



# **PACIFIC HOSPITAL OF LONG BEACH**

## **ALLIED HEALTH PROFESSIONALS**

### **RULES AND REGULATIONS**

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## **ALLIED HEALTH RULES AND REGULATIONS**

### **1.0 Categories of Allied Health Professionals (AHPs)**

The categories of allied health professionals who are eligible to apply for practice privileges: physician assistants, nurse practitioners, certified registered nurse anesthetists, nurse coordinators, clinical psychologists, psychological assistants, scrub technicians, registered nurse first assist (RNFA) and medical assistant.

### **2.0 Conditions for Appointment to the Allied Health Professional Staff**

- 2.1 In order to be eligible for appointment to the allied health professional staff, the professional must hold a current, unrestricted California State license and/or certificate in his/her field.
- 2.2 A CPR certificate is required for those Allied Health Professionals who would be expected to have one if they were hospital employees. CPR certification is an expectation for most categories of direct caregivers and is specified accordingly in their job descriptions.

### **3.0 Application Process**

All allied health professionals shall complete an application for membership and a privilege delineation form and/or current standardized procedures, job descriptions and/or delegation of services, whichever is applicable, as prescribed by the Medical Executive Committee.

The applicant must list at least two professional references who have observed the applicant's practice and are capable of evaluating his/her competency and qualifications.

At least one of the two persons listed as references must be a Medical Staff member, to include the supervising physician, if any. In addition, if the allied health professional is a member of a qualified group practice, at least one reference must be provided by a qualified professional who is **not** a member of the group.

#### **3.1 Content of Application and Processing**

- 3.1-1 The application forms shall request information pertinent to the allied health professional's and the supervising physician's training, qualifications and demonstrated competence.
- 3.1-2 The applications shall be processed in accordance with the procedure set forth in the Medical Staff Bylaws for processing applications for Medical Staff membership and clinical privileges, insofar as the provisions are relevant. Thus, information shall be verified by the Medical Staff Services Department and the applications shall be reviewed by the Interdisciplinary Practices Committee, the appropriate Division (when warranted), the Medical Executive Committee and the Board of Directors. The application shall have an area for the applicant to list professional references.

#### 4.0 Duration of Appointment

Initial appointment shall be for a minimum period of (12) months and a maximum of twenty-four (24) months.

**Reappointment:** Reappointment to the allied health professional staff shall be processed in a parallel manner to that specified in the Medical Staff Bylaws for Medical Staff members insofar as those procedures shall be relevant. Clinical Psychologist, Certified Registered Nurse Anesthetist (CRNA), LPS designation, Marriage and Family Therapist (MPT), Nurse Practitioner, Physician Assistant, Registered Nurse/Certified Surgical Technician (RN CST), Registered Nurse First Assist (RNFA) will be reappointed every twenty-four (24) months.

In accordance with the Medical Staff Bylaws, applications for renewal of the allied health professional's privileges must be completed by the AHP and submitted for processing in a parallel manner to that set forth in the Medical Staff Bylaws, insofar as those provisions are relevant.

#### 5.0 Proctoring/Evaluation

Each AHP initially appointed to the AHP staff or granted new practice privileges shall be subject to a period of proctoring or evaluation.

##### 5.1 Proctoring

The term of proctoring for initial appointment or privileges shall extend for in increments of twelve (12) months each, for a maximum proctoring period of twenty-four (24) months. If an appointee fails within that period to complete the minimum number of cases his/her AHP membership or particular clinical privileges, as applicable, shall be terminated. Generally, proctoring shall consist of concurrent case review; allied health professionals exercising surgery practice privileges shall be observed during surgery. A total of six (6) cases must be proctored.

The following allied health professionals shall be proctored as follows:

<u>Category</u>	<u>Proctored by</u>
CRNA	At least two members of the Active staff in Anesthesia.
Psychology/Neuropsychology	To be performed by at least two members of the Active staff with a Psychiatric subspecialty
Chiropractor	To be performed by at least two members of the Active staff with Chiropractic privileges
Nurse Practitioners	Nursing Administration and/or physician employer
Physician Assistants	Active Member of Medical Staff or designee under which he/she is working

## 5.2 Evaluations

The Director and/or physician employer of the area in which the person(s) provides care shall perform evaluations. Additional input may be obtained by other hospital employees in the same category as the AHP being evaluated. The evaluation shall be performed on an annual basis. AHPs exercising surgery practice privileges shall be observed and evaluated during surgery.

