

MOORE COUNTY HOSPITAL DISTRICT

224 E 2nd Street, Dumas, TX 79029

**PHYSICIAN ASSISTANT (PA) CLINICAL PRIVILEGES SURGICAL
(INPATIENT AND OUTPATIENT)**

Name: _____

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Effective Date ____/____/____ To ____/____/____

- ☐ Initial Appointment (initial privileges)
☐ Reappointment (renewal of privileges)

- Privileges granted may only be exercised at the site(s) and/or setting(s) that have sufficient space, equipment, staffing, and other resources required to support the privilege.
- The core procedure list (if applicable) is not intended to be an all-encompassing procedure list. It defines the types of activities/procedures/privileges that the majority of practitioners in this specialty perform at this organization and inherent activities/procedures/privileges requiring similar skill sets and techniques. **Applicants wishing to exclude any procedures, should strike through those procedures which they do not wish to request, initial, and date.**
- If any privileges are covered by an exclusive contract or an employment contract, practitioners who are not a party to the contract are not eligible to request the privilege(s) regardless of education, training, and experience.
- These clinical privileges are extended to Moore County Hospital District, its affiliated clinics, and Memorial Nursing and Rehabilitation Center.

Affiliation with Medical Staff / Physician Involvement

The exercise of these clinical privileges requires a designated supervising physician with clinical privileges at this hospital in the same area of specialty practice. All practice is performed in accordance with a written agreement and policies and protocols developed and approved by the relevant clinical department or service, the Medical Executive Committee, and the governing body. A copy of the written agreement signed by both parties is to be provided to the hospital.

In addition, the supervising physician must:

- Participate as requested in the evaluation of competency (i.e., at the time of reappointment and, as applicable, at intervals between reappointment, as necessary);
- Be physically present, on hospital premises or readily available by electronic communication or provide an alternate to provide consultation when requested and to intervene when necessary;
- Assume total responsibility for the care of any patient when requested or required by the policies referenced above or in the interest of patient care;
- Sign the privilege request of the practitioner he/she supervises, accepting responsibility for appropriate supervision of the services provided under his/her supervision and agrees that the supervised practitioner will not exceed the clinical privileges defined by law and the written agreement;
- Co-sign entries on the medical record of all patients seen or treated by the supervised practitioner in accordance with organizational policies.
- The hospital leadership (governing body, senior administration, and medical staff) has determined that its mission and culture supports the expansion of privileges for APPs through on-site training e.g., direct supervision. See hospital policy on Addition of Privileges for Advanced Practice Professionals (APP).

QUALIFICATIONS FOR PHYSICIAN ASSISTANT (PA) — SURGICAL (INPATIENT/OUTPATIENT)

Education and training	Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) approved program (prior to January 2001 – Commission on Accreditation of Allied Health Education Programs).
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Certification	Current certification by the National Commission on Certification of Physician Assistants (NCCPA) is required for initial applicants and reapplicants. Current Life Support Certifications in accordance with Hospital Policy.
Licensure	Current licensure to practice as a physician assistant issued by the Texas Medical Board is required for initial applicants and reapplicants.
Required current experience – initial	General Core: Demonstrated current competence and an adequate volume of experience in the past 12 months or completion of ARC-PA approved program in the past 12 months. Experience must correlate to the privileges requested. Surgical Privileges: Demonstrated current competence and an adequate volume of experience in the past 12 months. Experience must correlate to the privileges requested. OR Completion of training with a focus on surgery in the past 12 months.
Required current experience – renewal	Demonstrated current competence and an adequate volume of experience in the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and peer review outcomes. Experience must correlate to the privileges requested for both the general and specialty specific cores.

GENERAL CORE PRIVILEGES — PHYSICIAN ASSISTANT**Requested** ☐

Assess, diagnose, monitor, promote health and protection from disease, and manage patients of all ages. General core privileges include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Perform history and physical
- Apply, remove, and change dressings and bandages
- Counsel and instruct patients, families, and caregivers as appropriate
- Debridement, and general care for superficial wounds and minor superficial surgical procedures
- Direct care as specified by medical staff approved protocols
- Implement palliative care and end of life care through evaluation, modification, and documentation according to the patient's response to therapy, changes in condition, and to therapeutic interventions to optimize patient outcomes
- Implement therapeutic intervention for specific conditions when appropriate
- Initiate appropriate referrals
- Order and perform initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, treatments, electrocardiogram, and radiologic examinations including ultrasound, CT, MRI, and bone scan studies, etc.
- Perform incision and drainage of superficial abscesses

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- Perform urinary bladder catheterization (short term and indwelling) e.g., Robinson, coudé, Foley
- Record progress notes

SURGICAL CORE PRIVILEGES — PHYSICIAN ASSISTANT

☐ **Requested**

Assess, diagnose, monitor, promote health and protection from disease, and manage pre-, intra and post-operative care, treatment, and services consistent with surgical practice, including the development of treatment plans, health counseling, and assisting in surgery for patients within age group of patients seen by supervising physician. The core privileges in this specialty include the procedures on the following procedure list and such other procedures that are extensions of the same techniques and skills.

- Anoscopy
- Assist in surgery to include, but not limited to, first assist, deep and simplified tissue closures, application of appliances, and other actions utilizing transferable skills as delegated by the surgeon
- Harvest and place skin grafts
- Harvest and prepare tendon grafts
- Insert and remove drains
- Make preoperative and postoperative teaching visits with patients
- Perform field infiltrations of anesthetic solutions
- Select and apply appropriate wound dressings, including liquid or spray occlusive materials, absorbent material affixed with tape or circumferential wrapping, immobilizing dressing (soft or rigid), or medicated dressings

PRESCRIPTIVE AUTHORITY AS DELEGATED BY A PHYSICIAN IN A WRITTEN AGREEMENT IN ACCORDANCE WITH STATE AND FEDERAL LAW

Requested ☐

The delegation to the PA to administer or dispense drugs shall include the prescribing of controlled substances.

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ACKNOWLEDGEMENT OF PRACTITIONER

I have requested only those clinical privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at Moore County Hospital District, and I understand that:

- a. In exercising any clinical privileges granted and in carrying out the responsibilities assigned to me, I am constrained by Hospital and Medical Staff policies and rules applicable generally and any applicable to the particular situation.
- b. Any restriction on the clinical privileges granted to me is waived in an emergency situation and in such situation my actions are governed by the applicable section of the policies governing privileged advanced practice professionals.

Signed _____ **Date** _____**ENDORSEMENT OF PHYSICIAN EMPLOYER(S)/SUPERVISOR(S)****Signed** _____ **Date** _____**Signed** _____ **Date** _____**DEPARTMENT CHIEF'S RECOMMENDATION**

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendations: (If recommended with conditions or do not recommend, please provide explanation.)

- ☐ Recommend requested clinical privileges
☐ Recommend clinical privileges with the following conditions/modifications:
☐ Do not recommend the following requested clinical privileges:

Privilege	Condition/Modification/Explanation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Notes_____
_____**Department Chief Signature** _____ **Date** _____**FOR MEDICAL STAFF SERVICES DEPARTMENT USE ONLY****Medical Executive Committee Action** ☐ **Favorable** **Date** _____**Medical Staff Committee Action** ☐ **Favorable** **Date** _____**Board of Directors Action** ☐ **Approved** **Date** _____