Allied Health Professionals Policy and Delineation of Privileges

Applicant Name: ______________________________________ Date: ______________________

The INOVA Loudoun Board of Directors and Medical Executive Committee (MEC) approve the direct involvement of the medical staff organization in the credentialing and privileging process of Allied Health Professionals (AHP). The categories of AHPs who provide patient care services at Inova Loudoun Hospital (ILH) have been identified by the MEC and the Board and have been specified in this document. This document is authorized and enabled by the appropriate sections of the Bylaws and/or Rules and Regulations of the Medical Staff.

**Privileges:**
The permission granted to an AHP to render specific patient services. Privileges are based on the AHPs license, education, training, experience, and demonstrated clinical competence subject to limitations imposed by the Medical Staff Organization for operational or risk management purposes. The performance of privileges may be subject to supervisor requirements as well as limitations on the settings in which the services may be provided and the patient populations to whom the services are provided. An AHP shall not be granted an application for privileges unless the ILH Board of Directors has authorized and approved the provision of such services at ILH by this specific category of AHP.

**Eligibility:**
A status indicating that an AHP has met all requirements and qualifications as stated in this document. Specifically the AHP shall not be eligible to exercise privileges for patient care services until proper application for such privileges has been made and granted approval by the Medical Executive Committee (MEC) and ILH Board of Directors. Eligibility requirements include:

1. Professional liability to the extent of the bylaws and/or Rules and Regulations of ILH. If employed by ILH, the AHP’s application must confirm coverage under the ILH insurance policies for services provided by the AHP. AHPs employed (contracted or sponsored) by a physician holding privileges at ILH must be covered by the practitioner-employer and be identified specifically by the professional liability policy in the amount required by the Medical Staff Organization and Board of Directors.
2. Defined practice within a category of AHP approved by the ILH Board
3. Is or will be employed or contracted by a member or members of the Active or Courtesy Medical Staff to provide patient care services.
4. Confirmation of no exclusion from Medicare and/or Medicaid.
Core Privileges
Subsequent to provision of evidence of appropriate licensing, certification, registration and demonstration of appropriate education, training, experience, and expertise, Allied Health Professionals shall be granted core privileges as delineated below. These privileges shall be supervised according to the Medical Staff Rules and Regulations and shall be subject to review, extension, or revision as deemed appropriate.

1. Respond to all requests made by the AHP’s consulting physician, Emergency Department physician, or consulting practitioner for consultation and/or evaluation for patient care in a timely fashion.
2. Perform history and physical examinations appropriate to the clinical setting and document them in the patient’s medical record in a clear, concise manner, and in a timely fashion.
3. Initiate and transcribe orders and referrals for patients’ services and care in the medical record which must be countersigned by the supervising physician(s) within 24 hours (countersignature excludes NPs).
4. Document clearly, concisely and in a timely fashion on at least a daily basis, the medical status of the patient in the form of a progress and/or operative note which must be countersigned by the supervising physician(s) within 24 hours (countersignatures excludes NP).
5. Develop discharge plans and guidelines and perform discharge summaries meeting the standard required by the Medical Staff Organization.
6. Make daily rounds on patients.
7. Document any change in a patient’s medical status as defined by the clinical setting.
8. Order and initial interpretation of diagnostic testing and therapeutic modalities such as laboratory tests, medications, hemodynamic monitoring, treatments, X-ray, EKG, IV fluids, electrolytes, etc.
9. Prescriptive authority (as designated by a physician in a written agreement) in accordance with state and federal law.
10. Exercise core privileges specific to the AHP’s category and additional privileges requested as detailed below:

AHP – Certified Registered Nurse Anesthetists – see Department of Anesthesia Delineation of Privileges
Certified Registered Nurse Anesthetists

AHP – Certified Nurse Midwives – see Department of Obstetrics and Gynecology Delineation of Privileges
Certified Nurse Midwife

☐ AHP – Acute Care Setting
Supplemental core privileges:
1. Admit to hospital setting
2. Assess, stabilize, and determine disposition of patients with emergent conditions regarding emergency and consultation call services.
3. Apply, remove, and change dressings and bandages.
4. Implement palliative and end-of-life care through evaluation, modification, and documentation according to patient’s response, to therapy, change in condition, and therapeutic interventions to optimize patient outcome.
5. Insert and remove Foley catheters and nasogastric tubes.

