



<b>Policy:</b> Licensed Practitioners (LPs)
<b>Type:</b> Administrative Policy
<b>Applicable To:</b> Monmouth Medical Center, Southern Campus
<b>Policy Owner:</b> Medical Affairs
<b>Effective Date:</b> September 2023
<b>Approved by:</b> Medical Executive Committee

### 1. Policy Statement:

This Policy addresses those Licensed Provider (LPs) who are permitted to practice or provide services in Monmouth Medical Center Southern Campus (MMCSC) and its facilities.

### 2. Acronyms:

LPs	Licensed Practitioner
MMCSC	Monmouth Medical Center, Southern Campus
CMO	Chief Medical Officer

### 3. Related Documents:

Document Type	Document Name
1. Associated Procedures:	N/A
2. Resources:	N/A
3. Job Aids:	<p>Procedure Observation Form - Attachment A  <a href="#">Supervision of First Assistant - CRNA - Attachment A.docx</a></p> <p>Advanced Practice Nurse/Clinical Nurse Specialist Collaboration Agreement – Attachment B  <a href="#">APN Collab Agreement - Attachment B.docx</a></p> <p>Advanced Practice Nurse Protocol Agreement – Attachment C  <a href="#">APN Protocol Agreement - Attachment C.docx</a></p> <p>Physician Assistant – Verification of Supervision/Employment – Attachment D  <a href="#">PA Verification of Supervision-Employment - Attachment D.docx</a></p>
4. Regulatory references:	<p><b>Board of Medical Examiners Limited Licenses: Physician Assistants 13:35-2B and 2C and Board of Medical Examiners: Qualified First Assistant 13:35-4.1 (1-17-2023)</b>  <a href="https://efaidnbmnnnibpcajpcgiclfndmkaj/https://www.njconsumeraffairs.gov/regulations/Chapter-35-State-Board-of-Medical-Examiners.pdf">//efaidnbmnnnibpcajpcgiclfndmkaj/https://www.njconsumeraffairs.gov/regulations/Chapter-35-State-Board-of-Medical-Examiners.pdf</a></p> <p><b>Advanced Practice Nurses 13:37-7.1 – 13.37-8.4 (7-18-22)</b>  <a href="https://efaidnbmnnnibpcajpcgiclfndmkaj/https://www.njconsumeraffairs.gov/regulations/chapter-37-new-jersey-board-of-nursing.pdf">//efaidnbmnnnibpcajpcgiclfndmkaj/https://www.njconsumeraffairs.gov/regulations/chapter-37-new-jersey-board-of-nursing.pdf</a></p>



<b>Procedure:</b> Licensed Practitioner
<b>Type:</b> Administrative Procedure
<b>Applicable To:</b> Monmouth Medical Center Southern Campus
<b>Procedure owner:</b> Medical Affairs
<b>Effective date:</b> September 2023
<b>Approved by:</b> Medical Executive Committee

**1. Purpose Statement:**

Application to the Medical Staff is limited to physicians (MDs, DOs, and DPMs), and dentists (DDSs and DMDs). Other practitioners shall not be eligible for appointment to the Medical Staff, but may practice at MMCSC and its facilities with the approval of the Board of Trustees after appropriate credentialing by the Medical Staff.

This Policy contains the credentialing process for LPs at MMCSC, as well as the general parameters for the functioning of these individuals.

**2. Acronyms:**

LP	Licensed Practitioner
NP	Nurse Practitioner
CNS	Clinical Nurse Specialist
CMO	Chief Medical Officer
MMCSC	Monmouth Medical Center Southern Campus
APN	Advanced Practice Nurse
CNM	Certified Nurse Midwife
PA	Physician Assistant
FA	First Assistant
RNFA	Registered Nurse First Assistant
CRNA	Certified Registered Nurse Anesthetist
ACLS	Advanced Cardiac Life Support
PALS	Pediatric Advanced Life Support
NRP	Neonatal Resuscitation Program
OPPE	Ongoing Professional Practice Evaluation

**3. Procedure:** (NOTE CAUTIONS IN ***BOLD ITALICS*** BEFORE STEP)

Performed By (title/area)	Required Action Steps	Supplemental Guidance
	<p><b>DEFINITIONS:</b></p> <ol style="list-style-type: none"> <li>For the purposes of this policy, an LP shall be defined as one of the following: <ol style="list-style-type: none"> <li>Advanced Practice Nurse (APN)</li> <li>Physician Assistant (PA)</li> <li>First Assistant (FA)</li> <li>Certified Registered Nurse Anesthetist (CRNA)</li> </ol> </li> </ol>	

2. An employed LP is a provider specifically hired by MMCSC to provide services. Any employed LP will be subject to MMCSC Human Resource policies. If at any time a conflict exists between this policy and an applicable Human Resource policy, then the Human Resource policy will take precedence.
3. A non-employed LP is one who provides patient care related services under this policy and has no employee relationship to MMCSC. These providers may have employers who are members of the MMCSC Medical Staff. Alternatively, they may be self-employed, although when functioning at MMCSC, they are under the supervision of a member of the MMCSC Medical Staff.
4. The LP Credentialing Subcommittee shall be comprised of the LP's clinical department Chairperson, the Vice President of Patient Care Services, the Chief Medical Officer and an ad hoc member who shall be a peer of the LP under consideration.

