UNM SRMC
PHYSICIAN ASSISTANT (PA) ORTHOPEDIC SURGERY SCOPE OF PRACTICE

Name:
Effective Dates: __________ To: __________

☐ Initial privileges (initial appointment)
☐ Renewal of privileges (reappointment)
☐ Expansion of privileges (modification)

INSTRUCTIONS
All new applicants must meet the following requirements as approved by the UNM SRMC Board of Directors effective: 03/21/2012

Applicant: Check off the "Requested" box for each privilege requested. Applicants have the burden of producing information deemed adequate by the hospital for a proper evaluation of current competence, current clinical activity, and other qualifications, and for resolving any doubts related to qualifications for requested privileges.

Clinical Service Chief: Check the appropriate box for recommendation on the last page of this form. If recommended with conditions or not recommended, provide condition or explanation on the last page of this form.

Other requirements:
Note that privileges granted may be exercised only at UNM SRMC and in setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the services defined in this document. Site-specific services may be defined in hospital or department policy.

This document is focused on defining qualifications related to competency to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.
To be eligible to apply for clinical privileges as a physician assistant in acute care, the applicant must meet the following criteria:

Current certification by the National Commission on Certification of Physician Assistants (NCCPA).

AND

Graduate from a program approved by the Committee on Allied Health Education and Accreditation; Additional education may be required for some specialty areas.

AND

Current licensure to practice as a physician assistant issued by the New Mexico Board of Medicine or Board of Osteopathic Medicine.

AND

Employment by or an agreement with a physician(s) currently appointed to the medical staff to supervise the Physician assistant’s practice. The physician will assume responsibility for supervision or monitoring of the Physician Assistant’s practice consistent with hospital and medical staff policy; the physician or alternate will provide consultation or assume care of patients when requested or in the interest of patient care.

Reappointment requirements: To be eligible to renew core privileges as a PA in acute care, the applicant must meet the following maintenance of privilege criteria:

Current demonstrated competence and an adequate volume of experience with acceptable results, reflective of the scope of privileges requested based on ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges, and the renewal of privileges must be approved by the Clinical Service Chief.

CATEGORIES OF PATIENTS PRACTITIONER MAY TREAT

Physician assistants on the staff of UNM SRMC provide services consistent with the
policies of the organization to patients of medical staff member(s) with whom the PA has a documented formal affiliation or to patients assigned by the Clinical Service Chief to which the Physician Assistant is assigned.

SUPERVISION

The supervising and/or alternate supervising physician provides general supervision of the activities and services of the Physician Assistant. The privileges of the Physician Assistant’s practice correspond to the supervising physician’s practice. The Physician Assistant is not allowed to perform any procedures that are not within the clinical privileges of the supervising and/or alternate supervising physician and for which the PA is not specifically granted. The supervising and/or alternate supervising physician must be available by electronic communication or on hospital systems premises for consultation/direction of the PA.

MEDICAL RECORD CHARTING RESPONSIBILITIES

Clearly, legibly, completely, and in timely fashion, describe each service provided to a patient and relevant observations. Standard rules regarding authentication of, necessary content of, and required time frames for preparing and completing the paper or electronic medical record and portions thereof are applicable to all entries made.

GENERAL RELATIONSHIP TO OTHERS

The Physician Assistant has authority to direct personnel in the provision of clinical services to patients to the extent that such direction is necessary in order to carry out the services required by the patient and which the Physician Assistant is authorized to provide.

PERIODIC COMPETENCE ASSESSMENT

Applicants must also be able to demonstrate they have maintained competence based on unbiased, objective results of care according to the hospital system’s existing quality assurance mechanisms and by showing evidence that they have met the continued competence requirements established by the state licensing authority, applicable to the functions for which they are seeking to provide at this Hospital. In addition, continuing education related to the specialty area of practice is recommended.
PHYSICIAN ASSISTANT (PA) ORTHOPEDIC SURGERY CORE PRIVILEGES

Management of care for patients undergoing orthopedic surgery procedures who are within the age group seen by the supervising physician to include preoperative, intraoperative, and postoperative care; the performance of physical exams; diagnosing conditions; the development of treatment plans; health counseling; prescription of medications; and assisting in surgery.

