



Committee on Interdisciplinary Practice

STANDARDIZED PROCEDURE TEMPLATE – NURSE PRACTITIONER / PHYSICIAN ASSISTANT/ CERTIFIED NURSE-MIDWIFE

PREAMBLE

Title: _____

I. Policy Statement

- A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG) that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Physician Assistants, Pharmacists, Registered Nurses, Physicians, and Administrators and must conform to all eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B. All standardized procedures are to be kept in a unit-based manual. A copy of these signed procedures will be kept in an operational manual in the **(State the exact location)** and on file in the Medical Staff Office.

II. Functions To Be Performed

Each practice area will vary in the functions that will be performed, such as primary care in a clinical, specialty clinic care setting or inpatient care in a unit-based hospital setting.

A Nurse Practitioner (NP) is a Registered Nurse who has additional preparation and skills in physical diagnosis, psychosocial assessment, and management of health-illness; and who has met the requirements of Section 1482 of the Nurse Practice Act. Nurse Practitioners provide health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the Nurse Practitioner to seek physician consultation.

7

Formatted: Right

Physician assistants (PA) are health care providers licensed to practice medicine with physician supervision and who have attended and successfully completed an intensive training program accredited by the Accreditation Review Commission on education for the Physician Assistant (ARC-PA). Upon graduation, physician assistants take a national certification examination developed by the National Commission on Certification of PAs in conjunction with the National Board of Medical Examiners. To maintain their national certification, PAs must log 100 hours of continuing medical education every two years and sit for a recertification examination every ten years (6 year recertification cycle prior to 2014, 10 year recertification cycle starting in 2014 and thereafter). ~~every six years.~~ Graduation from an accredited physician assistant program and passage of the national certifying exam are required for state licensure. While functioning as a member of the San Francisco Health Network, PAs perform health care-related functions under physician oversight and with the utilization of standardized procedures and ~~Delegation of Services Agreement (documents supervising agreement between supervising physician and PA).~~ the Physician Assistant Practice Agreement.

A Certified Nurse-Midwife (CNM) is a registered nurse who has had additional training in midwifery and who has met the requirements of Section 1460 of the Nurse Practice Act. The scope of practice of the CNM includes the care of women during the antepartal, intrapartal, postpartal, interconceptual periods, provides family planning, conducts deliveries and cares for the newborn and infant.

The NP/CNM/PA conduct physical exams, diagnoses and treats illness, order and interpret tests, counsel on preventative health care, assists in surgery, performs invasive procedures and furnish medications/issue drug orders as established by state law.

III. Circumstances Under Which NP/CNM/PA May Perform Function

A. Setting

- 1) Location of practice is **(e.g.: outpatient clinic, specialty Clinic Inpatient setting, operating room or Emergency room).**

B. Supervision

1. Overall Accountability:
The NP/CNM/PA is responsible and accountable to: **(State title e.g.: Medical Director, Chief of Service, designated supervising physician or attending and other supervisors as applicable).**

2. A consulting physician, which may include **(e.g. attendings, chief residents, fellows)** will be available to the NP/CNM/PA, by phone, in person, or by other electronic means at all times.
3. Physician consultation is to be obtained as specified in the protocols and under the following circumstances: **(Please eliminate all of those that do not apply and make specific to your site i.e.**
 - a. Acute decompensation of patient situation**
 - b. Problem that is not resolved after reasonable trial of therapies.**
 - c. Unexplained historical, physical, or laboratory findings.**
 - d. Upon request of patient, affiliated staff, or physician.**
 - e. Initiation or change of medication other than those in the formulary (ies).**
 - f. Problem requiring hospital admission or potential hospital admission.)**
 - g. Acute, severe respiratory distress.**
 - h. An adverse response to respiratory treatment, or a lack of therapeutic response.**

IV. Scope of Practice – Protocols

List each Protocol that will be used in your practice (e.g.)