**No Entitlement to Medical Staff Appointment:**

1. Individuals applying to practice as LPs are not eligible for appointment to the Medical Staff of MMCSC, nor are they entitled to the rights, privileges, and/or prerogatives attendant upon Medical Staff appointment.
2. LPs practice at MMCSC at the discretion of the Board of Trustees and as such may be terminated at will by the Board.

**Burden of Providing Information**

1. The applicant shall have the burden of producing information deemed adequate by the Medical Center for a proper evaluation of competence, character, ethics, and other qualifications, and of resolving any doubts about such qualifications.
2. The applicant shall have the burden of proving that all the statements made and information given on the application is true and correct.

**Procedural Rights for LPs**

1. LPs are not entitled to the hearing and appeals procedures set forth in the Medical Staff Bylaws, the Medical Center's credentialing policies, or the corporate Bylaws. However, in the event a LP is not granted permission to practice in the hospital, or has that permission and clinical privileges terminated, the LP and his or her supervising/employing physician shall have the option of meeting personally with the Chairperson of his/her Department, the Vice-President of Patient Care Services, the Chief Medical Officer, and a



peer designated by the LP Credentials Committee, to discuss the recommendation or action. The LP must request such a meeting in writing. Should the LP request it, he/she shall be informed of the general nature of the evidence supporting the recommendation/action at least ten (10) days prior to the meeting. At the meeting, the LP shall be invited to discuss, explain, or refute the recommendation or action. At the completion of this meeting, the Chairperson of the department will make a recommendation concerning the LP's privileges to the Executive Committee.

2. Should the supervising/employing physician disagree with the determination of the Department Chairperson following this meeting, he/she may request a second meeting to review the determination with a separate committee appointed by the Executive Committee. If so requested, the President of the Medical Staff or his/her designee shall appoint this committee which shall convene within fourteen days of the formal request. The physician, LP, Chairperson of the Department, peer, Vice President of Patient Care Services and Chief Medical Officer will be invited to come before this committee to discuss their concerns. Following this meeting the committee will make its recommendation to the Executive Committee.
3. The Executive Committee will review the recommendation at its next regular meeting, and make a final recommendation concerning the LP's privileges to the Board.
4. None of the aforementioned meetings shall constitute a hearing and none of the procedural rules set forth in the Medical Staff Bylaws, the Medical Center's credentialing policies, or the corporate bylaws with respect to hearings shall apply.

**Adverse Privilege Actions:**

1. Automatic suspension of clinical privileges shall occur if:
  - a. Physician employer loses medical staff privileges
  - b. LP loses NJ license
  - c. LP is convicted of a felony
  - d. Physician employer terminates employment of LP
  - e. Hospital employment is terminated (if hospital employee)
  - f. Failure to comply with applicable accrediting/regulatory bodies.

g. The above automatic suspensions are not appealable.

2. A temporary suspension of an LP's privileges shall be imposed in the event he/she fails to maintain required professional liability insurance. The suspension may be imposed by the Hospital Executive Director, Chief Medical Officer, Vice President of Patient Care Services, or the Chairperson of the Department. Privileges will be reinstated upon submission of satisfactory proof of the required coverage.
3. Summary Suspension:  
The Hospital Executive Director, the Chief Medical Officer, the Medical Staff President, the Vice President of Patient Care Services, or the appropriate Department Chairperson shall have the authority to suspend all or any portion of the clinical privileges of an LP (employee or non-employee) whenever such action must be taken immediately in the best interest of patient care.
4. Adverse decisions involving the applicant's request for privileges are not appealable. Those LPs designated in this policy are not members of the medical staff and do not have the procedural and due process rights afforded by the Medical Staff Bylaws.
5. Administrative decisions affecting hospital staffing, employment, exclusive contracts, and including, but not limited to, decisions to provide higher skilled classes of health care providers are not appealable (e.g. surgeons in place of FA's).
6. Administrative decisions to restrict or limit the scope of practice of all LPs in the pursuit of the Hospital's Mission and/or the quality of patient care are not appealable.
7. Any LP who is a hospital employee may use the grievance procedures of Human Resources for issues not pertaining to privileges. Non-employees are not afforded the Human Resources grievance procedures.

**Credentialing Procedure:**

1. All Human Resources requirements to comply with applicable accrediting/regulatory bodies must be met by LPs (both employees and non-employees). Failure of a non-employee and/or physician collaborator/supervisor to comply with such requirements will be grounds for loss of privileges of the LP.
2. Requests for an Application for Credentials shall be in writing to the Chief Medical Officer. Such requests shall include a current:



- a. Curriculum vitae (C.V.)/resume
  - b. Copy of appropriate current NJ professional license(s)
  - c. Copy of diploma
  - d. Proof of appropriate certification
  - e. Name, address, and telephone number of two professional references.
3. The Chief Medical Officer or designee, in consultation with the appropriate department Chairperson, shall make the final determination whether or not to provide the applicant with an application for privileges.
4. The application packet shall contain the following:
    - a. Applicant's education experience.
    - b. Addresses.
    - c. Copy of licensures/certifications.
    - d. Names of two persons who will supply references. References must be from professionals who have worked extensively with or have been responsible for professional observation of the applicant within the last five years, and who can comment on the applicant's personal and professional qualifications.
    - e. Practice experience at other facilities to include hospital employment/membership and/or revocation, suspension, or reduction of employment/privileges in those hospitals, whether voluntary or involuntary.
    - f. Membership in professional societies/organizations.
    - g. Suspension, termination, or voluntary relinquishment of licenses/certification.
    - h. Statement of malpractice experience as to whether or not the applicant has had suits for malpractice. This statement must include a consent to the release of information from present and past malpractice carriers.
    - i. An authorization by the applicant for the Hospital to investigate the applicant him/herself and to release from liability the Hospital and staff.
    - j. A signed waiver of the applicant's right to see or read any letter of recommendation regarding his/her application, and agree that a copy of this will be sent with the request for such letters of recommendation.
    - k. Copy of degrees.
    - l. Copy of current certification(s) indicating qualifications for the area of practice/privileges requested.
    - m. Evidence of appropriate continuing education as required by specialty.
    - n. Copy of current BLS and other specialty certification as required by clinical department. (i.e. ACLS, PALS, NRP)