Non-core Privileges:
☐ Remove chest tube
☐ Perform lumbar puncture
☐ Remove central venous catheter
☐ Remove pulmonary catheter
AHP – Cardiovascular Medicine
Supplemental core privileges:
1. Assess, monitor, diagnose, and promote health and protection from disease in patients diagnosed with or suspected of having cardiovascular disease.
2. Admit patients to hospital setting.
3. Provide care to patients in the Intensive Care Unit (ICU).
4. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
5. Insert and remove Foley catheters and nasogastric tubes.

Non-Core Privileges:
- Insert and remove central venous catheter
- Insert and remove pulmonary artery catheters
- Perform pharmacological and non-pharmacological stress tests.
- Insert and remove arterial catheters
- Remove pericardial pacer wires.
- Remove temporary transvenous cardiac pacer catheter.
- Remove intra-aortic balloon pump.

AHP – Critical Care
Supplemental core privileges:
1. Assess, diagnose, monitor, and promote health and protection from disease in patients who are critically ill.
2. Admit to the hospital following discussion with supervising physician.
3. Assess, stabilize, and determine disposition of patients with emergent conditions in accordance with emergency and consultative call services.
4. Insert and remove Foley catheters, nasogastric tubes, and central venous catheters.

Non-core privileges:
- Perform thoracentesis
- Insert chest tubes
- Insert and remove pulmonary artery catheters
- Perform endotracheal and intubation and extubation

AHP – Emergency Medicine
Supplemental core privileges:
1. Assess, evaluate, diagnose, promote health and protection from disease, stabilize, manage, and treat acute and chronically ill and injured patients in the emergency department.
2. Administration of local anesthesia
3. Removal of foreign bodies
4. Incision and drainage of abscesses
5. Suturing/Wound management
6. Aspiration and/or injection of joints
7. Pelvic examinations
8. Nasal packing or cautery
9. Slit lamp examination
10. Splinting sprains or fractures
11. Reduction of dislocated joints or fractures
12. Removal of casts
13. SC, IM, or IV injections
14. Immunizations
15. Administering of medications
16. Reading skin tests
17. Obtaining cultures
18. Anoscopy
19. Electrocardiogram interpretation
20. Nail trephination or removal
21. Ocular tonometry
22. Administration of oxygen therapy
23. Spinal immobilization
24. Performance of Waived Point of Care Testing (POCT):
   - Fecal Occult Blood
   - Gastric Occult Blood
   - Eye pH
25. Insert and remove Foley catheters, nasogastric tubes, and venous catheters.

Non-Core Privileges:
- Perform lumbar puncture

☐ AHP – Gastroenterology – no supplemental core privileges

☐ AHP – Neonatology (for AHPs working with Neonatology Group)

Supplemental core privileges:
1. Assess, diagnose, monitor, promote health and protection from disease, manage well babies consistent with neonatal/perinatal practice
2. May admit to the new-born nursery
3. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.
4. Arrange appropriate out-patient follow up with community resources subsequent to conference with neonatologist.
5. Contact the mother of each infant and inform her of any problems and plans.
6. Correlate clinical information and fetal data to determine gestational age
7. Debridement and general care for superficial wounds and minor superficial procedures
8. Direct care as specified by medical staff approved protocols
9. Elicit record and interpret the obstetrical, past medical, family, and psycho-social history of the parents, noting risk factors and implications for problems in the neonate.
10. Evaluate babies in newborn nursery. Discriminate between normal and abnormal findings on the physical exam, record these findings, and form an impression of the infant status. Confer with the neonatologist on abnormal findings.
11. Examine infants prior to discharge and document all findings in the chart. Confer with the neonatologist when abnormal findings are observed.
12. Insert and remove nasogastric tube
13. Institute emergency measures and notify the neonatologist immediately
14. Order and obtain samples for appropriate studies and discuss results with neonatologists.
   - Institute appropriate action subsequent to conference with the neonatologist.
15. Order the use of and/or discontinuation of phototherapy subsequent to conference with neonatologist
16. Perform field infiltrations of anesthetic solutions
17. Perform incision and drainage of superficial abscesses
18. Perform neonatal physical exam using the techniques of observation, inspection, auscultation, palpation, and percussion.
19. Order routine immunizations
20. Perform or order screenings of auditory brain stem responses
21. Perform Lumbar punctures
22. Perform venipunctures for blood sampling, cultures, and IV catheterization
23. Provide immediate supportive care of the newborn in the delivery room
24. Review of maternal health, labor, and delivery records of all infants admitted to neonatal nursery under the service of the neonatology group
25. Perform intubations and extubations
26. Perform PICC placements
27. Perform UVC & UAC placements
28. Perform chest tube placements
29. Perform bladder taps

