

PHYSICIAN ASSISTANT
CARDIOLOGY

ADVANCED PRIVILEGES

Name of Physician Assistant (Print)

To be eligible to apply for privileges as a Physician Assistant in Cardiology, the applicant must currently possess Physician Assistant Core Privileges as a member of the Kaleida Health Medical/Dental Staff.

CARDIOLOGY PHYSICIAN ASSISTANT CORE PRIVILEGES

Provide care, treatment, and services consistent with Cardiology practice, including the performance of physical exams, diagnosing conditions, the development of treatment plans, health counseling, and prescribing medications in accordance with New York State law for patients within the age group of patients seen by the supervising physician. Physician Assistants may write orders and admission orders while caring for patients with cardiovascular disease. Assess, stabilize, and determine disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services. The core privileges in this specialty include the procedures on the Physician Assistant Core privileges and such other procedures that are extensions of the same techniques and skills.

INITIAL APPLICANTS

To be eligible to apply for privileges as a PA in Cardiology, the applicant must meet the following criteria:

- Current active licensure to practice as a Physician Assistant in New York State, **AND**
- Current certification by the National Commission on Certification of Physician Assistants (NCCPA) **AND**
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Medical/Dental Staff Bylaws, **AND**
- Current ACLS certification

REAPPOINTMENT REQUIREMENTS

To be eligible to renew privileges as a PA in Cardiology, the applicant must meet the following criteria:

- An adequate volume of experience with acceptable results for the past 24 months and demonstrated current competence based on results of ongoing professional practice evaluation and outcomes. Experience must correlate to the privileges requested. **AND**
- Current active licensure to practice as a Physician Assistant in New York State, **AND**
- Current certification by the National Commission on Certification of Physician Assistants (NCCPA) **AND**
- Professional liability insurance coverage issued by a recognized company and of a type and in an amount equal to or greater than the limits established by the Medical/Dental Staff Bylaws, **AND**
- Current ACLS certification

PHYSICIAN ASSISTANT

CARDIOLOGY

ADVANCED PRIVILEGES

Name of Physician Assistant (Print)

ADVANCED PRIVILEGES

Noncore privileges are requested individually in addition to requesting the core. Each individual requesting advanced privileges must meet the specific threshold criteria as applicable by the initial applicant or reappointment. Each time a new privilege is requested, it may be requested by the Physician Assistant and recommended by the supervising physician and forwarded to the Kaleida Health Medical Staff Office to be approved and appended to the advanced list of privileges.

Advanced Privileges – The applicant must provide written documentation of current competence (as noted below) for all procedures requested:

- a) **Recent graduate** – A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence.
- b) **All Others** – A list of requested procedures performed within the previous 2 years.

OR

A signed statement from the collaborating physician confirming that he/she has personally observed the applicant successfully perform the procedure(s) and can attest to his/her competence.

- c) **If neither of the above requirements can be met**, the applicant may request approval to perform the procedure(s) under direct supervision until such time as the above noted attestation can be submitted. This request must be co-signed by the collaborating physician.

PHYSICIAN ASSISTANT
CARDIOLOGY

ADVANCED PRIVILEGES

Name of Physician Assistant (Print)

Advanced Privileges	Requested	Approved	*Not Approved	With Direct Supervision
Femoral Arterial Sheath Removal				
Femoral Venous Sheath Removal				
Insert and remove central venous catheters				
Insertion of Arterial Catheters				
Insertion of Central Line				
Insertion of Chest Tubes				
Insertion of Shiley Catheter				
Insertion of Swan-Ganz catheter				
Internal Jugular Puncture				
Loop Recorder Insertion – need five (5) successful insertions to obtain privilege At reappointment, must provide documented proof of proficiency on five (5) procedures				
Opening or closing of a chest incision				
Perform pharmacological and non-pharmacological stress tests: - Without direct supervision, must perform 5 stress tests successfully At reappointment, must provide supported documentation of a minimum of 5 stress tests over the previous 24 month period				
Peripheral vein cutdown				
Radial Artery Sheath Removal				
Removal of cardiac pacer wires (temporary transvenous)				
Removal of Chest Tubes				
Removal of epicardial pacing wires				
Removal of intra-aortic balloon pump				
Removal of sheath catheters post cardiac catheterization procedures				
Removal of Swan Ganz catheters				
Replacement of Tracheostomy Tube				
Setup and management of extra corporeal membrane oxygenation				
Setup and management of intra-aortic balloon pump or impelle				
Swan-Ganz catheter placement/measurement/interpret				
Thoracentesis				
Ventilator management				

PHYSICIAN ASSISTANT
CARDIOLOGY

ADVANCED PRIVILEGES

Name of Physician Assistant (Print)

THE SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION by checking one of the following:

- _____ a) I, as supervising physician, have personally observed _____ (applicant's name) in the clinical setting and can attest he/she has the cognitive skills appropriate.
- _____ b) I, as supervising physician, **have not** personally observed _____ (applicant's name) in the clinical setting and recommend he/she be given a six (6) month provisional approval with direct supervision at the end of which an attestation as to competence will be required.
- _____ c) I, as collaborating physician, **have not** personally observed _____ (applicant's name) in the clinical setting but will waive the six (6) month provisional approval period based on commensurate experience.

Practitioner's Name (Print)

Practitioner's Signature

Date

Supervising Physician's Name (Print)

Supervising Physician's Signature

Date

Chief of Service Signature

Date

Advanced Practice Provider Committee

Date