

**LAKWOOD REGIONAL MEDICAL CENTER  
PHYSICIAN ASSISTANT GUIDELINES**

**I. POLICIES**

Physician Assistants will function under the supervision of a “Supervising Physician” or “Physician Supervisor” as defined by the “Physician Assistant Regulations” as contained in Title 16, California Code of Regulations as amended from time-to-time (“Physician Assistants Regulations”).”

- A. An application for privileges for a Physician Assistant shall document the following:
1. The applicant is licensed and in good standing or is subject to “interim approval” by the Physician Assistant Examining Committee of the Medical Board of California.
  2. The name of the applicant’s Supervising Physician(s) who shall be responsible for his/her supervision.
  3. The scope of practice requested by the applicant is within the scope of the practice authorized by the Physician Assistant Regulations as interpreted by the Physician Assistants Examining Committee from time to time, including that all privileges are:
    - a. Within the scope of the Physician Assistant’s competence and education, training and experience,
    - b. Within the scope of the Supervising Physician’s specialty or usual practice and privileges at Lakewood Regional Medical Center, and
    - c. Subject to the Supervising Physician’s supervision and written protocols established by the Supervising Physician.
  4. The applicant has professional liability insurance that meets the requirements for Medical Staff members.
  5. The applicant has a current BCLS certificate.
  6. The Supervising Physician(s) approves and signed the Physician Assistant privilege request form.
- B. General Policies:
1. Each Physician Assistant and Supervising Physician is expected to be familiar and at all times comply with the provisions of the Physician Assistant Regulations. It is the intention that these policies be in full compliance with all applicable provisions of the Physician Assistant Regulations.
  2. All Supervising Physicians will obtain and maintain current approval from the Medical Board Physician Assistant Examining Committee to be a Supervising Physician of a Physician Assistant. Copies of the Physician Assistant’s license and the Supervising Physician’s approval will be maintained in the Medical Staff Office.

3. A Physician Assistant may only provide those medical services which he/she is competent to perform, are consistent with the Physician Assistant's education, training and experience, are delegated in writing by a Supervising Physician who is responsible for the patients cared for by the Physician Assistant and which are subject to protocols established by the Supervising Physician.
4. Physician Assistants are to provide services under the supervision of the approved Supervising Physician(s) who shall delegate to the Physician Assistant only those tasks and procedures consistent with Supervising Physician's specialty or usual practice, the patient's health and condition, and the Physician Assistant's competence and privileges at the Hospital and which are subject to written protocols established by the Supervising Physician.
5. The Medical Staff Office will maintain a list of the Physician Assistants and each Physician Assistant's Supervising Physician(s).
6. A licensed Physician Assistant and his/her Supervising Physician(s) shall establish written guidelines for adequate supervision of services provided by the Physician Assistant at Lakewood Regional Medical Center that include but are not limited to, the countersignature and dating of all entries in the medical records written by the Physician Assistant upon discharge.
7. A Physician Assistant operating under interim approval shall have all medical records reviewed, signed and dated by the Supervising Physician within seven (7) days if the Supervising Physician was within the Hospital when the Physician Assistant diagnosed or treated the patient, and within forty-eight (48) hours otherwise.
8. The Supervising Physician shall observe or review evidence of the Physician Assistant's performance of all tasks and procedures to be delegated to the Physician Assistant until competency is assured.
9. The Physician Assistant and Supervising Physician shall established written transport and backup 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 the Supervising Physician is not on the premises.
10. Physician Assistants will maintain a current BLS certificate and shall maintain professional liability insurance in accordance with current requirements for medical staff members at Lakewood Regional Medical Center.
11. Physician Assistants must wear appropriate identification, including name and professional title. The Supervising Physician's name(s) should also appear on his/her badge.
12. The Supervising Physician shall be available in person or by electronic communication at all times when the Physician Assistant is caring for patients.
13. Whenever the Physician Assistant provides care and enters his/her name on the chart, the Physician Assistant shall also enter the name of the Supervising Physician responsible for the patient.