Non-core Privileges:
☐ Procedural sedation * requires criteria per policy

☐ AHP – Nephrology
Supplemental core privileges:
1. Assess, diagnose, monitor, provide health and protection from disease and manage complications of acute and chronic kidney disease for patients within the age group of patients treated by supervising physician.
2. Provide care for co-morbid conditions such as diabetes, addiction, depression, congestive heart failure and chronic obstructive pulmonary disease
3. May admit to the hospital after consulting with supervising physician.
4. Provide consultative care to patients in the ICU consistent with ICU policies.
5. Assess, stabilize, and determine disposition of patients with emergent conditions in accordance with the medical staff policy regarding emergency call and consultative call services.
6. Insert and remove Foley catheters and nasogastric tubes.

☐ AHP – Neurology:
Supplemental core privileges:
1. Assess, diagnose, monitor, promote health and protection from disease and manage neurology patients within the age group of patients seen by the supervising physician.
2. May admit to the hospital after discussion with the supervising physician.
3. Perform patient care in ICU settings on neurology patients.
4. Assess, stabilize, determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency call and consultative call services.
5. Insert and remove Foley catheters and nasogastric tubes.

Non-core privileges:
☐ Perform lumbar puncture
**AHP – Orthopedic Surgery:**

Supplemental core privileges:

1. Assess, diagnose, monitor, promote health and protection from disease and manage orthopedic patients within age group seen by supervising physician including development of treatment plan, health counseling, and assisting in surgery.
2. May admit patients to the hospital after discussion with supervising physician
3. May provide care to ICU patients

**AHP – Pediatrics:**

Supplemental core privileges Hospitalized Pediatric Patients:

1. Assess, diagnose, monitor, promote health and protection from disease, and manage acutely, critically, and chronically ill infants, children, adolescents, and young adult patients. This includes development of treatment plans, health counseling, and appropriate child and family education. AHP may admit to hospital after discussing with supervising physician, may provide call
2. Assess, stabilize, and determine disposition of patients with emergent condition consistent with medical staff policy including emergency and consultative service
3. Monitor and evaluate accuracy of diagnosis and effectiveness of prescribed treatment plans, growth, and development
4. Insert and remove nasogastric tube
5. Incision and drainage of superficial abscesses
6. Perform routine immunizations
7. Perform short-term and indwelling urinary bladder catheterization
8. Debridement and general care of superficial wounds
9. Direct care as specified by medical staff approved protocols
10. Order the use of and/or discontinuation of phototherapy

Supplemental core Privileges Newborn Patients

1. Assess, diagnose, monitor, promote health and protection from disease, and manage acutely, critically, and chemically ill infants, children, adolescents, and young adult patients. This includes development of treatment plans, health counseling, and appropriate child and family education. AHP may admit to hospital after discussing with supervising physician, may provide call
2. Assess, stabilize, and determine disposition of patients with emergent condition consistent with medical staff policy including emergency and consultative service
3. Monitor and evaluate accuracy of diagnosis and effectiveness of prescribed treatment plans, growth, and development
4. Insert and remove nasogastric tube
5. Incision and drainage of superficial abscesses
6. Perform routine immunizations
7. Perform short-term and indwelling urinary bladder catheterization
8. Debridement and general care of superficial wounds
9. Assess, diagnose, monitor, promote health and protection from disease, manage well babies consistent with neonatal/perinatal practice
10. May admit to the new-born nursery
11. Arrange appropriate out-patient follow up with community resources subsequent to conference with neonatologist.
12. Contact the mother of each infant and inform her of any problems and plans.
13. Correlate clinical information and fetal data to determine gestational age
14. Direct care as specified by medical staff approved protocols
15. Elicit record and interpret the obstetrical, past medical, family, and psycho-social history of the parents, noting risk factors and implications for problems in the neonate.
16. Evaluate babies in newborn nursery. Discriminate between normal and abnormal findings on the physical exam, record these findings, and form an impression of the infant status. Confer with the neonatologist on abnormal findings.
17. Examine infants prior to discharge and document all findings in the chart. Confer with the neonatologist when abnormal findings are observed.
18. Institute emergency measures and notify the neonatologist immediately
19. Order and obtain samples for appropriate studies and discuss results with neonatologists. Institute appropriate action subsequent to conference with the neonatologist.
20. Order the use of and/or discontinuation of phototherapy subsequent to conference with neonatologist

Non-core privileges:

