

UNMH Physician Assistant (PA) Neonatal Core Privileges

Name:

Effective Dates: _____ To: _____

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

All new applicants must meet the following requirements as approved by the UNMH Board of Trustees effective: 04/25/2014

INSTRUCTIONS

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.

Department Chair: 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

1. Note that privileges granted may only be exercised at UNM Hospitals and clinics 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.
2. This document defines qualifications to exercise clinical privileges. The applicant must also adhere to any additional organizational, regulatory, or accreditation requirements that the organization is obligated to meet.

UNMH Physician Assistant (PA) Neonatal Core Privileges

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Qualifications for Physician Assistant (PA) Neonatology

Initial Requirements - *To be eligible to apply for clinical privileges as a neonatal physician assistant (PA), the applicant must meet the following criteria:*

Current demonstrated competence and an adequate level of current experience documenting the ability to provide services at an acceptable level of quality and efficiency

AND

Completion of an Accreditation Review Commission on Education for the Physician Assistant (ARC-PA)-approved program (prior to January 2001, completion of a Commission on Accreditation of Allied Health Education Programs-approved program)

AND

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

AND

Current licensure to practice as a PA issued by the NM Board of Medicine

AND

Maintain current BLS and current area specific advance life support certification (i.e. NRP) as required by job if applicable

AND

Required current experience: Provision of care, reflective of the scope of privileges requested, for an adequate number of patients during the past 12 months, or successful completion of an accredited training program within the past 12 months.

Reappointment (Renewal of Privileges) Requirements - *To be eligible to renew privileges as a neonatal physician assistant (PA), the reapplicant must continue to meet the appointment criteria and 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, for the past 24 months based on results of ongoing professional practice evaluation and outcomes. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges.

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CORE PRIVILEGES: *Physician Assistant (PA) - Neonatal*

Assess, diagnose, monitor, treat, refer, transport, and manage neonates and infants consistent with neonatal - perinatal practice in the inpatient setting. This includes the development of treatment plans, health counseling, and appropriate child and family education. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services. 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

Physician Assistant (PA) Neonatal Core Procedures List

This list is a sampling of procedures included in the core. This is not intended to be an all-encompassing list but rather 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 procedures which you do not wish to request, then initial and date.

1. Arterial puncture
2. Attendance at delivery of high-risk newborns
3. Neonatal resuscitation
4. Nutritional Support
5. Order and initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, x-ray, EKG, IV fluids, and electrolytes, nutritional support etc.
6. Order the use and discontinuation of phototherapy
7. Perform history and physical
8. Perform incision and drainage of superficial abscesses
9. Perform local infiltrations of anesthetic solutions
10. PICC Line management
11. Post-operative care of newborns
12. Ventilator care of infants beyond emergent stabilization

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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 Hospitals and clinics, 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.
- c. The UNMH Supervising Physician is: _____

Signed _____ Date _____

Department recommendation(s)

I have reviewed the requested clinical privileges with the applicant and the supporting documentation for the above-named applicant and:

- Recommend all requested privileges with the standard professional practice plan
- Recommend privileges with the standard professional practice plan and the following conditions/modifications:
- Do not recommend the following requested privileges:

Privilege Condition/Modification/Explanation

Notes:

UNMH Supervising Physician Signature _____ Date _____

Department Signature _____ Date _____

Print Name _____ Title _____

Department Chair Signature _____ Date _____

Print Name _____

Criteria approved by UNMH Board of Trustees on 04/25/2014