- o. Liability insurance:
  - Certificate of Professional Liability Insurance purchased by the applicant covering the LP in the minimum amount of \$1/\$3 million.
  - If an employee, a completed application for malpractice liability insurance from the Hospital's carrier must be submitted.
- p. An approved privileging form delineating scope of privileges of the LP. The privileges requested must not exceed those of the supervising/collaborative physician or physician employer.
- q. Satisfactory written certification of health status and physical/mental ability to carry out the responsibilities requested.
- r. Additional information, as delineated below, for each specific category of LP.

10. Copies of applicable documentation will be obtained and individual files will be maintained on all LPs covered by this policy. Documentation provided by the LP will meet all Federal and State requirements. Reviews of documentation will be the responsibility of the Medical Affairs Department. Such documentation will be maintained in the Medical Affairs Department when the credentialing process is completed. The applicant is responsible for submitting the necessary documentation within the time frame required.
11. Completed applications to practice as LPs shall be submitted to the Medical Affairs Office and must be accompanied by the designated processing fee. After reviewing the application to determine that all questions have been answered, after reviewing all references and other information or materials deemed pertinent, and after verifying the information provided in the application with the primary sources, the Medical Affairs office shall submit the application for further action as defined below.
12. The application will next be submitted to the LP Credentials Committee for review. If the application is deemed acceptable by the LP Credentials Committee, the applicant will be invited for interview.
13. The interview will be conducted by the appropriate Chairperson and a designated member of the LP Credentials Committee. They shall review delineation of privileges of the LP and make recommendations as needed to the Chief Medical Officer. (If the physician-employer is the Department Chairperson, then the President of the Medical Staff shall approve such privileges.)
14. If the recommendation by the appropriate Department Chairperson is favorable to the applicant, the file shall be referred to the Medical Staff



Credentials Committee. At its discretion, the Credentials Committee may request an interview with the applicant.

15. Following the review by the Credentials Committee, an opinion is rendered to recommend or not recommend the applicant for approval, or to modify the application. Incomplete applications are not reviewed or acted upon. The Credentials Committee recommendations shall be sent to the Medical Executive Committee. If the Executive Committee approves the applicant, they will recommend that privileges be granted. The Credentials Subcommittee of the Board of Trustees will review the recommendations. If their opinion agrees with that of the Executive Committee, the applicant will be granted privileges by the Board of Trustees. Initial privileges will be granted for one year and two years at their reappointment.

16. For non-employed LPs, when privileges are granted, the LP's original privilege form will be maintained in the E-Privileging - on the intranet portal

**Reappointment Process:**

1. Permission to practice at MMCSC as a LP shall be granted for a period not to exceed two years. In seeking renewed approval to practice clinical privileges, LPs shall be required to complete an appropriate reapplication form and supply additional documents as necessary.
2. Completed reappointment application will include the following:
  - a. Addresses.
  - b. Copy of licensures/certifications.
  - c. Other hospital employment/membership and/or revocation, suspension, or reduction of employment/privileges in those hospitals, whether voluntary or involuntary.
  - d. Membership in professional societies/organizations.
  - e. Suspension, termination, or voluntary relinquishment of licenses/certification.
  - f. Statement of malpractice experience as to whether or not the applicant has had suits for malpractice. This statement must include consent to the release of information from present and past malpractice carriers.
  - g. Copy of current BLS and other specialty certification as required by clinical department. (i.e. ACLS, PALS, NRP)
  - h. Liability insurance: Certificate of Professional Liability Insurance purchased by the applicant covering the LP in the minimum amount of \$1/\$3 million.
  - i. An approved privileging form delineating scope of privileges of the LP. The privileges requested must not exceed those of the supervising/collaborative physician or physician employer.



- j. Satisfactory written certification of health status and physical/mental ability to carry out the responsibilities requested.
- k. Evidence that minimum requirements of Continuing Medical Education for certifying/licensing body were met.
- l. If a MMCSC employee, a copy of current satisfactory performance evaluation.
- m. If not an employee, a copy of current performance evaluation by the supervisory/collaborative physician employer. (For FAs, see separate section below.)
- n. Additional information as delineated below for each specific category of LP.
- o. These applications shall be evaluated in the same manner and shall follow the same procedures as initial applications.