The following allied health professionals shall be evaluated as follows:

<u>Category</u>	<u>Evaluated by</u>
LPS designation	Nursing Administration and/or physician employer and/or direct administrative supervisor
MFT	Nursing Administration and/or physician employer and/or direct administrative supervisor
RN/CST	Active Member of Medical Staff or designee under which he/she is working
RNFA	Nursing Administration and/or physician employer and/or direct administrative supervisor

## 6.0 Termination of Privileges

An AHP's privileges shall automatically terminate in the event:

- 1) The medical staff membership of the supervising physician is terminated or suspended, whether such termination or suspension is voluntary or involuntary.
- 2) The supervising physician no longer agrees to act as the supervising physician for any reason, or the relationship between the AHP and the supervising physician is otherwise terminated, regardless of the reason therefore.
- 3) The AHP's certification expires.
- 4) Nothing contained in the Medical Staff Bylaws will be interpreted to entitle an AHP to the fair hearing rights set forth in Articles VII of those Bylaws. However, the AHP will have the right to challenge any action that would constitute grounds for a hearing under Section 7.2. (g), by filing a written grievance with the appropriate Division Chief within 15 days of such action.

Upon receipt of such a grievance, the Division Chief will request an investigation by the Interdisciplinary Practice Committee to afford the affected AHP an opportunity for an interview. The Committee shall include, for the purpose of this interview, an AHP holding the same or similar license or certificate as the affected AHP. Such AHP's will be appointed to the Committee for this purpose by the Committee's Chairman. Although, the interview will not constitute the same type of "hearing," as is established in Article VII, the AHP will be informed of the reasons for the proposed action prior to

the interview, and the AHP may present information relevant thereto. A report of the findings of such interview will be made. A record of the findings and recommendations will be made by the Division Chief to the Medical Executive Committee, which shall act thereon. The action of the Medical Executive Committee will be final, subject to approval by the Board of Directors.

## **7.0 General**

### **7.1 Charting**

Allied health professionals granted practice privileges may enter notes in the patients' charts. The supervising physician, if any, shall countersign all entries except routine progress notes. Unless otherwise specified in the Rules and Regulations or specific standardized procedures, all chart entries, which require countersignatures, must be countersigned within **fourteen (14) days** after the entry is made.

### **7.2 Identification of Practitioner**

When rendering services, the AHP shall wear an identification badge on an outer garment and in plain view, which shall state the practitioner's name and licensure category.

### **7.3 Professional Liability Insurance**

The supervising physician and the Allied Health Professional must maintain professional liability insurance in the amounts established by the Medical Executive Committee. The supervising physician is specifically required to submit proof to the Hospital that his/her coverage will extend to any acts or omissions of the Allied Health Professional

### **7.4 Employer Responsibilities**

If a supervising physician employs the allied health professional, he/she agrees that the allied health professional shall be solely his/her employee and not the employee or agent of the Hospital. The supervising physician must assume full and sole responsibility for making all payments to and establishing all working conditions and terms for the allied health professional and for complying with all relevant laws with respect thereto, including those pertaining to withholding or federal and state income taxes, FICA, payment for overtime and provisions of workers' compensation insurance coverage.

The supervising physician agrees to indemnify the Hospital against any expense, loss, or adverse judgement it may incur as a result of allowing an allied health professional to practice at the Hospital or as a result of denying or terminating the AHP's privileges.

### **7.5 Billing**

The supervising physician (or health facility) may charge for the services of the Allied Health Professional as part of the total health care services provided. There shall be no separate billing by the Allied Health Professional.

## **8.0 PHYSICIAN ASSISTANTS**

Physician Assistants are not eligible for medical staff membership. Physician Assistants may be granted privileges at Pacific Hospital of Long Beach in instances where their

scope of practice has been defined and have been determined to meet the needs of an approved physician to render care, treatment and to perform specified functions to the supervising physician's inpatients and outpatients, provided:

1. The supervising physician, who must be a member of the Active Medical Staff, and the physician assistant have completed their respective applications;
2. The physician assistant is competent to perform the functions for which he/she is given clinical privileges; and
3. The supervising physician is competent to and does appropriately supervise the physician's assistant's performance.