May provide care to patients in the intensive care setting in conformance with unit policies. The core privileges in this specialty include the procedures on the attached procedure list and such other procedures that are extensions of the same techniques and skills.

☐ Requested

SPECIAL NON CORE PRIVILEGES (See Specific Criteria)

If desired, noncore privileges are requested individually in addition to requesting the core. Each individual requesting noncore privileges must meet the specific threshold criteria governing the exercise of the privilege requested including training, required previous experience, and for maintenance of clinical competence.

THE PERFORMANCE OF ARTHROCENTESIS AND JOINT ASPIRATION

Criteria: Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience.

☐ Requested
THE PERFORMANCE OF BONE GRAFT HARVESTING

Criteria: Those technical and management skills that qualify the PA to administer highly specialized care by virtue of training and experience.

☐ Requested

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

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

☐ Requested

Administration of Sedation and Analgesia privileges
See hospital policy for sedation and analgesia by non-anesthesiologists.
☐ Check here to request Moderate Sedation privileges form (Separate form)

Limited Ultrasound for Guided Procedure
☐ Check here to request Limited Ultrasound Guided Procedure privileges form (Separate form)
This list is a sampling of procedures included in the core. It is not intended to be an all-encompassing list, but rather is reflective of the categories/types of procedures included in the core.

To the applicant: If you wish to exclude any procedures, please strike through those you do not wish to request, then initial and date.

PA Orthopedic Surgery Core Procedures

1. Administer digital block, regional anesthesia, isolated peripheral nerve anesthesia, and field infiltrations of anesthetic solutions
2. Apply, remove, and change dressings and bandages
3. Assist in positioning patients in the operating room; help with intraoperative care and postoperative management
4. Assist in surgery to include, but not limited to, serving as first assistant, performing deep and simplified tissue closures, performing application of appliances, and any other action delegated by the surgeon
5. Counsel and instruct patients and significant others as appropriate
6. Perform wound debridement, suturing, and general care for superficial wounds and minor superficial surgical procedures
7. Direct care as specified by medical staff approved protocols
8. Formulate a treatment plan for orthopedic conditions within PA’s scope of practice
9. Implement therapeutic intervention for specific conditions when appropriate
10. Initiate referral to appropriate physician or other healthcare professional of problems that exceed the PA’s scope of practice
11. Make daily rounds on hospitalized patients with or at the direction of the supervising physician
12. Make preoperative and postoperative teaching visits with patients
13. Monitor and manage stable acute and chronic illnesses of population served
14. Obtain and record medical/social history and perform physical examinations including rectal and pelvic examinations as indicated
15. Order diagnostic testing and therapeutic modalities such as routine laboratory tests, medications, treatments, IV fluids and electrolytes, EMG, electrocardiogram and radiologic examinations including arthrogram, ultrasound, CT, MRI, and bone scan studies, etc.
16. Order, prescribe, dispense, and administer medication, orthosis, orthotics, braces,
17. Perform compartment pressure measurements
18. Perform incision and drainage of superficial abscesses
19. Perform venous punctures for blood sampling, cultures, and IV catheterization
20. Record progress notes
21. Write discharge summaries
22. Perform diagnostic and therapeutic procedures such as, but not limited to:
   Closed reductions of fractures and dislocations
   Injections of tendons, trigger point
23. Perform minor outpatient surgical procedures such as, but not limited to:
   Tendon repair
   Wound closure
   Needle biopsy Per pinning of fractures
   K-Wire removal
   Hardware removal
Acknowledgment of Practitioner

I have requested only those privileges for which by education, training, current experience, and demonstrated performance I am qualified to perform and for which I wish to exercise at UNM SRMC, and I understand that:

a. In exercising any clinical privileges granted, 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 medical staff bylaws or related documents.

Signed ___________________________ Date _____________________

Clinical Service Chief's Recommendation

I have reviewed the requested clinical privileges and supporting documentation for the above-named applicant and make the following recommendation(s):

☐ Recommend all requested privileges.
☐ Recommend privileges with the following conditions/modifications:
☐ Do not recommend the following requested privileges:

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Notes:
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Print Name ___________________________ Signature ___________________________ Date _____________________

Clinical Service Chief or Designee Signature

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