**Global Responsibilities:**

- 1. All LPs shall wear an ID badge at all times while in the hospital. LP ID badges must clearly indicate the specific category of practice. (i.e. APN, FA)
- 2. All non-employed LPs shall meet the same medical screening requirements established for non-employed physicians. In addition, they must be provided hospital orientation as currently required by regulatory agencies.
- 3. The Medical Staff Department Chair and/or Department Directors may require that LPs must attend department and/or committee meetings, participate in QA and PI processes and other activities as necessary to ensure quality of patient care.
- 4. LP practice at MMCSC will be subject to the same quality assessment and review processes as members of the Medical Staff. This would include, but not be limited to Ongoing Professional Practice Evaluation, Department QA, individual and department performance initiatives, case review, and outcomes monitoring.

**FIRST ASSISTANTS (FA)**

**Definition:**

- 1. For the purpose of this policy, the FA is defined as follows:
  - a) Registered Nurse First Assistant (RNFA)
  - b) Physician Assistant (PA)
  - c) Licensed Podiatric Physician



**Qualifications:**

1. For RNFAs, certification by the Association of Operating Room Nurses (AORN).
2. For PAs, certification by the National Commission of Certification on Physician Assistants (NCCPA).
3. Licensed Podiatric Physician

**Scope of Practice for First Assistants:**

1. FAs are not permitted to exceed the limits imposed by the Hospital's Department of Surgery Rules and Regulations, Department of Podiatry Rules and Regulations, and NJAC 13:35, 4-1.
2. A qualified FA may function as a first surgical assistant according to the Department of Surgery and and Department of Podiatry Rules and Regulations.
3. Each Department in which FAs function is required to provide a list of approved surgical procedures to the Director of Perioperative Services. This list will be maintained in every surgical area in which FAs are allowed to practice and will be available for review. This list will be reviewed at least annually by the appropriate department. Should any questions or disagreements arise concerning the appropriateness of a FA to assist in a procedure, it will be the responsibility of the Chairperson of that department to make the final decision. The FA's privilege is available on the intranet portal for review through e-privileging.

**Appointment and Reappointment:**

1. Request for privileges will be submitted via electronic credentialing platform.
2. As part of the appointment or reappointment application, each FA will provide a detailed list of every surgical procedure in which the FA participated within the past two years. The list shall include: name of procedure; date of procedure; primary surgeon; and name of facility. In addition, semi-annual evaluations will be completed by collaborating physician.
3. All newly appointed FAs will have documented supervision for a minimum of five consecutive procedures. It will be the responsibility of the Director in the area which the procedure is performed to have a supervisory form completed and returned to the Medical Affairs Office. (see Attachment A) Until completion, the form will be maintained in the OR under the supervision of the Director of Perioperative Services. If performance for each procedure has been satisfactory, upon completion the supervision form will be sent to the



Medical Affairs Office. The form will be reviewed by the Chief Medical Officer and the appropriate Department Chairs who will make the final determination about the completion of supervision. The form will be included in the FA's permanent credentials file. A copy of the completed form will be provided to all appropriate areas for reference.

4. During supervision, if performance on any procedure has been deemed unsatisfactory by the primary surgeon, the Chief Medical Officer and the Chair of the appropriate department will be immediately notified by the Director in the area which the procedure was performed. The Department Chair will then make the determination concerning the continuation of the FA's clinical privileges. The decision of the Department Chair will be communicated in writing to the FA and all appropriate hospital personnel.

#### **ADVANCED PRACTICE NURSE (APNs)**

##### **Definition:**

For the purpose of this policy, APNs will be defined as Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs). APNs are registered nurses with advanced education and clinical competency necessary for the delivery of primary health and medical care.

##### **Qualifications:**

The applicant must be a registered nurse who meets the regulations for the NP/CNS certification and prescriptive practice as established by the New Jersey State Board of Nursing. The nurse assumes specified professional responsibilities within the authorized scope of practice, and is expected to comply with the standards of nursing practice and policies established by Monmouth Medical Center Southern Campus.

##### **Scope of Practice for APNs:**

##### **a) General:**

1. An APN at MMCSC will be formally affiliated with a collaborating physician who is a member of the MMCSC Medical Staff.
2. Each APN shall establish a written protocol with his/her collaborating physician. The written protocol shall delineate the scope of practice of the APN. These written protocols may consist of generally recognized published standards for APNs. In no instance, however, will the APN's scope of practice exceed the privileges of his/her collaborating physician or the scope of practice allowed by the New Jersey Advanced Practice Act.



3. Written protocols will be reviewed, updated, and signed at the time of application for reappointment.
4. The written protocols, along with collaborating agreement, shall be submitted to the Medical Affairs Office at the time of initial application. (Attachments B and C)
5. The clinical practice of the APN is subject to the same QA processes available for physician practice in his/her department.
6. At all times, an APN will properly document pertinent patient information in the medical record.

**b) Specific:**

The scope of practice of each APN shall be determined and defined by their education and certification. This may include:

1. Performing physical examinations and obtaining medical histories. Perform an Admission History and Physical and the patient will be seen within 24 hours by collaborating physician, and to be seen every other day thereafter by the collaborating physician.
2. Providing well-patient care; general health promotion and disease prevention education; health assessment screening and immunizations for all age patients, infant through geriatrics.
3. Assessing and managing common health problems for all age patients from infants through geriatrics.
4. Detecting and managing acute and chronic illnesses and long-term health care needs.
5. Ordering and interpreting diagnostic studies, such as lab work and x-rays.
6. Ordering ancillary consultations/treatments (i.e. physical therapy, dietary, diabetic education).
7. For inpatients, ordering physician consultation after discussion with and agreement by the collaborating physician.
8. Prescribing medications/devices and other treatments, within the limits of the APN's New Jersey licensure.
9. Providing mental health services, including psychotherapy and education.
10. Dictation of admission history and physical exam and discharge summaries on behalf of collaborating physician.
11. Collaborating in the management of ICU and CCU patients, although it is expected that the APN will communicate frequently with the collaborating physician concerning these patients. The types of patients the APN can manage in these units will be specifically delineated in his/her protocols. The collaborating physician will certify the APN's demonstrated competency to manage these patients.