1. Health Care Management: Primary Care
2. Health Care Management: Prenatal
3. Procedure: **Please list each separately.**

V. Requirements for the Nurse Practitioner / Certified Nurse Midwife/Physician Assistant

- A. Basic Training and Education
 1. Active California Registered Nurse/ Certified Nurse-Midwife/Physician Assistant license.
 2. Successful completion of a program, which conforms to the Board of Registered Nurses(BRN)/Accreditation Review Commission on education for the Physician Assistant(ARC)-PA standards.
 3. Maintenance of Board Certification (NP)/National Commission on the Certification of Physician Assistants (NCCPA) certification.
 4. Maintenance of certification of Basic Life Support (BLS) that must be from an American Heart Association provider.

Please note if PALS, ACLS or other certification is required.

5. Possession of a National Provider Identifier or must have submitted an application.
6. Copies of licensure and certificates must be on file in the Medical Staff Office.
7. Furnishing Number and DEA Number if applicable.
- ~~8. Physician Assistants are required to sign and adhere to the San Francisco General Hospital and Trauma Center Delegation of Service Agreement (DSA). Copies of DSA must be kept at each practice site for each PA.~~

B. Specialty Training

1. Specialty requirements (*if needed for the practice area e.g. FNP, or PNP, cardiology*)
2. Amount of previous experience in specialty area expected for this position. Note if difference between new/experienced practitioner
3. All Affiliated Staff who will participate in the Buprenorphine protocol must have completed on the job training by a certified physician provider.

VI. Evaluation

A. Evaluation of NP/CNM/PA Competence in performance of standardized procedures.

1. Initial: at the conclusion of the standardized procedure training, the Medical Director and/or designated physician and other supervisors, as applicable will assess the NP/CNM/PA's ability to practice.
 - a. Clinical Practice
 - Length of proctoring period will be (*e.g.: specific length of time, specific number of chart reviews and specific number of direct observations of cases if applicable*).
 - The evaluator will be (*State title e.g.: Medical Director, Chief of Service, designated supervising physicians, and or designated same discipline proctors as applicable*).
 - The method of evaluation in clinical practice will be those needed to demonstrate clinical competence (*e.g.: number of chart reviews, and number of direct observation*).
2. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-

evaluated by the Medical Director, and/or designated physician and other supervisors, at appropriate intervals.

3. Ongoing Professional Performance Evaluation (OPPE)

Every six months, affiliated staff will be monitored for compliance to departmental specific indicators and reports sent to the Medical Staff Office.

4. Biennial Reappointment: Medical Director, designated physician, or designated same discipline peer must evaluate the NP/CNM/PA's clinical competence (***e.g. list specific number of chart reviews needed, and/or feedback from colleagues, physicians, and specific number of direct observations if applicable***).

~~5. Physician Assistants:~~

- ~~a. Physician Assistants have 3 forms of supervision. Their Delegation of Service Agreement will note which form of supervision that will be used. These methods are: 1) Examination of the patient by Supervising Physician the same day as care is given by the PA, 2) Supervising Physician shall review, audit and countersign every medical record written by PA within thirty (30) days of the encounter, 3) Supervising Physician shall review, sign and date the medical records of at least five percent (5%) of the patients managed by the PA within 30 days of the date of treatment under protocols which shall be adopted by Supervising Physician and PA, pursuant to section 1399.545 (e) (3) of the Physician Assistant Regulations. Protocols are intended to govern the performance of a Physician Assistant for some or all tasks. Protocols shall be developed by the supervising physician, adopted from, or referenced to, text or other sources. Supervising Physicians shall select for review those cases which by diagnosis, problem, treatment or procedure represent in his/her judgment, the most significant risk to the patient. **PLEASE CHOOSE METHOD TO BE USED BY YOUR SERVICE.**~~

VII. Development and Approval of Standardized Procedure

A. Method of Development

1. Standardized procedures are developed collaboratively by the Nurse Practitioners/Physician Assistants, Nurse Midwives, Pharmacists, Physicians, and Administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.
- B. Approval
 1. The CIDP, Credentials, Medical Executive and Joint Conference Committees must approve all standardized procedures prior to its implementation.
- C. Review Schedule
 1. The standardized procedure will be reviewed every three years by the NP/PA and the Medical Director and as practice changes.
- D. Revisions
 1. All changes or additions to the standardized procedures are to be approved by the CIDP accompanied by the dated and signed approval sheet.