### **8.1 Conditions**

A physician assistant may be granted privileges to perform specified tasks and procedures only when the following conditions are met:

1. The physician assistant may only provide those services for which he/she is competent to perform and which are consistent with the physician assistant's education, training and experience, and which are delegated in writing, in the format of a Delegation of Services Agreement, by a supervising physician who is responsible for the patients cared for by that physician assistant. The Division to which the physician assistant is assigned may require proof or demonstration of competence from any physician assistant for any tasks, procedures or management he/she is performing. A PA shall consult with a physician regarding any task, procedure or diagnostic problem, which the PA determines, exceeds his/her level of competence or shall refer such cases to a physician.
2. The physician's assistant must:
  - a) Hold a valid license issued by the Medical Board of California;
  - b) Hold a current and unrestricted certificate as a physician assistant, issued by the Physician Assistant Examining Committee.
  - c) Associate with a member of the Active Medical Staff of this Hospital who has obtained approval from the Medical Board of California to supervise the physician assistant for the type and scope of practice requested and who has the prerequisite clinical privileges at this Hospital to supervise the work of the physician assistant.
  - d) Demonstrate a continuing ability to provide patient care services at an acceptable level of quality and efficiency.
  - e) Demonstrate a continuing ability to work with and relate to physicians, members of other health disciplines, hospital administration, patients, employees, and visitors in a cooperative, professional, and non-disruptive manner.
  - f) Agree to meet the continuing obligations set forth in the "Allied Health Professional Application."
  - g) Be of high moral character and agree to adhere to generally recognized standards of professional ethics and all regulations and conditions of the Medical Board of California.

- i) Maintain a current DEA Certificate, if applicable.
- j) Other requirements as may be identified from time to time by the Hospital or the State of California, Department of Consumer Affairs Physician Assistant Exam Commission.

## **8.2 Privileges**

The privileges extended to physician assistants at this Hospital include:

1. Service on selected Medical Staff or Hospital Committees.
2. Provision of specified care services under the supervision or direction of a physician supervisor who is a member of the Medical Staff and consistent with the practice privileges granted to the physician assistant within the scope of the physician assistant's licensure or certification. The physician assistant may:
  - Take an appropriate history; perform an appropriate physical examination and make an assessment and diagnosis therefrom initiate, review and revise treatment and therapy plans, record and present pertinent data in a manner meaningful to the supervising physician.
  - Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services, delegated by the supervising physician where the procedures to be performed are consistent with the physician's specialty are usual and customary practice, and with the patient's health and condition.
  - Order, transmit an order for, perform, or assist in the performance of laboratory procedures, screening procedures and therapeutic procedures delegated by the supervising physician where the procedures to be performed are consistent with the physician's specialty or usual and customary practice, and with the patient's health and condition.
  - Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the life of the patient
  - Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases
  - Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patients at home
  - Provide general wound care
  - Order and/or apply splints, casts, braces, TEN units, dressings
  - Apply, modify or remove traction apparatus
  - Administer medication to a patient, or transmit orally, in writing on a patient's record, a prescription from his or her supervising physician to a person who may lawfully furnish such medication or medical device. The supervising physician's prescription, transmitted by the physician assistant, for any patient cared for by the physician assistant, shall be based either on a patient-specific order by the supervising physician or on written protocol

which specifies all criteria for the use of a specific drug or device and any contraindications for the selection. A physician assistant shall not provide a drug or transmit a prescription for a drug other than that drug specified in the protocol, without a patient-specific order from a supervising physician. At the direction and under the supervision of a physician supervisor, a physician assistant may hand to a patient of the supervising physician a properly labeled prescription drug prepackaged by a physician, a manufacturer, as defined in the Pharmacy Law, or a pharmacist. In any case, the medical record of any patient cared for by the physician assistant for whom the physician's prescription has been transmitted or carried out shall be reviewed and countersigned and dated by a supervising physician within seven (7) days. A physician assistant may not administer, provide or transmit a prescription for controlled substances in Schedules II through V inclusive without patient-specific authority by a supervising physician

- Diagnose and treat common medical problems associated with the supervising physician's practice of obstetrics and gynecology
- Act as first or second assistant in surgery under the supervision of an approved supervising physician.
- Diagnose and treat common medical problems associated with the supervising physician's practice of obstetrics and gynecology
- IUD insertion and removal
- Norplant insertion and removal
- PAP Smears

### **8.3 Supervision**

1. A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.
2. A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.
3. A supervising physician shall directly observe the first 3 cases and review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.
4. The physician assistant and the supervising physician shall establish in writing back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises. This backup will consist of the attending physician or the attending physician designee.
5. A physician applies for and assumes responsibility for supervising the physician assistant's practice in the Hospital. The supervising physician must:
  - a. Be an active staff member.
  - b. Be responsible for supervising no more than two physician assistants at any one time.