12. The following situations may be managed directly by the Collaborating Physician OR by APN at the discretion of the Department Chair/Chief:
- Responding to an Emergency Physician call for advice on an ED patient
  - Making the decision to hospitalize a patient with the approval of collaborating physician.
  - Performing the initial History and Physical examination on a patient
  - Writing or verbally conveying admitting orders
  - Addressing any acute change in an ED or inpatient's medical condition

**Responsibilities of Collaborating Physician:**

- Must be continuously electronically available to the APN.
- At the discretion of the Department Chair, verify and countersign admitting history and physical and discharge summaries dictated by APN. (See below for Department Specific Collaborating Physician Responsibilities)

**Department of Anesthesiology** – CRNA and nurse practitioner orders will be co-signed at the discretion of the collaborating physician. Pain Management nurse practitioners can see initial consultations and place orders as well as complete progress notes without the requirement of a co-signature by the collaborating physician.

**Department of Medicine** – The primary physician will need to complete personally or co-sign within 24 hours the initial consultation or history and physical. For inpatients, with the exception of ICU/CCU, co-signatures of follow-up progress notes completed by NP is not required. For inpatients, co-signature or orders for medications and tests placed by NPs is not required.

**Department of Psychiatry** – APN's may see initial consultations on voluntary psychiatric patients. Involuntary initial consultations are to be done by the psychiatrist. Co-signature is not required for APN assessments and discharge summaries.

**Department of Surgery** – NPs can complete consultations and H&Ps without the requirement of a co-signature by the collaborating physicians and will be at the discretion of the collaborating physician. Co-signatures by the collaborating physician of follow-up progress notes, orders and tests are not required.

- Review all orders written by the APN and document such review by counter-signatures. (Orders shall be carried out without this signature).
- The initial visit for all inpatients must be performed by a physician or physician designee.



5. For all inpatients, with the exception of ICU and CCU, the physician or designee physician must visit patient and document such visit in progress notes at least every 48 hours.
6. For all ICU and CCU patients, the collaborating physician or designee physician must see patient at least daily and document in the progress notes at least every 24 hours.
7. The following situations may be managed directly by the Collaborating Physician OR by the APN at the discretion of the Department Chair/Chief.:
  - a. Responding to an Emergency Physician call for advice on an ED patient
  - b. Making the decision to hospitalize a patient with approval of collaborating physician
  - c. Performing the initial History and Physical examination on a patient
  - d. Writing or verbally conveying admitting orders
  - e. Addressing any acute change in an ED or inpatient's medical condition

**Probationary Privileges:**

All APN's credentialed at MMCSC will be given an appointment not to exceed one year in the Department of the collaborating physician. After six months, the collaborating physician will provide a competency evaluation which will be reviewed by the LP Credentialing Subcommittee. If the APN does not meet expectations, at the discretion of the Chair, they will be re-evaluated in six months. If they still do not meet, the expectations, the APN's privileges will lapse.

**Appointment and Reappointment:**

1. Request for privileges will be submitted via electronic credentialing platform.
2. For non-employed APNs, this privilege form will be made available to all personnel utilizing the same mechanism used for physician privileges.
3. To qualify for reappointment, an APN must provide a copy of his/her written agreements with the collaborating physician, and provide an update of the written protocols, as outlined in scope of practice above. In addition, semi-annual evaluations will be completed by collaborating physician.



**PHYSICIAN ASSISTANT (PAs)**

**Definition:**

For the purpose of this policy, PAs are LPs who are licensed in the state of New Jersey to provide health and medical care under the direct supervision of a New Jersey licensed physician.

**Qualifications:**

- a) The applicant will have successfully completed an approved physician assistant program and will have passed the national certifying examination administered by the National Commission on Certification of Physician Assistants, or its successor.
- b) The PA assumes specified professional responsibilities within the authorized scope of practice, and is expected to comply with the standards of care and policies established by Monmouth Medical Center Southern Campus.

**Scope of Practice for PAs:**

**a) General:**

- 1. A PA at MMCSC will be formally affiliated with a supervising physician who is a member of the MMCSC Medical Staff.
- 2. A PA at MMCSC:
  - a) Must be under the direct supervision of a physician; and
  - b) Must inform the patient that a PA rather than a physician is performing the specified procedure.
- 3. At the time of request for privileges, the PA and the supervising physician shall provide a completed privileging form which delineates the PA's proposed scope of practice and Verification of Supervision (Attachment D). In addition to the request for privileges, written protocols further outlining the PA's scope of practice may be submitted. At this time, the supervising physician will attest to the PAs demonstrated competency in performing the procedures. In no instance, however, will the PAs scope of practice exceed the privileges of his/her supervising physician or the scope of practice allowed by the New Jersey Advanced Practice Act.
- 4. This privilege list will be reviewed, updated, and signed by the PA and supervising physician at the time of reappointment.
- 5. The clinical practice of the PA is subject to the same QA processes available for physician practice in his/her department.
- 6. At all times, a PA will properly document pertinent patient information in the medical record.



