

Title: Surgery Department

I. Policy Statement

- A. It is the policy of the 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 Department of Surgery and in the Integrated Soft Tissue Infection Service (ISIS) 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.

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 ten years and sit for a recertification examination every ten 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

Community 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 NP/PA conduct physical exams, diagnose and treat illness, order and interpret tests, counsel on preventative health care, assist in surgery, perform invasive procedures and furnish medications/issue drug orders as established by state law.

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

#### A. Setting

1. Location of practice is Outpatient clinics, Specialty Clinics, Inpatient Units, Intensive Care Units, Operating Room and Emergency Department.

#### B. Supervision

1. Overall Accountability:

The NP/PA is responsible and accountable to: specific unit Medical Director, Chief of Service, designated supervising physician or attending and other supervisors as applicable.

The delegation of supervision of the Trauma Surgery NP/PA functioning in critical care would not only include the department of surgery attending but also include departments of anesthesia and Neurology during their respective service weeks. NP/PA performance measures, based on clinical evaluations, would be shared with the Department of Surgery.

2. A consulting physician, who may include attending, or credentialed fellows will be available to the NP/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:
  - a. Acute decompensation of patient situation or instability as defined by an extreme deviation from normal parameters of standard physiologic variables.
  - 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. Problem requiring hospital admission or potential hospital admission.
  - f. Acute, severe respiratory distress.

- g. An adverse response to treatment, or a lack of therapeutic response.
- h. When consultants from any other service are used.

#### IV. Scope of Practice

1. Protocol #1: Health Care Management: Acute/Urgent Care
2. Protocol #2: Health Care Management: Primary Care/Specialty Clinics/Inpatient Units
3. Protocol #3: Furnishing Medications and Drug Orders
4. Protocol #4: Discharge of Inpatients
5. Protocol #5: eReferral Review
6. Protocol #6: Procedure: Chest Tube Insertion
7. Protocol #7: Procedure: Chest Tube Removal
8. Protocol #8: Procedure: Clinical Clearance of Spine Precautions
9. Protocol #9: Procedure: Incision and Drainage of Skin Abscesses with Administration of Local Anesthesia
10. Protocol #10 Procedure: Ordering Blood Transfusions
11. Protocol #11: Procedure: Sharp Debridement of Necrotic and Nonviable Tissue From a Wound Bed and Periwound Area
12. Protocol #12: Procedure: Surface Trauma and Wound Care
13. Protocol #13: Procedure: Surgical First Assist
14. Protocol #14. Procedure: Waived Testing
15. Protocol #15: Procedure: Tracheotomy Tube Change
16. Protocol #16: Procedure: Musculoskeletal Soft Tissue Injections / Aspirations

#### V. Requirements for the Nurse Practitioner (NP)/Physician Assistant (PA)

##### A. Basic Training and Education

1. Active California Registered Nurse/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. Affiliated staff hired prior to 2003 will be "grandfathered" regarding need for Board Certification.
4. Maintenance of certification of Basic Life Support (BLS) that must be from an American Heart Association provider.
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 when having a furnishing number.
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. NP: Successful completion of the Trauma Nurse Core Course (TNCC) within one year of hire and/or audit advanced Trauma Life Support (ATLS).
2. PA: Audit of Trauma Nurse Core Course (TNCC) within one year of hire and/or audit advanced Trauma Life Support (ATLS).

VI. Evaluation

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

1. Initial: at the conclusion of the standardized procedure training, the Medical Director and/or designated physician as applicable will assess the NP/PA's ability to practice.
  - a. Clinical Practice
    - Length of proctoring period will be: three months which can be shortened or lengthened (not to exceed six months CCSF probationary period). Please note numbers as noted in each protocol.
  - b. Format
    - All cases presented to proctor
    - Proctor reviews co-signed orders and progress notes.
    - Co-signatures must be concurrent to patient care.
    - Chart review is conducted for inpatient medication ordering and out patient discharge medications.
    - Proctored cases as noted for procedures and 20 cases for Core Protocols 1-4, with a minimum of 5 cases for each core category. One case may apply to multiple categories including core and special procedures. For reappointment will need 5 chart reviews every 2 years. Charts can include reviews completed for special procedure reviews.
  - c. The evaluator will be: Medical Director, Chief of Service and/or designated supervising physicians as applicable.
  - d. The method of evaluation in clinical practice will be that needed to demonstrate clinical competence as noted in each protocol.
2. Follow-up: areas requiring increased proficiency as determined by

the initial evaluation will be re-evaluated by the Medical Director, and/or designated same discipline proctors as applicable.

3. Ongoing Professional Performance Evaluation (OPPE)  
Every six months, affiliated staff will be monitored for compliance to departmental specific indicators and report sent to the Medical Staff Office.
4. Biennial Reappointment: Medical Director, designated physician or designated same discipline peer must evaluate the NP/PA's clinical competence as noted in each protocol.
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.

## 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 their 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.



STANDARDIZED PROCEDURES  
NURSE PRACTITIONER / PHYSICIAN ASSISTANT  
**Surgery Department**