- c. Have a current and valid license to supervise the physician assistant from the Medical Board of California.
  - d. Have unrestricted privileges at the Hospital to perform all the procedures that the physician assistant will perform under the physician's supervision.
6. A physician assistant and his/her supervising physician shall establish in writing guidelines for adequate supervision of the physician assistant (Delegation of Services Agreement), which shall include, but not be limited to, one or more of the following mechanisms:
  - a. Definition of duties
  - b. Required supervision
  - c. Authorized services
  - d. Consultation requirements
  - e. Medical devices and physicians prescription
  - f. Practice sites
  - g. Emergency transport and backup
  - h. Declaration from PA
7. In the case of a PA operating under interim approval, the supervising physician shall review, sign and date the medical record of all patients cared for by that PA within seven (7) days if the physician was on the premises when the PA diagnosed or treated the patient. If the physician was not on the premises at the time, he/she shall review, sign and date such medical records within forty-eight (48) hours of the time the medical services were provided.
8. Except in life-threatening situations, a PA shall not perform surgery requiring other than a local anesthetic, except under the direct and immediate supervision of an approved physician.
9. The supervising physician has the continuing responsibility to follow the progress of the patient and to make sure that the PA does not function autonomously. The supervising physician shall be responsible for all medical services provided by a PA under his/her supervision.
10. Each time a PA cares for a patient and enters his/her name, signature, and initials on the patient record. When a PA transmits an oral order, he/she shall also state the name of the supervising physician who is responsible for the patient.

## **9.0 NURSE PRACTITIONERS**

### **9.1 Definition**

“Nurse practitioner” means a registered nurse who possesses additional education preparation and skills in physical diagnosis, psycho-social assessment, and management of health-illness needs in primary health care, and who has been prepared in a program which conforms to board education standards as specified in Section 1484 titled “Standard of Education” for nurse practitioners issued by the California Board of

Registered Nursing (BRN).

Nurse practitioner's are not eligible for Medical Staff membership. They may be granted privileges to perform specified tasks and procedures.

## **9.2 Qualifications**

The BRN California requirements for practicing as a nurse practitioner are:

1. Active California licensure as a registered nurse and as a nurse practitioner; and
2. One of the following:
  - Successful completion of a program of study which conforms to board standard; or
  - Certification by a national or state organization whose standards are equivalent to those set forth in Section 1484
3. Two years of experience in specialty or related field.
4. Maintain a current DEA Certificate, if applicable.

## **9.3 Scope of Practice**

The nurse practitioner may perform the following professional services:

1. Practice nursing as is defined in the Nursing Practice Act issued by the California Board of Registered Nursing Section 2725.
2. Perform various medical interventions and procedures which are consistent with the expanded scope of nursing practice as defined in standardized procedures, approved and promulgated by the Interdisciplinary Practice Committee, in accordance with the legal requirements (pursuant to the Business and Professions Code Divisions Chapter 6 Articles 8, and California Code of Regulations - Title 16, Division 14, article(s) 7 and 8).
3. Furnish drugs or devices (including Schedule III through Schedule V controlled substance under the California Uniform Controlled Substances Act) developed and approved by the supervising physician and surgeon, the nurse practitioner and the appropriate medical staff committees, and where the nurse practitioner is:
  - Acting pursuant to a standardized procedure
  - Acting under the supervision of a physician and surgeon
  - Who is available by telephone at the time of patient examination by the N.P. and
  - Certified by the Board of Registered Nursing as having completed:
    - At least six (6) months physician and surgeon supervised experience in the furnishing of drugs or devices and
    - A course in pharmacology covering the drugs or devices to be furnished

## **9.4 Duties of the Nurse Practitioner**

The exact functions approved for performance will be determined by the nurse practitioner's education, experience, and clinical competence. All approved job duties shall be clearly delineated in the position document, performance expectations review tool, standardized procedures and/or privilege delineation sheet. Functions, which

extend beyond the registered nurses scope of practice, will be delineated in standardized procedures.