**b) Specific:**

1. A PA at MMCSC may perform the following procedures on a discretionary and routine basis:
  - a) Approaching a patient to elicit a detailed and accurate history, perform an appropriate physical examination, identify problems, record information and interpret and present information to the supervising physician, determine and implement therapeutic plans jointly with the supervising physician, and compile and record pertinent narrative case summaries;
  - b) Suturing and follow-up care of wounds, including removing sutures and clips and changing dressings, facial wounds, traumatic wounds requiring suturing in layers, and infected wounds;
  - c) Providing patient counseling services and patient education consistent with directions of the supervising physician;
  - d) Assisting a physician in an inpatient setting by conducting patient rounds, recording patient progress notes, determining and implementing therapeutic plans jointly with the supervising physician, and compiling and recording pertinent narrative case summaries;
  - e) Facilitating the referral of patients to, and promoting their awareness of, health care facilities and other appropriate agencies and resources in the community;
  - f) Collecting fluids for diagnostic purposes, including, but not limited to, blood, urine, sputum, and exudates;
  - g) Placing and utilizing access catheters and tubes for diagnostic, therapeutic or interventional purposes, including, but not limited to, intravenous, arterial, nasogastric and urinary;
  - h) Performing minor surgical procedures such as simple excisions, incision and drainage, debridement and packing of wounds;
  - i) Applying and removing medical and surgical appliances and devices such as splints, casts, immobilizers, traction, and monitors.
  - j) Participation with the supervising physician in the management of emergency and life threatening conditions.
  
2. A PA at MMCSC may perform the following procedures only when directed or prescribed by the supervising physician, or if specifically privileged at the time of credentialing.
  - a) Endotracheal intubation.
  - b) Aspiration of fluids from joints and body cavities;
  - c) Lumbar puncture for collection of cerebrospinal fluid
  - d) Placement of central venous catheters
  - e) Use of endoscopic instruments
  - f) Giving injections



- g) Ordering medications, prescribing other than controlled dangerous substances, and writing orders to implement therapeutic plans identified pursuant to (1)d above;
- 3. Prescriptions or orders written by a PA are subject to the following:
  - a) The order or prescription is administered in accordance with protocols or specific physician direction;
  - b) The prescription/order states whether it is written pursuant to protocol (PRT) or specific physician direction (SPD); and
  - c) The physician assistant signs his own name, prints his name and license number and prints the supervising physician's name.
- 4. Procedures **prohibited** at MMCSC:
  - a) Performing invasive laboratory procedures and related studies or assisting licensed personnel in the performance of invasive laboratory procedures and related studies;
  - b) Performing other procedures for diagnostic, therapeutic or interventional purposes such as, but not limited to, introduction of contrast material for radiologic studies, biopsy of tissues, and placement of chest tubes.
  - c) The following situations **MUST** be managed **DIRECTLY** by the Supervising Physician or his/her physician designee:
    - i. Responding to an Emergency Physician call for advice on an ED patient
    - ii. Making the decision to hospitalize a patient
    - iii. Performing the initial History and Physical examination on a patient
    - iv. Writing or verbally conveying admitting orders
    - v. Addressing any acute change in an ED or inpatient's medical condition

Responsibilities of Supervising Physician:

- a) Must be continuously electronically available to the PA.
- b) Is responsible for and attests to the competency of the PA to perform any procedures or services under his/her direction.
- c) In an inpatient setting, personally review all charts and records of patients and countersign all entries into the medical record within 24 hours of their entry by the physician assistant.
- d) In an outpatient setting, personally review all charts and records of patients and countersign all entries into the medical record with the exception of orders, within seven days of their entry by PA. All orders by the PA must be countersigned within 48 hrs of their entry.
- e) Despite any interaction between the PA and patient, the supervising physician remains responsible for daily care and documentation as delineated in the Medical-Dental Staff Bylaws.



- f) The initial visit for all inpatients must be performed by a physician.
- g) The Supervising Physician or his/her physician designee **MUST DIRECTLY** perform the following:
  - i. Respond to an Emergency Physician call for advice on an ED patient
  - ii. Make the decision to hospitalize a patient
  - iii. Perform the initial History and Physical examination on a patient
  - iv. Write or verbally convey admitting orders
  - v. Address any acute change in an ED or inpatient's medical condition

**Probationary Privileges:**

All PA's credentialed at MMCSC will be given an appointment not to exceed one year in the Department of the collaborating physician. After six months, the collaborating physician will provide a competency evaluation which will be reviewed by the LP Credentialing Subcommittee. If the PA does not meet expectations, at the discretion of the Chair, they will be re-evaluated in six months. If they still do not meet, the expectations, the PA's privileges will lapse.

**Appointment and Reappointment:**

- a) Request for privileges will be submitted via electronic credentialing platform.
- b) To qualify for reappointment, a PA must provide an updated copy of his/her privilege form and evidence of competency. This information must be updated at the time of reappointment as outlined in the scope of practice above.

**Certified Registered Nurse Anesthetists (CRNAs)**

**Definition:**

For the purposes of this policy, a CRNA is a LP who is licensed by the New Jersey State Board of Nursing and who holds current certification under a program governed or approved by the American Association of Nurse Anesthetists. Also included in this policy are Registered Nurse Anesthetists as listed in Qualifications, below.

