



DEPARTMENT OF NEONATOLOGY
PHYSICIAN ASSISTANT

ADVANCED PRIVILEGES

Name of Physician assistant (Print)

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

NEONATOLOGY PHYSICIAN ASSISTANT CORE PRIVILEGES

Evaluate, diagnose, and provide care, treatment, and services consistent with neonatal/perinatal practice for well babies. Physician assistants may write orders to admit patients under a physician's service to the hospital. Physician assistants may assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call 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.

NEONATOLOGY INTENSIVE CARE PHYSICIAN ASSISTANT CORE PRIVILEGES

Evaluate, diagnose, treat, and provide consultation to newborns presenting with severe and complex life-threatening problems such as respiratory failure, shock, congenital abnormalities, and sepsis, and provide consultation to mothers with high-risk pregnancies. Physician assistants may only write orders to admit patients under a physician's service to the hospital. Assess, stabilize and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative call services.

INITIAL APPLICANTS

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

- Completion of a master's, post-master's, or doctorate from a physician assistant program accredited by the Commission on the Collegiate of Nursing Education or the National League for Nursing Accrediting Commission with emphasis on the PA's specialty area, **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**
- Neonatal Resuscitation Program (NRP) current certification.

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REAPPOINTMENT REQUIREMENTS

To be eligible to renew privileges as a PA in Neonatology, 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. Evidence of current ability to perform privileges requested is required of all applicants for renewal of privileges including five (5) intubations per year. Nurse practitioners practicing off site should have at least two (2) intubations per year in extremely low birth weight infants, **AND**
- Current certification by the National Commission on Certification of Physician Assistants (NCCPA) **AND**
- Current active licensure to practice as an advanced practice registered nurse in the practitioner category in New York State, **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**
- Neonatal Resuscitation Program (NRP) current certification.

ADVANCED PRIVILEGES (see specific criteria)

Noncore privileges are requested individually in addition to requesting the core. Each individual requesting advanced privileges must meet the specific threshold criteria as applicable to the initial applicant or re-applicant. Each time a new privilege is requested, it may be requested by the Physician assistant and recommended by the collaborating 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:

1. A list of requested procedures performed within the educational program, signed by a representative of the program, attesting to competence **OR** a case list of requested procedures performed within the previous 2 years **OR**
2. 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.

If the above requirements cannot 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.

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| | Requested | Approved | *Not Approved | With Direct Supervision |
|--|-----------|----------|---------------|-------------------------|
| Neonatal Intensive Care Privileges: | | | | |
| Perform neonatal resuscitation, stabilization, diagnostic and therapeutic procedures to include: | | | | |
| Assisted ventilation | | | | |
| Chest tube placement | | | | |
| Circumcision with local anesthesia | | | | |
| Endotracheal intubation | | | | |
| Instillation of surfactant via ETT | | | | |
| Laryngoscopy/suctioning for tracheal meconium | | | | |
| Lumbar puncture for collection of CSF | | | | |
| Percutaneous central venous line | | | | |
| Percutaneous peripheral artery catheterization | | | | |
| Perform screenings of Auditory Brainstem Responses (ABRs) | | | | |
| Peripheral artery puncture | | | | |
| Suprapubic puncture | | | | |
| Thoracentesis | | | | |
| Umbilical vessel catheterization | | | | |

To be completed for reappointment only:

I attest that I have reviewed the Practice Agreement previously submitted.

(check one of the following)

- No revisions are necessary; the agreement reflects current practices and protocols.**
- Revisions have been made and an updated copy is attached.**

- _____ a) I, as collaborating physician, have personally observed _____ (applicant's name) in the clinical setting and can attest he/she has the cognitive skills appropriate.
- _____ b) I, as collaborating 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.

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Name of Physician assistant (Print)

Practitioner's Signature

Date

Collaborating Physician's Signature

Date

Collaborating Physician's Name (Print)

Chief of Service's Signature

Date

Advanced Practice Provider Committee

Date