### **9.5 Supervision of Nurse Practitioners**

The extent of the required physician supervision for performance of each expanded function must be specified in the standardized procedure and may vary from no supervision to direct physician supervision depending on the intervention or procedure(s) to be performed.

- a. The physician has continuing responsibility to follow the patient's progress and to assure that the nurse practitioner does not function autonomously.
- b. May not supervise more than four (4) nurse practitioners at one time.
- c. Must delegate a designated covering physician, in writing, when unable to provide direct supervision.

## **10.0 CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNA)**

### **10.1 Criteria/Qualifications:**

A Certified Registered Nurse Anesthetist may be appointed to the AHP category of the Medical Staff and hold privileges in the Department of Surgery based on the following criteria:

- a. CRNAs must possess an active California Registered Nurse license.
- b. CRNAs must possess an active California Nurse Anesthetist license.
- c. Current proof of re-certification by the Council on Recertification of Nurse Anesthetists is required.
- d. Membership in the American Association of Nurse Anesthetists is recommended.
- e. Current Basic Life Support and Advanced Life Support (BLS and ACLS) certification is required. Pediatric Advanced Life Support (PALS) is recommended.
- f. A current professional liability insurance policy with limits consistent with those set by the Medical Executive Committee must be in force.
- g. CRNAs must be fully capable of selecting, administering and monitoring the results of regional anesthesia techniques (spinal and epidural). \*Evidence of experience with regional anesthesia is to be gathered from the work history and direct questioning of the applicant's peer references via letter/questionnaire.
- h. A minimum of two years of independent practice as a nurse anesthetist is required.\* CRNAs at PHLB perform their duties away from the main Operating Room and the ability to work independently is extremely important.

- \* CRNAs appointed to the Medical Staff as Allied Health Professionals prior to the implementation of these criteria are considered to have met requirements 7 and 8 at the time of appointment

## **10.2 Supervision**

CRNAs are members of the anesthesia section of the Department of Surgery and work collaboratively with the anesthesiologists and surgeons/obstetricians. They are expected to abide by Department of Surgery Rules and Regulations as well as the policies and procedures of the anesthesia section.

Nurse anesthetists will be “supervised” by an “immediately available” operating practitioner (surgeon) or anesthesiologist. Immediately available is interpreted to mean (a) physically present within the hospital or (b) easily accessible via telephone or pager. Supervision is interpreted to mean a physician is available to the CRNA for guidance or consultation regarding a patient’s suitability for anesthesia, anesthetic technique to be used, the patient’s response to anesthesia, or the management of unexpected changes in a patient’s condition. Based on his or her experience the physician may direct the course of, or personally participate in, the administration or management of the anesthetic as he or she sees fit.

Unless the physician is directly involved in the administration or management of the anesthetic, such supervision does not transfer responsibility for the nurse anesthetist’s professional conduct to any other member of the Medical Staff. It also does not require the supervisor to write orders or notes regarding the anesthesia in the medical record nor to countersign orders or notes written by the CRNA.

CRNAs are required to consult with the anesthesiologist on call for patients assigned an American Society of Anesthesiologists (ASA) Physical Status Classification of Class III or higher prior to commencing anesthesia administration.

## **10.3 Privileges/Duties and Responsibilities:**

1. Accepts 12- or 24-hour shift assignments that are part of the continuous in-house anesthesia presence in support of the Pacific Family Maternity Center and the Perinatal Services department (primary). Communicates with Maternity Center staff regarding on-call status, location, and available means of contact (pager, cellular phone, etc.). Utilizes the OB anesthesia call room when on duty and does not “take call from home.”
2. Accepts occasional assignments in the main Operating Room, on a case-by-case basis, to ease work flow constraints (secondary).
3. Accepts rare assignments to the Anesthesia/Pain Management Section to ease work flow constraints (tertiary).
4. Conducts a pre-anesthesia evaluation of assigned obstetrical, surgical or pain management patients. Documents the evaluation in the medical record and includes pertinent information relative to the choice of anesthetic, the surgical

procedure anticipated, the patient's previous drug history, other anesthesia experiences, and potential anesthetic problems. Writes orders in the medical record, as needed, for pre-operative medication, lab tests, NPO status or other pertinent pre-anesthesia requirements.

