
- 21.1.5 Current BLS certification from the American Heart Association

21.2 Scope of Privileges

- 21.2.1 Calculating meal plans specifically for individual patient needs for ketogenic diet compliance
- 21.3.2 Analyzing meal plans for deficiencies
- 21.3.3 Working with unit nursing staff for progression of ketogenic diet;
- 21.3.4 Working with patients and families to teach principles of ketogenic diet;
- 21.3.5 Working with the Hospital nutrition staff on principles and provision of ketogenic diet
- 21.3.6 Noting patient progress in the medical record

21.3 Supervision

The Registered Dietician must work under the supervision of the supervising physician.

22.0 RN COORDINATOR – EPILEPSY/BRAIN MAPPING PROGRAM

The RN Coordinator provides oversight to nursing care and procedures specific to neuro-diagnosis of patients in the epilepsy program.

22.1 Criteria for Granting Privileges

- 22.1.1 Current nursing license from the California Board of Registered Nursing
- 22.1.2 Two (2) years experience within the field of neurology, neurosurgery, or intensive care
- 22.1.3 Current BLS certification from the American Heart Association

22.2 Scope of Privileges

- 22.3.1 Starting I.V.s
- 22.3.2 Performing; phlebotomy
- 22.3.3 Assisting with Methohexital suppression tests
- 22.3.4 Administering; I.V. push medications for status epilepticus
- 22.3.5 Assisting with neurophysiological testing
- 22.3.6 Recording patient progress in the medical record

22.3 Supervision

The RN Coordinator must work under the direct supervision of the supervising physician.

23.0 SURGICAL STEREOTACTIC TECHNICIAN

Under the direct supervision of the employing physician, the Surgical Stereotactic Technician in the scrub role is responsible for the care and safety of the patients who come under his/her care. He/she is indirectly under the supervision of the registered nurse for proper aseptic technique and adherence to operating room rules and regulations.

23.1 Criteria for Granting Privileges

- 23.1.1 Bachelor's Degree in Biology or Science
- 23.1.2 Six (6) months training in electrophysiology lab or service
- 23.1.3 Current BLS certification from the American Heart Association
- 23.1.4 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment

23.2 Scope of Privileges

- 23.3.1 Acquiring, preparing, and managing cortical/grid electrodes and related supplies for surgical procedures
- 23.3.2 Operating ancillary equipment utilized during stereotactic procedures
- 23.3.3 Providing support for imaging and radiological procedures
- 23.3.4 Assisting neurologist with seizure evaluation of surgical candidates
- 23.3.5 Assisting with neurophysiological testing research and follow-up
- 23.3.6 Assisting with application of stereotactic frame prior to tests or procedures.

23.3 Supervision

The surgical stereotactic technician must work under the direct supervision of the supervising physician.

24.0 LITHOTRIPSY RADIOLOGY TECHNOLOGIST

The Lithotripsy Radiology Technologist, under the direct supervision of the Urologist (with Fluoroscopy Permit), operates the Modulith SLX during lithotripsy treatment. This involves positioning the patient

and adjusting equipment for proper use, as well as recording pertinent information pertaining to the use of the equipment.

24.1 Criteria for Granting Privileges

The Lithotripsy Radiology Technologist is an employee of Lithotripters, Inc. The minimum qualifications for appointment shall be:

- 24.1.1 Licensure as a Certified Radiologic Technologist (CRT) by the California Department of Public Health Radiologic Health Branch, American Registry of Radiologic Technologists (ARRT) certification, and a California Radiologic Technologist Fluoroscopy Permit ("CRT Fluoro" certification) issued by the California Department of Public Health Radiologic Health Branch
- 24.1.2 No less than one (1) year experience as a radiology technologist working with fluoroscopy
- 24.1.3 Validation of the necessary clinical skills by the Director of Radiology or a designee
- 24.1.4 Current BLS certificate from the American Heart Association
- 24.1.5 Completion of the Fire Safety Test, if working in an oxygen-rich environment (e.g. operating room, cath lab, or endoscopy) at the time of initial appointment and at each reappointment

24.2 Scope of Privileges

- 24.2.1 Operating the Modulith SLX Fluoro equipment inclusive of adjusting exposure per the urologist's orders
- 24.2.2 Assisting RNs and urologists in proper positioning of the patient during the lithotripsy procedure to provide quality imaging

24.3 Supervision

The Lithotripsy Radiology Technologist must work under the direct supervision of the supervising physician.