14. When the Physician Assistant transmits an oral order, he/she shall state the name of the Supervising Physician responsible for the patient.
- C. In addition to the documentation required in Section 1A above, the application shall include a written statement signed by each of the Physician Assistant's Supervising Physicians which documents and verifies the following:
    1. That the Supervising Physician accepts full legal and ethical responsibility for the performance of all medical services provided by the Physician Assistant who is under the Supervising Physician's supervision.
    2. Proof that the Supervising Physician has obtained approval to supervise the Physician Assistant from the Medical Board of California in the type and scope of practice requested.
  - D. In the event a Physician Assistant's Supervising Physician's privileges/license are revoked, terminated, suspended, resigned, or if the Supervising Physician no longer is approved by the Medical Board to supervise a Physician Assistant, the Physician Assistant's privileges shall be immediately terminated.
  - E. Proctoring Requirements

The purpose of proctoring shall be to evaluate the Physician Assistant's proficiency in the exercise of the clinical privileges initially granted and overall eligibility for continued staff membership and advancement. The Supervising Physician will be required to retrospectively proctor a minimum of 3-4 cases involving the scope of procedures approved within the first 6 months.
  - F. Reappraisal

The Physician Assistant Supervisor must provide written attestation of the Physician Assistant's clinical competence at the time of the reappraisal of the PA's membership and privileges every two years.

2/98  
3/00  
6/05  
10/09

## PHYSICIAN ASSISTANT DELINEATION OF PRIVILEGES

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Name of Physician Assistant \_\_\_\_\_

Physician Assistant Supervisor Name \_\_\_\_\_ Physician Assistant Supervisor Name \_\_\_\_\_

Physician Assistants will function under the supervision of a "Supervising Physician" as defined by the State of California. The following privileges for PA's will apply specifically to the patients of the attending licensed supervising physician(s) noted on this form. Documentation of the appropriate licensure, training and experience per the medical staff's criteria, must be established before privileges may be granted. By signing this delineation form, the supervising physician agrees to abide by the medical staff's criteria and guidelines for the Physician Assistant and accepts full responsibility for the performance of all approved duties and privileges.

Specific functions:

<b>Core Privileges:</b> Those felt to be intrinsic to the discipline and routinely included in any PA program:		
Requested	Approved	Denied
_____	_____	_____
(Select the Entire group of Core Privileges or line through individual privileges to be deleted)		
Attends/makes rounds with MD		
Prepares discharge summaries (countersigned within 7 days)		
Prepares Histories and Physicals (countersigned prior to any invasive procedure performed)		
Write Progress Notes (countersigned within 7 days)		
Venipuncture		
Insertion of IV lines		
Urethral catheterization		
Collection of specimen, ie, gram stain, C&S		
Ordering appropriate lab and xray studies		
Advanced cardiac life support, CPR, defibrillation (with proof of certification)		
Subcutaneous local anesthesia		
Wound care, ie debridement		
First assistant at non-pump cases		
Post op orders – to be verified by the supervising physician		

<b>Special Procedures:</b> The following require documentation of current demonstrated ability, training and/or demonstrated experience:			
App	Granted	Denied	
_____	_____	_____	Nasogastric intubation
_____	_____	_____	Endotracheal intubation
_____	_____	_____	12 Lead EKG
_____	_____	_____	Arterial blood gases
_____	_____	_____	Manipulation of pharmacological therapies for cardiac patients, ie inotropes
_____	_____	_____	Removal of chest tubes
_____	_____	_____	Removal of temporary pacing wires
_____	_____	_____	Saphenous vein harvesting – under direct supervision of physician
_____	_____	_____	Second assistant at surgery for pump cases
_____	_____	_____	Insertion of arterial lines
_____	_____	_____	<b>Other:</b> _____
<b>(At the discretion of the Supervising Physician with proof of training, experience and current competence)</b>			

Signature of Physician Assistant \_\_\_\_\_

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PA Name: \_\_\_\_\_

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Name of Supervising Physician	Signature	Date
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Name of Supervising Physician	Signature	Date
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Name of Supervising Physician	Signature	Date
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**MEDICAL STAFF APPROVALS:**

Department Chairman \_\_\_\_\_ Date \_\_\_\_\_

Executive Committee \_\_\_\_\_ Date \_\_\_\_\_

Governing Board \_\_\_\_\_ Date \_\_\_\_\_

**LAKWOOD REGIONAL MEDICAL CENTER  
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Statement of Supervising Physician

Physician Assistant: \_\_\_\_\_

Pursuant to the guidelines of Lakewood Regional Medical Center, the application for Physician Assistant privileges must include the following statement signed by each of the Physician Assistant's Supervising Physicians:

I hereby accept full legal and ethical responsibility for the performance of all medical services provided by the above noted Physician Assistant who is under my supervision.

I have provided proof that I have obtained approval to supervise the above noted Physician Assistant from the Medical Board of California in the type and scope of practice requested.

Signed: \_\_\_\_\_

Please print name: \_\_\_\_\_

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