☐ Lumbar puncture

☐ AHP – Primary Care: Same as Acute Care

☐ AHP – Psychiatry and Mental Health:

Supplemental core privileges:

1. Assess, diagnose, monitor, promote health and protection from disease, and manage primary mental healthcare and treatment using a variety of therapeutic and interpersonal techniques for patients in the age group treated by the supervising physician. Patients must be at risk for developing or have, psychiatric disorders.
2. May admit patients to mental health units following discussion with supervising physician
3. May provide consultative care to patients in the ICU setting.
4. Assess, stabilize, and develop disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

☐ AHP – Diagnostic Imaging/Interventional Radiology:

Supplemental core privileges:

1. Obtaining consent from patients and injecting agents that facilitate or enable diagnostic imaging.
2. Performing pre and post procedure evaluation of patients undergoing invasive procedures.
3. Assisting interventional radiologist with invasive procedures.
4. Communicating results of radiology findings to the referring physician or an appropriate representative with appropriate documentation.
5. Providing naso-enteric or oro-enteric feeding tube placement in uncomplicated patients.
6. Performing selected peripheral venous diagnostic procedures.
7. Assess, evaluate, manage care, and diagnose conditions by various radiological modalities for patients within age group of patients seen by supervisory physician.
8. May admit to the hospital after consulting with supervising physician
9. Providing consultative care to patients in the hospital after consulting with supervising physician

Non-core privileges:

☐ Remove tunneled and non-tunneled vascular access and drainage catheters
☐ Perform image guided insertion of central venous catheters
☐ Perform image guided placement of PICC lines
☐ Perform diagnostic and/or therapeutic paracentesis
☐ Perform diagnostic and/or therapeutic thoracentesis
**AHP – Surgery:**

Supplemental core privileges:

1. Assess, diagnose, monitor, provide 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 and health counseling for patients within the age group of patients seen by the supervising physician.
2. May admit to the hospital following discussion with the supervising physician.
3. May consult in the ICU setting
4. Assess, stabilize, and develop disposition plan for patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services
5. Perform field infiltration of anesthetic solutions
6. Incise and drain superficial abscesses
7. Select and apply appropriate wound dressings
8. Insert and remove drains
9. Assist in surgery to include but not limited to first assist, deep and superficial tissue closures, application of appliances, and any other action delegated by the surgeon.

Non-core privileges:
- Insert and remove chest tubes
- Insert and remove arterial catheter
- Insert and remove central venous catheter
- Insert and remove pulmonary artery catheter

**AHP – Urology**

Supplemental core privileges:

1. Assess, diagnose, monitor, promote health and protection from disease for patients undergoing urological procedures for patients in age group treated by supervisory physician to include development of Rx plans, health counseling, and assisting in surgery.
2. May admit to hospital after discussion with supervising physician.
3. May provide care to patients in ICU.
4. Debridement and general care for superficial wounds and minor surgical procedures.
5. First assist in all surgical procedures
6. Perform incision and drainage of superficial abscesses
7. Perform short term and indwelling urinary bladder catheterization
8. Perform field infiltration of anesthetic solutions

**AHP – Women’s Health:**

Supplemental core privileges:

1. Assess, diagnose, monitor, promote health and protection from disease and manage acute and chronic illness including but not limited to development of treatment plans, health counseling, well woman exam, assessment of breast masses, incontinence, infertility, osteoporosis, and prenatal and postnatal care for female patients within the age group seen by the supervising physician.
2. May admit to the hospital after discussion with supervising physician.
3. Assess, stabilize, and determine disposition for patients with emergent conditions consistent with medical staff policy involving emergency and consultative call services
4. Provide contraceptive care
5. Evaluation and treatment of common vaginal infections
6. Perform amniotomy
7. Incise and drain superficial abscesses
8. Pregnancy testing and care before, during, and after pregnancy
9. Screen and refer to other health care agencies, problems including sexual abuse and rape
10. Screen for high risk pregnancies, pregnancy complications, and post-partum complications
11. STD screen and follow-up

Non-core Privileges:
☐ Colposcopies
☐ Insert and remove IUD
☐ Insert and remove subcutaneous birth control
☐ Perform individual biopsy
☐ Perform vulvar biopsy
☐ First assistant service

___________________________________________________________________________
Signature of Applicant                                                  Date

___________________________________________________________________________
Supervising Physician                    Date

___________________________________________________________________________
Chairman of Department                   Date

     Medical Executive Committee: 06/2011; 2/2012; 1/2013; 8/2013
     Board of Directors:   06/2011; 2/2012; 1/2013