25.0 CLINICAL RESEARCH COORDINATOR

Under the supervision of the employing physician, a Clinical Research Coordinator is responsible for the collection and maintenance of all clinical research data from any study that he/she is coordinating.

25.1 Criteria for Granting Privileges

- 25.1.1 Current BLS certification from the American Heart Association for any individual that will have patient contact

25.2 Scope of Privileges

- 25.3.1 Organize and aid with clinical studies
- 25.3.2 Ensure compliance with study protocols
- 25.3.3 Maintain computerized database for patient demographic clinical research data
- 25.3.4 Assist with patient recruitment (if permitted by the protocol)
- 25.3.5 Obtain and record data from patients enrolled in IRB approved studies/clinical trials (not to copy any part of the patient record and/or remove from organization)
- 25.3.6 Maintain and complete source documents and case reports
- 25.3.7 Meet with clinical research associates and clinical research monitors regarding case reports, ongoing and upcoming clinical trials
- 25.3.8 Prepare correspondence, reports, memoranda, etc
- 25.3.9 Serve as a resource for physicians, nurses and other members of the health care team with regard to protocol related requirements
- 25.3.11 Comply with all state and federal regulatory requirements and Hospital policies

25.3.11 Ensure that all data collection and data base maintenance remain current with HIPPA regulations and California Medical Confidentiality Laws at all times

25.3 Supervision

The Clinical Research Coordinator must work under the direct supervision of the supervising physician.

26.0 RESEARCH ASSISTANT/DATA COLLECTOR

Under supervision of the employing physician, a Research Assistant/Data Collector is responsible for the collection and maintaining of all research data for the employing physician's research projects.

26.1 Criteria for Granting Privileges

26.1.1 Current BLS certification from the American Heart Association for any individual that will have patient contact

26.2 Scope of Privileges

26.2.1 Organize and aid with clinical studies

26.2.2 Ensure compliance with study protocols

26.2.3 Maintain computerized database for patient demographic and clinical research data

26.2.4 Assist with patient recruitment (if permitted by the protocol)

26.2.5 Obtain and record data from patients enrolled in IRB approved studies/clinical trials (not to copy any part of the patient record and/or remove from organization)

26.2.6 Maintain and complete source documents and case report forms

26.2.7 Meet with clinical research associates and clinical research monitors regarding case reports, ongoing and upcoming clinical trials

26.2.8 Prepare correspondence, reports, memoranda, etc.

26.2.9 Serve as a resource for physician, nurses, and other members of the health care team with regard to protocol-related requirements

26.2.10 Act as an assistant to the Clinical Research Coordinator

26.2.11 Comply with all state and federal regulatory requirements and Hospital policies

26.2.14 Ensure that all data collection and database maintenance remains current with HIPAA regulations at all times

26.2.14 Obtain blood specimens through phlebotomy draw

26.3 Supervision

The Research Assistant/Data Collector must work under the direct supervision of the supervising physician.

27.0 BIOETHICIST

The Bioethicist must work under the direct supervision of the supervising physician, who will be the physician co-chair of the Bioethics Committee.

27.1 Criteria for Granting Privileges

27.1.1 Doctorate in Bioethics

27.1.2 Minimum of three (3) years working in a medical facility as an ethics consultant/liaison and as a member of the Bioethics Committee

27.1.3 Current expertise on various bioethical topics

27.1.4 Possess excellent lecture/presentation skills and have a good understanding of medical terminology

27.2 Scope of Privileges

- 27.2.1 Serve as the co-chair of the Bioethics Committee, which involves attending and participating in committee meetings per the Bioethics Committee policy and procedure
- 27.2.2 Provide bioethics consultations, including in-service education, to clinicians as requested by assisting with ethical issues involved in cases under clinicians' direction and/or care
- 27.2.3 Serve as a consultant to the Hospital Risk Management/Patient Relations Department by assisting with ethical issues involved in cases under their investigation
- 27.2.4 Advise the Hospital on biomedical issues relating to the conduct of research at the Hospital
- 27.2.5 Serve as a consult to the Graduate Medical Education (GME) Zeilstra Communication Program to foster better physician/patient communication skills
 - 27.2.5.1 Serve as co-facilitator of the Zeilstra Communication Program
 - 27.2.5.2 Serve as a member of the Zeilstra Communication Program Steering Committee
 - 27.2.5.3 Provide lectures to the Residents on issues in bioethics
- 27.2.6 Serve as a consultant to Hospital personnel involved in implementing Physician Orders for Life-Sustaining Treatment (POLST) procedure
- 27.2.7 Serve as a consultant for activities involving the Hospital Healthcare Decision-Making Team

27.3 Supervision

The Bioethicist must work under the direct supervision of the supervising physician.