5. Consults with the supervising physician (defined above), as needed, regarding difficult or unusual situations, abnormal findings, or potential problems with a patient's suitability for anesthesia.
6. Prepares drugs and equipment consistent with the regional or general anesthesia technique required for proper anesthesia care of each patient. Administers the anesthetic; monitors the patient's response to the anesthetic and makes adjustments as needed including the use of drugs, IV fluids, blood or blood products and other adjuncts; and concludes the anesthesia administration as appropriate for general or regional techniques. Transfers the patient to the recovery room giving a verbal report of the patient's condition to the recovery nurse.
7. Communicates and coordinates with other members of the surgical team regarding the patient's condition and the course of the anesthetic, as needed, during the procedure. When responding to unexpected changes in a patient's condition, seeks assistance or medical direction from the surgeon/obstetrician, or physician members of the Code Blue Team if necessary, in order to satisfactorily handle the situation. The anesthesiologist on call will also be available for consultation.
8. Documents the administration of the anesthetic on appropriate hospital forms for inclusion in the medical record. Writes post-anesthesia orders, including those for medications for relief of pain, control of anesthetic side effects, or oxygen therapy, as needed, in the medical record.
9. Documents in the medical record a post-anesthesia visit, which describes the presence, or absence of anesthesia related complications.
10. Monitors levels of anesthesia drugs, supplies, and equipment (including oxygen tanks and cylinders used within the Maternity Center) and orders replacements, or communicates the need for replacements with the scrub/supply technician or the unit manager.
11. Is available to assist the Maternity Center staff with various procedures such as starting intravenous catheters, infant resuscitation (not a primary responsibility), or to help with difficult vaginal deliveries that require IV conscious sedation or pain management beyond that provided by a labor epidural.
12. Is available to assist other hospital staff members or departments with anesthesia related concerns such as difficult tracheal intubations in the Emergency Room or Critical Care units or during a Code Blue. (CRNAs are not members of the Code Blue Team.)

## **11.0 LPS DESIGNATION**

### **11.1 Scope of Service Criteria**

- a. Must have a current healthcare license, in good standing, in the State of California.
- b. Have attended a Los Angeles County LPS Designation Review Session and successfully passed the Los Angeles County LPS Designation examination and
- c. The individual must be orientated to involuntary detention laws and procedures including patients' rights, be aware of any current changes in the law in that area and be able to demonstrate such knowledge
- d. Minimum of three (3) years experience, post licensure, in an acute mental health setting.
- e. The following disciplines may write 5150 holds upon meeting the above noted qualifications: Registered Nurses, Licensed Psychiatric Technician, Marriage/Family Therapist and Licensed Clinical Social Worker.

### **11.2 Privileges**

- LPS designation/ 5150 legal holds

## **12.0 PSYCHOLOGY/NEUROPSYCHOLOGY**

Obtains neuropsychological history, performs mental status evaluations and neuropsychological testing interpretation and diagnosis. Performs consultation services.

### **12.1 Criteria**

- The minimum qualifications for appointment shall be:
  - a. Valid unrestricted California Psychologist license
  - b. Doctorate degree from an accredited educational institution
  - c. Completion of a Ph.D. program in neuropsychology or completion of a postdoctoral fellowship in neuropsychology or equivalent experience. Documentation of current clinical competence.
- Clinical Psychologists applying for privileges in the Hospital shall be reviewed by the appropriate Division Chief. Recommendations will be made to the Interdisciplinary Practices Committee of the Medical Staff.

### **12.2 Scope of Privileges**

- Psychologists granted privileges in the hospital may consult on inpatients and outpatients within the scope of their license and privileges as requested.
- Psychologists granted privileges in the hospital may write orders within the scope of their license and privileges.

## **13.0 CHIROPRACTOR**

### **13.1 Criteria**

- a. Current Doctor of Chiropractic license approved by the Board of Chiropractic Examiners.

- b. Documentation of proof of training, experience and current competence.
- c. Current copy of CPR or BLS required.