**Qualifications:**

- a) State licensure as a registered professional nurse.
- b) Graduation from a program of nurse anesthesia education accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs or its predecessor.
- c) Certification by the Council on Certification or recertification by the Council on Recertification or their respective predecessors or,
- d) A Registered Nurse Anesthetist awaiting results of the initial certifying examination of the Council on Certification of Nurse Anesthetists or other such certifying body approved by the NJ Board of Nursing.

**Scope of Practice:**

**a) General:**

1. CRNAs at MMCSC adhere to practice standards for their specialty as outlined by the American Association of Nurse Anesthetists.
2. CRNAs at MMCSC will be assigned to the Department of Anesthesiology, and will function under the overall supervision of the Chairperson of Anesthesia.
3. Per NJ regulation, when administering general anesthesia or major regional anesthesia, CNRAs must be supervised by a **specifically assigned** anesthesiologist with current clinical privileges in anesthesia at MMCSC.
4. Supervision is defined by NJ regulation as "being immediately available". "The supervising physician may concurrently be responsible for patient care, with the exception of performing major surgery, administering general anesthesia or major regional anesthesia." (labor analgesia is allowed).

**b) Specific:**

**Preadnestic Preparation and Evaluation**

1. Obtaining an appropriate health history.
2. Conducting an appropriate physical screening assessment.
3. Recommending or requesting and evaluating pertinent diagnostic studies.
4. Selecting, obtaining, ordering, and administering preanesthetic medications.
5. Documenting the preanesthetic evaluation and obtaining informed consent for anesthesia, anesthesia induction, maintenance and emergence.

**Intraoperative Care**

1. Obtaining, preparing, and using all equipment, monitors, supplies and drugs used for the administration of anesthesia, performing and ordering safety checks as needed.
2. Selecting, obtaining or administering the anesthetics, adjuvant drugs, accessory drugs, fluids and blood products necessary to manage the anesthetic.
3. Performing all aspects of airway management.



4. Performing and managing regional anesthetic techniques including, but not limited to, subarachnoid, epidural and caudal blocks; plexus, major and peripheral nerve blocks; intravenous regional anesthesia; transtracheal, topical and local infiltration blocks; intra capsular, peribulbar, intercostal and retrobulbar blocks.
5. Providing appropriate invasive and non-invasive monitoring modalities utilizing current standards and techniques.
6. Recognizing abnormal patient response during anesthesia, selecting and implementing corrective action and requesting consultation whenever necessary.
7. Evaluating patient response during emergence from anesthesia and instituting pharmacological or supportive treatment to insure patient stability during transfer.

**Postanesthesia Care**

1. Providing postanesthesia follow-up and evaluation of the patient's response to anesthesia and surgical experience, taking appropriate corrective actions and requesting consultation when indicated.
2. Initiating and administering respiratory support to ensure adequate ventilation and oxygenation in the postanesthesia period.
3. Initiating and administering pharmacological or fluid support of the cardiovascular system during the postanesthesia period to prevent morbidity and mortality.
4. Discharging patients from a postanesthesia care area.

**Clinical Support Functions**

1. Inserting peripheral and central intravenous catheters.
2. Inserting pulmonary artery catheters.
3. Inserting arterial catheters and performing arterial puncture to obtain arterial blood samples.
4. Managing emergency situations, including initiating or participating in cardiopulmonary resuscitation.
5. Providing consultation and implementation of respiratory and ventilatory care.
6. Initiating management of pain therapy utilizing drugs, regional anesthetic techniques or other accepted pain relief modalities.
7. Selecting and prescribing medications and treatment related to the care of the patient, using consultation when appropriate.

**Responsibilities of Supervising Physician:**

- a) Be immediately physically available, if summoned, to the CRNA providing general or major regional anesthesia.
- b) Be aware of and oversee all other clinical activities of the CRNA during the period of supervision.

**Probationary Privileges:**

All CRNA's credentialed at MMCSC will be given an appointment not to exceed one year in the Department of the collaborating physician. After six months, the collaborating physician will provide a competency evaluation which will be reviewed by the LP Credentialing Subcommittee. If the CRNA does not meet expectations, they will be re-evaluated in six months. If they still do not meet the expectations, the CRNA's privileges will lapse.

**Appointment and Reappointment:**

- a) Request for privileges will be submitted. via electronic credentialing platform.
- b) To qualify for reappointment, a CRNA must provide an updated copy of his/her privilege form and evidence of competency. This information must be updated at the time of reappointment as outlined in the scope of practice above.
- c) All newly appointed CRNAs will have documented supervision for a minimum of five consecutive procedures. It will be the responsibility of the Director in the area which the procedure is performed to have the supervisory form completed and returned to Medical Affairs (Attachment A). The form will be reviewed by the Department Chair who will make the final determination about the completion of supervision. The form will be included in the CRNA's permanent credentials file. A copy of the completed form will be provided to all appropriate areas for reference.
- d) During supervision, if performance on any procedure has been deemed unsatisfactory by the supervising physician, the CMO and the Chair of the appropriate department will be immediately notified by the Director in the area which the procedure was performed. The Department Chair will then make the determination concerning the continuation of the CRNA's clinical privileges. The decision of the Department Chair will be communicated in writing to the CRNA and all appropriate hospital personnel.

**DOCUMENTATION:** As defined in the policy



**4. Related Documents:**

Document Type	Document Name
Policy	Licensed Practitioners
Job aids	N/A
Patient and family education materials	N/A
Resources	N/A
Forms	<p>Procedure Observation Form - Attachment A <a href="#">Supervision of First Assistant - CRNA - Attachment A.docx</a></p> <p>Advanced Practice Nurse/Clinical Nurse Specialist Collaboration Agreement – Attachment B <a href="#">APN Collab Agreement - Attachment B.docx</a></p> <p>Advanced Practice Nurse Protocol Agreement – Attachment C <a href="#">APN Protocol Agreement - Attachment C.docx</a></p> <p>Physician Assistant – Verification of Supervision/Employment – Attachment D <a href="#">PA Verification of Supervision-Employment - Attachment D.docx</a></p>
Regulatory references	<p><b>Board of Medical Examiners Limited Licenses: Physician Assistants 13:35-2B and 2C and Board of Medical Examiners: Qualified First Assistant 13:35-4.1 (1-17-2023)</b>  <a href="https://www.njconsumeraffairs.gov/regulations/Chapter-35-State-Board-of-Medical-Examiners.pdf">//efaidnbmnnnibpcajpcgicfindmkaj/https://www.njconsumeraffairs.gov/regulations/Chapter-35-State-Board-of-Medical-Examiners.pdf</a></p> <p><b>Advanced Practice Nurses 13:37-7.1 – 13.37-8.4 (7-18-22)</b>  <a href="https://www.njconsumeraffairs.gov/regulations/Chapter-37-new-jersey-board-of-nursing.pdf">//efaidnbmnnnibpcajpcgicfindmkaj/https://www.njconsumeraffairs.gov/regulations/Chapter-37-new-jersey-board-of-nursing.pdf</a></p>

**Attachment A**  
**Procedure Observation Form**

Name of First Assistant or CRNA \_\_\_\_\_

Date Privileged \_\_\_\_\_

\*Supervision of minimum of five procedures

Date \_\_\_\_\_ Procedure \_\_\_\_\_ Satisfactory \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Observer Comments:

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Observer Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Observation Complete

\_\_\_\_\_ Performance unsatisfactory – privileges modified (see attached)

\_\_\_\_\_  
Chief/Chair Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



Attachment B

**ADVANCED PRACTICE NURSE / CLINICAL NURSE SPECIALIST  
COLLABORATION AGREEMENT**

As a physician with clinical privileges at Monmouth Medical Center Southern Campus, I agree to act as Collaborating Physician with the Advanced Practice Nurse / Clinical Nurse Specialist listed below.

We hereby acknowledge that we reviewed and understand the responsibilities of a Collaborating Physician of Record and the Advanced Practice Nurse / Clinical Nurse Specialist as set forth in the Advanced Practice Nurse / Clinical Nurse Specialist Board of Nursing N.J.A.C. 13:37-7.1. We agree to assume all such responsibilities and to comply with the Monmouth Medical Center Southern Campus Licensed Practitioner policy. We agree to periodically review the charts and records of the Advanced Practice Nurse/Clinical Nurse Specialist and the practice protocols required for the applicant's clinical practice.

\_\_\_\_\_  
Collaborating Physician (Signature)

\_\_\_\_\_  
Collaborating Physician (Print)

\_\_\_\_\_  
Advanced Practice Nurse (Signature)

\_\_\_\_\_  
Advanced Practice Nurse (Print)

Date: \_\_\_\_\_



Attachment C

**ADVANCED PRACTICE NURSE PROTOCOL AGREEMENT**

We have reviewed and agree that the following resources shall be utilized as Practice Protocols for the undersigned Advanced Practice Nurse.

LIST BELOW:

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\_\_\_\_\_  
Collaborating Physician (Signature)

\_\_\_\_\_  
Collaborating Physician (Print)

\_\_\_\_\_  
Advanced Practice Nurse (Signature)

\_\_\_\_\_  
Advanced Practice Nurse (Print)

Date: \_\_\_\_\_

Attachment D

**Verification of Supervision/Employment – Physician Assistant**

\_\_\_\_\_, License # \_\_\_\_\_ will be engaging in practice as a Physician Assistant under my direct supervision.

\_\_\_\_\_  
Print name of Supervising Physician      Field of Practice      NJ Physician License Number

\_\_\_\_\_  
Name of Practice/Facility      Facility type (Circle one):  
Inpatient and Outpatient      Telephone Number

\_\_\_\_\_  
Street Address      City      State      Zip

\_\_\_\_\_  
Employer (if different than above)

\_\_\_\_\_  
Street Address      City      State      Zip

In my absence, a plenary licensed Physician Designee will provide supervision.

I, the supervising physician, have read the statute, N.J.S.A 45:9-27.10 et seq., and accept the responsibility for its implementation, and I certify that the forgoing statements made by me are true. I am maware that if any of the statements made by me are willfully false, I am subject to disciplinary action.

I also verify that I am a plenary licensed physician in the State of New Jersey and that my license is in good standing.

\_\_\_\_\_  
Print name of Supervising Physician      Signature of Supervising Physician      Date

\_\_\_\_\_  
Print name of Employer's Name      Signature of Employer      Date

\_\_\_\_\_  
Print Physician Assistant's Name      Signature of Physician Assistant      Date