28.0 PROCTORING/SKILLS VALIDATION

- 28.1 Each AHP initially appointed to the AHP staff or granted new practice privileges shall be subject to a period of proctoring or skills evaluation. Proctoring may be performed by a Medical Staff member, or a health professional in the same category that has unrestricted privileges to provide the services that will be proctored, or a Hospital employee in the same category as the AHP being proctored. Generally, proctoring shall consist of retrospective case review, and AHPs exercising surgery-related practice privileges (such as perfusionists) shall be observed during surgery.
- 28.2 Skills validations or evaluations shall be performed by the director of the area in which the person is practicing. Other Hospital employees in the same category as the AHPs being evaluated may obtain additional input. AHPs exercising surgery practice privileges shall be observed and evaluated during surgery. An evaluation must be conducted on an annual basis for each dependent practitioner. The following allied health professionals shall be proctored/evaluated:

CATEGORY

Clinical Psychologist

LCSW

LPT

LVN

MFT

Nurse Practitioner

Oral and Maxillofacial Surgery Assistant

Perfusionist

PROCTORED/EVALUATED BY

A psychologist or psychiatrist may proctor a psychologist as appropriate; to be determined by the nature of the proctoring

Psychiatrist

Hospital Medical Director

Hospital Medical Director

Psychiatrist

Supervising physician

Supervising physician and Department

Manager of Surgical Services

Cardiothoracic surgeon, Cardiologist,
Neonatologist, or Anesthesiologist

Physician Assistant	Supervising physician
RN-Cardiology	Cardiologist
RNFA	Supervising physician and Department Manager of Surgical Services
RN-Evaluation for 5150 Status	Hospital Medical Director
RN-Private Scrub	Supervising physician and Department Manager of Surgical Services
Registered Psychological Assistant	Supervising psychologist
Surgical Technician	Supervising physician and Department Manager of Surgical Services
EEG Technologist	Supervising physician
Registered Dietician	Supervising physician
RN Coordinator	Supervising physician
Surgical Stereotactic Technician	Supervising physician
RN/Prostatron	Supervising physician
Lithotripsy Radiology Technician	Supervising physician
Clinical Research Coordinator	Supervising physician
Research Assistant/Data Collector	Supervising physician
Bioethicist	Supervising physician

29.0 OVERVIEW OF AHP MONITORS

Medical Staff Credentialing Process

- Grants privileges to all physician providers of care
- Grants privileges to all dentists, podiatrists, and psychologists
- Provides communication via the Medical Executive Committee to the Governing Board regarding physician credentialing

Interdisciplinary Credentialing Process

- Grants privileges to all mid-level practitioners
- Approves standardized procedures for nursing and other allied health disciplines
- Receives and monitors annual reports from Contract Monitors and Designated Department Managers on non-employee AHP personnel
- Provides communication to the Governing Body regarding mid-level practitioner credentialing
- Provides consistent hiring practices and proposes Hospital employees
- Ensures that all employees comply with regulatory requirements regarding licensure, competency, and training

Human Resources

- Provides consistent hiring practices and processes for Hospital employees
- Ensures that all employees comply with regulatory requirements regarding licensure, competency, and training

Contract Monitor

- Reviews annually, or more frequently as needed, the contractors' hiring practices and credentialing/competency review processes and quality assurance improvement programs

Designated Department Manager

- Assumes accountability for the scope of practice and competency validation of all individuals (employees and non-employees) that provide patient care within the area of responsibility
- Incorporates these clinicians into quality improvement activities, as appropriate

APPROVALS

Interdisciplinary Practice Committee – 07/23/2013

Medical Executive Committee – 09/09/2013

Board of Directors - 09/26/2013