### **13.2 Scope of Privileges**

- Chiropractic history taking physical exam
- Medical chart review
- Writing chiropractic orders for hospital clinical services (subject to countersignature and approval of attending physician where required under Medical Staff Bylaws, Rules and Regulations)
- Writing chiropractic progress notes
- Chiropractic diagnosis
- Perform professional chiropractic services or non-penetrating instrumental manipulation, conservative and non-invasive care of soft tissue structures of the spine and joints, in the care and treatment of the diseases
- Perform of adjunct physical therapy modalities such as electrical muscular stimulations (EMS)

## **14.0 MARRIAGE AND FAMILY THERAPIST**

### **14.1 Education and Training Requirements:**

- a. Currently licensed as a Marriage and Family Therapist by the State of California.
- b. Documented inpatient hospital experience of 1600 hours of supervision program, subject to hospital approval.
- c. Maintain professional malpractice liability insurance in the amount of 1M per occurrence 3M aggregate.
- d. Documentation of current clinical competence in the privileges requested.
- e. Currently copy of CPR or BLS certification.

### **14.2 Scope of Service/Job Description**

- Individual, group and family psychotherapy and psychological testing adult/Geriatric, Adolescent/pre-adolescent and Children.
- LPS Designation (Must be designated by the County)
- Psychological Testing

### **14.3 Supervision**

Must be supervised by a qualified member of the medical staff who is a licensed independent practitioner.

## **15.0 REGISTERED NURSE CERTIFIED SURGICAL TECHNICIAN RN/CST**

### **15.1 Education and Training Requirements:**

- a. Must hold a current and valid license from the Board of Registered Nursing or certification from the Association of Surgical Technologist, Inc.
- b. Document proof of current competence within the last two-year period.
- c. Current CPR or BLS certification

### **15.2 Scope of Service/Job Description**

- Check supplies and equipment needed for the procedure scheduled

- Set up sterile table with instruments, supplies, equipment and medications or solutions needed
- Perform appropriate counts of sponges, needles, instruments, etc.
- Assist in draping sterile field
- Pass instruments to surgeon during procedure
- Prepare and apply sterile and non-sterile dressings
- Positioning patients for surgery
- Prepare incision site
- Checking, mixing and dispensing appropriate fluids and drugs in the sterile field
- Handling of surgical specimens and body fluids
- Drainage mechanisms and wound dressings
- Applies electrosurgical grounding pads, tourniquets monitors, etc.
- Hold retractors, instruments and wound dressings
- Cut suture materials as directed by the Surgeon

### **15.3 Supervision**

Must be supervised by a qualified member of the medical staff who is a licensed independent practitioner.

## **16.0 REGISTERED NURSE FIRST ASSIST (RNFA)**

The RN first assistant at surgery collaborates with the surgeon in performing a safe operation with optimal outcomes for the patient. The RN first assistant practices perioperative nursing and must have acquired the necessary specific knowledge, skills and judgment. The RN first assistant practice under the supervision of the surgeon during the Intraoperative phase of the perioperative experience. The RN fist assistant does not concurrently function as a scrub nurse.

**16.1 Duties and Responsibilities:** In addition to Staff Registered Nurse's duties and responsibilities, the RNFA will perform duties and responsibilities in the approved departmental job description.

### **16.2 Education and Training:**

- Certification in perioperative nursing
- Current California RN license.
- Proficient in preoperative nursing practices as both circulator and scrub.
- Ability to apply principles of asepsis and infection control
- Knowledge of surgical anatomy, physiology and operative technique related to the operative procedures in which the RN assist
- Ability to perform effectively in stressful and emergency situations
- Ability to recognize safety hazards and initiate appropriate preventive and corrective action
- Ability t perform effectively and harmoniously as a member of the operative team
- Ability to demonstrate skill in behaviors unique to the RN first assistant
- Meets requirements of statutes, regulations and institutional policies relevant to RN first assistants
- BCLS/ACLS Certification required.

**16.3 Supervision**

The RNFA will function under the direction and supervision of the attending surgeon, assists the surgeon as delineated in the job description, standardized procedures and/or practice protocol and will adhere to the nursing policies of the hospital.

**APPROVALS:**

Interdisciplinary Practice Committee on:

Medical Executive Committee on:

Board of Directors on: