

ADVANCED PRACTICE PROFESSIONAL PLAN

TABLE OF CONTENTS

TABLE OF CONTENTS CHAPTER I.

PLANOVERVIEW

Section 1. Purpose	146
Section 2. Categories of APP's	146
Section 3. Minimum Qualifications	147
Section 4. Coordination of Care	148
Section 5. Supervision	148
Section 6. Responsibilities	149

CHAPTER II. CREDENTIALING

Section 1. Initial Application	151
Section 2. Reapplication Process	151
Section 3. Credentials Files/Personnel Files/Professional File	151

CHAPTER III. GRIEVANCE PROCEDURES

Section 1. Grounds for Grievance	153
Section 2. Grievance Process	153

CHAPTER IV. QUALITY EVALUATIONS

Section 1. Ongoing Quality Review	154
Section 2. Ongoing Professional Practice Evaluation	154
Section 3. Reappointment Evaluation	154
Section 4. Specific Quality Review	155
Section 5. Automatic Termination	155
Section 6. Precautionary Suspension	155
Section 7. Temporary Suspension	155

CHAPTER V. COLLABORATION AND SUPERVISION

Section 1. Supervision and Collaboration	157
Section 2. Advanced Practice Registered Nurses (APRNs)	157
Section 3. Physician Assistants (PAs)	160
Section 4. APP Collaboration and Supervision	160
Section 4. Eligibility for Designation as Physician Supervisor or Sponsor	160

CHAPTER VI. QUALIFICATIONS AND SCOPE OF PRACTICE

Section 1. Advanced Practice Registered Nursing	162
Nurse Anesthetist	162
Nurse Midwife-Inpatient	163
Nurse Midwife-Ambulatory	164
Nurse Practitioner and Clinical Nurse Specialist-Inpatient	165
Nurse Practitioner and Clinical Nurse Specialist-Ambulatory	166
Section 2. Physician Assistants	167
Physician Assistant-Inpatient	167
Physician Assistant-Ambulatory	168
Section 3. Surgery Assist Scope of Practice	169

Surgical Assistant	169
Cardiac Surgical Assistant	170
Surgery Competency Checklist	171

CHAPTER VII. DEFINITIONS

Section 1. Advanced Practice Professional Plan (APP)	172
Section 2. Scope of Practice	172

CHAPTER I

PLAN OVERVIEW

SECTION 1. PURPOSE

The Board of Trustees of Saint Alphonsus Regional Medical Center (Board) has the authority to identify and has identified certain categories of Advanced Practice Professional's (APPs) who provide services at Saint Alphonsus Regional Medical Center (SARMC) and/or ambulatory settings. It has been agreed by the Board and Medical Executive Committee (MEC) that the Medical Staff should be directly involved in credentialing of specific, Board-approved categories of APPs. These specific categories are defined within this Plan.

In the interest of providing high quality of care at SARMC and meeting accreditation standards, licensing and other regulatory requirements, this Plan was created to describe how APPs who are credentialed through Medical Staff mechanisms are permitted to provide health care services at SARMC. It should be noted that there are additional types of APPs who provide services at SARMC and/or ambulatory settings who are authorized through alternative mechanisms, such as through a contracting department or Human Resources. Separate policies and procedures cover those arrangements.

The APP Credentialing Plan ("Plan") establishes guidelines for a process to assess, evaluate and review the qualifications, competency and professional conduct, quality and appropriateness of care provided by the categories of APPs covered in this Plan. The credentialing process described in the Plan is not identical to the process carried out for licensed independent practitioners who are members of the medical staff.

This Plan and all other related policies, procedures, rules, regulations and requirements related to the practice of APPs at SARMC and/or ambulatory settings do not constitute a contract of any kind whatsoever and are subject to change at any time without notice to applicants or to APPs who provide services at SARMC and/or ambulatory settings.

SECTION 2. CATEGORIES OF APP'S

APPs will not be given an application unless they are in one of the following Board-approved categories:

- A. NURSE ANESTHETIST;
- B. NURSE MIDWIFE – INPATIENT;
- C. NURSE MIDWIFE – AMBULATORY;
- D. NURSE PRACTITIONER AND CLINICAL NURSE SPECIALIST - INPATIENT;
- E. NURSE PRACTITIONER AND CLINICAL NURSE SPECIALIST - AMBULATORY
- F. PHYSICIAN ASSISTANT - INPATIENT;

G. PHYSICIAN ASSISTANT AMBULATORY and

H. CARDIAC SURGICAL ASSISTANT

Additional Scopes of practice beyond the above listed Core Scopes will be approved by the governing board and on file in the Office of Medical Affairs.

SECTION 3. MINIMUM QUALIFICATIONS

The following minimum qualifications must be met to be an APP:

- A. LICENSE • Hold current license, certification or other credentials required by the category applied for;
- B. EDUCATION • Demonstrate relevant education, training and experience required by the category applied for;
- C. CLINICAL COMPETENCE • Demonstrate clinical competence to carry out the scope of practice in the category applied for;
- D. CONTROLLED SUBSTANCE CERTIFICATE • Hold current federal and state controlled substance certificates if applicable to the category applied for;
- E. ETHICAL COMPLIANCE • Demonstrate continuous compliance with the Ethical and Religious Directives for Catholic Health Care Services promulgated by the National Conference of Catholic Bishops, the ethics of his/her profession, and the mission and philosophy of the Hospital;
- F. CHARACTER AND REPUTATION • Demonstrate his or her good reputation and character and ability to work harmoniously with others;
- G. CONTINUITY OF CARE • Maintain continuous management of his or her patients as related to the Scope of Practice in the category applied for;
- H. COMMUNICATION SKILLS • Possess good communication skills;
- I. LIABILITY INSURANCE • Possess current professional liability insurance of a type and in an amount established by the Hospital; and
- J. CRIMINAL RECORD • Possess a record that is free of a criminal history for the past three (3) years including exclusion from participation in Medicare/Medicaid, felony convictions or occurrences that would raise questions concerning undesirable conduct.

SECTION 4. COORDINATION OF CARE

- A. The following terms describe how care will be coordinated between providers. Each specialty will approve specific consultation, collaboration and referral processes within their scope or practice or department rules and regulations.
- **Consultation** is the process whereby a APP maintains primary management responsibility for the patient and seeks the advice or opinion of a physician or other practitioner as appropriate.
 - **Collaboration** is the process whereby an APP and physician jointly manage the care of a patient, which has become complicated. The scope of collaboration may encompass the physician's care of the patient, including a mutually agreed upon plan of care. When the physician must assume a dominant role in the care of the patient due to increased risk status, the APP may continue to participate in physical care of the patient. Effective communication between the APP and Physician is essential for ongoing collaborative management.
 - **Referral** is the process by which the APP directs the patient to a physician or another health care professional for management of a particular problem or aspect of the client's care.
 - The following general guidelines outline supervision:

SECTION 5. SUPERVISION

A. Inpatient and Ambulatory Services

Direct Supervision - the supervising physician is physically present with the practitioner and patient.

Indirect Supervision -

(1) with direct supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

(2) with direct supervision available – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

B. Outpatient Therapeutic Services

Direct Supervision - Physician must be immediately available to furnish assistance and direction throughout the performance of the procedure.

General Supervision - Procedure/service is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

Non-surgical extended duration therapeutic service (NSEDTS) - A minimum of direct supervision required during the initiation of the service which may be followed by general supervision for the remainder of the service at the discretion of the supervisory practitioner.

SECTION 6. RESPONSIBILITIES

APPs must meet the following responsibilities:

- A. CONTINUITY OF CARE • Provide appropriate, timely, and continuous care of his or her patients. Except in circumstances where prior approval is not practical and immediate care or treatment is in the best interest of the patient, all care or treatment of a patient and all other activities involving a patient will be directed and approved by the attending physician or dentist;
- B. MEDICAL RECORDS MANAGEMENT • Prepare timely, legible and complete medical records for all patients he or she provides care for in the Hospital and/or ambulatory setting as related to his or her scope of practice;
- C. COMPLIANCE WITH BYLAWS RULES, REGULATIONS, APP PLAN AND LAWS • Abide by the Medical Staff Bylaws, Organization Manual and Policy & Plans (as applicable), APP PLAN and other policies and procedures of the medical staff and the Hospital and/or ambulatory setting, applicable laws and regulations and the Ethical and Religious Directives for Catholic Health Care Services with respect to his or her scope of practice within the Hospital and/or ambulatory setting;
- D. DUES PAYMENT • Pay all dues and assessments in a timely manner.
- E. NOTICE OF CHANGES • Notify the Office of Medical Affairs in writing within ten (10) days when there are any unscheduled changes in licensure, certification or Scope of Practice at any other institution, and the reason for such change and provide the Hospital and/or ambulatory setting and Medical Staff with his or her current mailing and street address;
- F. MISSION SUPPORT • Assist the Hospital and/or ambulatory setting in the fulfillment of its mission;
- G. ORGANIZATIONAL CONTRIBUTION • Contribute to the organizational and administrative affairs of the Medical Staff and Hospital and/or ambulatory setting;
- H. PERFORMANCE IMPROVEMENT AND RISK MANAGEMENT ACTIVITIES • Participate in the functions of Medical Staff including quality/performance improvement, risk management and monitoring activities as requested;
- I. ORGANIZATIONAL INTEGRITY AND STANDARDS OF CONDUCT • Abide by the applicable provisions of the Hospital's Organizational Integrity Program ("OIP") or any compliance

plan under which it is subsequently operating, including its Standards of Conduct and Policies;

- J. CONFIDENTIALITY • Maintain the confidentiality of all peer review, quality assurance and patient assessment activities; and
- K. DISCLOSURE • Disclose to the appropriate department chair or the Credentials Committee chair, any information personally known concerning an Applicant, APP and/or medical staff member which would call into question the ability of that individual to provide quality care or which would raise questions about the morals or professional ethics of that individual.

Note: APPs are not members of the Medical Staff, do not have delineated clinical privileges and do not have any of the privileges or prerogatives of Medical Staff members. APPs may attend Medical Staff meetings only when appointed to a committee or department or are requested to attend by an authorized representative of the Medical Staff (officer, department chair or committee chair).

CHAPTER II

CREDENTIALING

SECTION 1. INITIAL APPLICATION

- A. ELIGIBILITY FOR APPLICATION • Only APPs who practice within a Board-approved category, meet the specific qualifications of that category, and maintain the requisite insurance coverage are eligible to receive an application. Eligible APPs may obtain an application from the Office of Medical Affairs.
- B. APPLICATION PROCESS • The application and approval process is the same as for Medical Staff members as described in the Credentials Manual. Applicants that meet the standards set for “Category One” appointment may be granted a temporary scope of practice as outlined in the Medical Staff Bylaws.
- C. VERIFICATION PROCEDURES • At a minimum, the following will be verified for all APPs:
1. Primary source verification of licensure, certification and/or registration, as applicable to the APP category;
 2. Primary source verification of the highest level of training;
 3. Primary source verification of current employment. If employed at current position for less than two (2) years, the most recent prior employment will be verified;
 4. Two external references (one must be from a physician, verification of last employer may count for one reference, one may be from a peer)
 5. National Practitioner Data Bank Report; and
 6. Criminal Background Check.

SECTION 2. REAPPLICATION PROCESS

The reapplication and approval process is the same as for Medical Staff members as described in the Credentials Manual. In addition, it will include verification of applicable supervision and collaboration requirements as set forth in this Plan.

SECTION 3. CREDENTIALS FILES/PERSONNEL FILES/PROFESSIONAL PRACTICE FILE

- A. LOCATION AND ACCESS TO CREDENTIALS FILE • Each Advanced Practice Professional will have a credentials file, maintained in the Office of Medical Affairs. APPs who are SARMC employees will also have a personnel file in the Human Resources Department. The Credentials File will be maintained in the Office of Medical Affairs and may be accessed by reviewing the electronic file online with an OMA (Office of Medical Affairs) colleague present. The following personnel are the only individuals authorized access:
1. The subject Advanced Practice Professional;
 2. President and/or President Elect of the Medical Staff;
 3. Physician Vice President or designee;
 4. Advanced Practice Professional’s department chair and/or clinical section chair;
 5. Members of the Credentials Committee;

6. Members of the Advanced Practitioner Registered Nurse Credentials Committee;
7. Saint Alphonsus Chief Executive Officer or designee;
8. Members of the Physician Professional Practice Committee;
9. The Advanced Practice Professional's employer (if SARMC employed) and/or supervising physician(s);
10. Joint Commission on Accreditation of Healthcare Organizations and other entities required access by accreditation bodies or federal/state statutes or regulations;
11. Personnel assigned to the Office of Medical Affairs; and
12. All individuals and committees, including legal counsel, associated with a formal corrective action, hearing or appeal process, under the Bylaws.

B. DUPLICATION AND DISTRIBUTION • The Hospital and its representatives may access and utilize information from the Credentials file needed for billing and claims submission in connection with the Advanced Practice Professional's exercise of their scope of practice at the Hospital.

C. LOCATION AND ACCESS TO THE PROFESSIONAL PRACTICE FILE • Follow the procedures outlined in the Policy and Plans, Chapter VII, Section 3.

CHAPTER III

GRIEVANCE PROCEDURES

SECTION 1. GROUNDS FOR GRIEVANCE

An APP will have the right to dispute any action that revokes, suspends, terminates, restricts or reduces his/her Scope of Practice at the Hospital, unless otherwise stated in this manual. To do so, the APP may file a grievance with the MEC (or the body which may be formed to represent the MEC) within 15 days of such action.

SECTION 2. GRIEVANCE PROCESS

- A. MEDICAL EXECUTIVE COMMITTEE • Upon receipt of the written grievance, the MEC (or the body which may be formed to represent the MEC) will determine if the APP is entitled to file a grievance based on the nature of the action taken. If the APP is so entitled, the MEC (or the body that may be formed to represent the MEC) will provide the APP an opportunity for an interview concerning the grievance. Before the interview, the APP will be informed of the general nature and circumstances giving rise to the action, and the APP may present information relevant thereto at the interview. A record of the interview will be made. The MEC (or the body that may be formed to represent the MEC) will make a decision based on the interview and all other information available.
- B. DECISION PROCESS • The APP will be informed, in writing, of the MEC's decision in a timely manner.
- C. RIGHT TO APPEAL • The APP will have no right to appeal the MEC's decision.
- D. PROCEDURAL RIGHTS • Nothing contained in this policy is intended to entitle APPs to the procedural rights outlined in the Bylaws or Fair Hearing Plan.

CHAPTER IV

QUALITY EVALUATIONS

SECTION 1. ONGOING QUALITY REVIEW

The quality of care provided by APPs will be reviewed on an ongoing basis through the organized quality improvement programs of SARMC. Any concerns regarding the supervision of an APP will be referred to an appropriate Medical Staff committee.

SECTION 2. ONGOING PROFESSIONAL PRACTICE EVALUATION

Ongoing Professional Practice Evaluation (OPPE) is an ongoing process that allows the medical staff to monitor and conduct ongoing evaluations of each practitioner's professional performance. This process allows any potential problems with a practitioner's performance or trends that impact quality of care and patient safety to be identified and resolved in a timely manner. The OPPE also fosters an efficient, evidence-based privilege renewal process. The information resulting from the ongoing professional practice evaluation may be used to determine whether to continue, limit, or revoke any existing privilege(s).

All APPs will be evaluated by their Supervising Physician more frequently than every twelve months. The sponsor or supervisor will review a selection of each APP's clinical documentation and complete an evaluation of the APP. Each review will include an evaluation of:

1. Patient care
2. Practice-based learning and improvement
3. Interpersonal and communication skills
4. Professionalism
5. System-based practice
6. Medical/clinical knowledge
7. For Physician Assistant's only: Adherence to the Delegation of Services Agreement, including the supervising physician's completion of periodic medical record review, regularly scheduled conferences, and on-site visit requirements. Physician Assistant's and their Supervising Physician will produce such documentation of adherence to the Delegation of Services Agreement upon request.

Evaluation forms will be sent annually to the Office of Medical Affairs. Unfavorable evaluations may trigger a Focused Professional Practice Evaluation as outlined in Chapter VIII of the Medical Staff Policy and Plans.

SECTION 3. REAPPOINTMENT EVALUATION

At the time of reappointment, an evaluation will be provided by a designated individual who supervises the area/unit in which the APP most frequently provides services and/or the designated physician/dentist supervisor.

SECTION 4. SPECIFIC QUALITY REVIEW

Whenever the activities or professional conduct of an APP adversely affect or is reasonably likely to adversely affect patient safety, the delivery of quality patient care or are disruptive to the organization's operations, the matter will be referred to the Department in which the APP's supervising physician holds privileges, as a peer review matter. The department chair will review the matter or designate an ad hoc or existing peer review body to investigate the matter. External third parties may be used to conduct all or part of the investigation or to provide information to the investigating body. The investigation may involve, but is not required to involve, an interview of the APP involved and an interview of other individuals or groups.

SECTION 5. AUTOMATIC TERMINATION

The ability to provide services as an APP will terminate immediately, without a right to the grievance process herein, in the event that any one or more of the following occur:

- A. TERMINATION OF SUPERVISING PHYSICIAN • The medical staff membership and/or clinical privileges of the supervising physician/dentist is terminated for any reason;
- B. TERMINATION OF EMPLOYMENT • The APP is no longer employed by his/her sponsoring physician/psychologist or the physician/psychologist no longer agrees to act as a sponsor, for any reason;
- C. TERMINATION OF CONTRACTED SERVICES • The APP is no longer part of a contracted service with SARMC or the contracted service is discontinued; or
- D. UNMET MINIMUM QUALIFICATIONS • The APP no longer meets the minimum qualifications contained in this policy.

SECTION 6. PRECAUTIONARY SUSPENSION

Whenever the conduct of an APP requires that immediate action be taken to protect the life of or to reduce the likelihood of injury to the health or safety of any patient, employee, visitor or Medical Staff member, at SARMC, the MEC or CEO has the authority to suspend all or any portion of the ability of the APP to provide services. A summary suspension is effective immediately upon imposition. It must be reported immediately to the President of the Medical Staff who will promptly notify the CEO, the MEC and Human Resources (if the APP is an employee). The President of the Medical Staff will promptly give oral notice, to be confirmed in writing, to the affected APP. A copy of the notice will be sent simultaneously to the supervising physician, CEO, the MEC, and Human Resources (if the APP is an employee). The notice of suspension given to the MEC will constitute a request for an immediate investigation. The investigation will be conducted as expeditiously as practical.

SECTION 7. TEMPORARY SUSPENSION

Advanced Practice Professionals practicing solely under one supervising physician/dentist will have their scope of practice temporarily suspended if any of the following occur related to the sole supervising physician/dentist:

- A. LEAVE OF ABSENCE • The supervising physician/dentist is granted a leave of absence; or
- B. PRIVILEGES SUSPENDED • The supervising physician's/dentist's privileges are suspended for any reason.

Note: Scopes of practice suspended under this provision may be automatically reinstated upon the reinstatement of the supervising physician's/dentist's privileges.

Note: Suspension of scopes of practice under this provision does not preclude the advanced practice professional from seeking a different supervising physician/dentist.

CHAPTER V

COLLABORATION AND SUPERVISION

SECTION 1. SUPERVISION AND COLLABORATION

It is the responsibility of the Medical Staff to ensure that all medical services provided are safe and of the highest quality. Advanced Practice Registered Nurses (APRNs) and Physician Assistants (PAs) are an integral part of the treatment team. Appropriate supervision, collaboration and coordination of care aids in better provision of care and an enhanced patient experience.

SECTION 2. ADVANCED PRACTICE REGISTERED NURSES (APRNs)

Advanced Practice Registered Nurses (APRNs) are recognized by the Idaho Board of Nursing (IBN) as Licensed Independent Practitioners (LIPs). Based on education, training, clinical competence, experience and area of practice or patient complexity, APRNs have varying degrees of oversight ranging from direct supervision to a Collaborative Agreement with increased autonomy.

A. Guiding Principles: The following principles will guide the organized Medical Staff's relationship to APRNs:

1. Advanced Practice Registered Nurses (APRNs) should practice at the highest level of their licensure;
2. The organized Medical Staff must ensure that care provided is commensurate with each individual's education, training, clinical competence and experience.
3. The organized Medical Staff desires to develop a pathway for APRNs to gain independence and will include consideration of education, training, clinical competence, experience and area of practice or patient complexity in allowing increased autonomy;
4. The process for gaining autonomy will include direct supervision or proctorship and gradual increase in independence with the goal of attaining a collaborative relationship with a Sponsor who is a physician member of the Medical Staff and may be delegated to a designated APRN;
5. Progressive authority, responsibility, independence, and a supervisory role in patient care will be decided by the Sponsor.

B. Provisional Period: When APRNs are initially credentialed, the Sponsor will evaluate the clinical competence in the specific area of the hospital or clinic in which the APRN will be providing care. The Sponsor will prescribe a Focused Professional Practice Evaluation

(FPPE) and proctoring for the first one (1) year of practice to allow evaluation of patient care, teamwork, practice based learning and improvement, interpersonal and communication skills, professionalism, system based practice and medical/clinical knowledge. The criteria for advancement will include at a minimum review of the first 15 patient encounters and 15 procedures prior to the APRN working independently in any fashion. After an initial supervision period, the Sponsor may extend the period as needed to assure competence and safe practice which may include additional proctoring, supervision, chart review or other methods of competency evaluation.

- **Advancement:** Advancement is the process whereby an APRN moves from an initial evaluation period to determine clinical competence to a more independent relationship with the Sponsor. The goal of advancement is to move from a direct supervision relationship to a clearly agreed upon collaborative relationship. Advancement is based on a Focused Professional Practice Evaluation of the APRN.
- **Proctoring:** Proctoring is a process of direct observation that allows for the focused evaluation of current APRN competency in carrying out actual clinical care and takes both cognitive and procedural abilities into account. The proctor, serving as a mentor may intervene as needed.

C. Scope of Practice: All APRNs are required to have an approved Scope of Practice on file with the Office of Medical Affairs as outlined in Chapter VI or the Alliance Health Plan. The Scope of Practice specifically outlines those SARMC Board approved activities in which an APRN is allowed to perform.

D. Sponsor: The Sponsor is a designated physician member of the Medical Staff who is responsible for entering into a collaborative relationship with the APRN. The Sponsor will work with the APRN to develop in writing, via the Collaborative Agreement, the relationship with the APRN as it relates to coordination of care as outlined in the Collaborative Agreement guidelines below. The Sponsor may delegate direct oversight to an APRN designee as appropriate. This relationship shall be clearly outlined in the Collaborative Agreement.

- **Prescriptive Authority:** APRNs may prescribe medications as allowed by local, state and Federal law although may be limited by hospital policy and agreement with the Sponsor.

E. Collaborative Agreement: The Collaborative Agreement is a written document which specifically addresses the mutually agreed upon relationship between an APRN and Sponsor who is knowledgeable of APRN Scope of Practice. The Sponsor and APRN operate as a mutually supportive team with the Sponsor as the team leader. The APRN may provide care in an independent capacity as clinical competence, training and experience allow. The agreement must address collaboration and coordination of care, reasonable and appropriate level of consultation and referral, patient coverage in the absence of the APRN, and methods to review patient outcomes, such as peer review. The Collaborative Agreement is in addition to the APRNs Scope of Practice and can be obtained by contacting the Office of Medical Affairs.

F. Departmental Rules and Regulations: Each department will specifically describe in their Department Rules and Regulations, collaboration and coordination of care, reasonable and appropriate level of consultation and referral, patient coverage in the absence of the APRN, and methods to review patient outcomes, such as peer review. Department Rules and Regulations may

also address additional requirements above and beyond the scope of practice and Collaborative Agreement.

SECTION 3. PHYSICIAN ASSISTANTS (PAs)

Physician Assistants are delegated a clinical Scope of Practice by a Supervising Physician with a current PA supervision license on file with the Idaho Board of Medicine. Physician Assistants are not Licensed Independent Practitioners (LIPs) and may only perform clinical duties as an extension of their Supervision Physician’s License and as outlined on a Delegation of Services Agreement on file with the Idaho Board of Medicine and Office of Medical Affairs. All Physician Assistant duties are supervised as outlined below and approved by the Supervising Physician.

SECTION 4. APP Collaboration and Supervision

APPs must have a designated supervisor or Sponsor, as follows:

CATEGORY OF AHP	METHOD OF SUPERVISION	TYPE OF AGREEMENT REQUIRED
<ul style="list-style-type: none"> • NURSE ANESTHETIST • NURSE MIDWIFE • NURSE PRACTITIONER AND CLINICAL NURSE SPECIALISTS 	Must have a designated physician supervisor who is an Active, Provisional Active, Ambulatory, Provisional Ambulatory, Courtesy, Provisional Courtesy member of the Medical Staff	Supervisory Collaborative Agreement
<ul style="list-style-type: none"> • PHYSICIAN ASSISTANT 	Must have a designated Idaho Board of Medicine issued supervising physician supervisor who is an Active, Provisional Active, Ambulatory, Provisional Ambulatory, Courtesy, Provisional Courtesy member of the Medical Staff	Supervisory Collaborative Agreement and Board of Medicine Delegation of Services Agreement
<ul style="list-style-type: none"> • CARDIAC SURGICAL ASSISTANT 	Must have a designated physician supervisor	Supervisory Collaborative Agreement

SECTION 5. ELIGIBILITY FOR DESIGNATION AS PHYSICIAN SUPERVISOR OR SPONSOR

The physician/dentist supervisor or Sponsor may be:

- A. EMPLOYMENT/CONTRACT • The physician or dentist who employs or contracts with the APP;
- B. GROUP DESIGNEE • The supervising physician/dentist designated by a physician group, when a physician group employs or contracts with the APP, and the APP works for more than one member of the physician group;
- C. MEDICAL DIRECTOR • The designated medical director of the patient care area/unit where the APP provides services; or
- D. CONTRACTED SERVICES • The physician who has contracted with SARMC to provide specific patient care services and the contract includes the APP.

Note: A physician/dentist supervisor or Sponsor must be a member of the medical staff in good standing and possess clinical privileges appropriate to the APP's Scope of Practice.

The supervising physician/dentist or Sponsor must agree to participate, as requested, in the evaluation of competency of the APP(s) who he/she supervises or Sponsors. The supervising physician/dentist must sign an acknowledgment for each APP that he/she supervises, in which he/she accepts responsibility for appropriate supervision of the services provided by each APP under his/her supervision. It is the APP's responsibility to obtain the Supervisory Agreement or Collaborative Agreement and to adhere to the requirements of the Supervisory or Collaborative Agreement.

CHAPTER VI

QUALIFICATIONS & SCOPE OF PRACTICE

APPs may engage in the following Board-approved scopes of practice:

SECTION 1. ADVANCED PRACTICE REGISTERED NURSING

As a fundamental part of the treatment team, Advanced Practice Registered Nurses (APRNs) shall perform all activities within their approved scope of practice and maintain all qualifications noted herein. Advanced Practice Registered Nurses are subject to the governance of the Idaho Department of Nursing, APRNs may engage in the following Saint Alphonsus Regional Medical Center Board-approved scopes of practice. Additionally all APRNs will adhere to the general principles of consultation, collaboration and referral as defined in Chapter VII of this Plan.

A. NURSE ANESTHETIST

1. QUALIFICATIONS •

- a. Licensure/certification: Licensed by the Idaho State Board of Nursing and successful completion of the certifying examination administered by the Council on Certification of Nurse Anesthetists (CCNA).
- b. Education: Successful completion of a Nurse Anesthetist program. Candidates currently in a Nurse Anesthetist program may be authorized to receive an application. Applications granted under this provision will be verified to the fullest extent practicable but may not be transmitted to the Credentials Committee until such time that all required primary source verification has been completed. In the event that the applicant fails to provide adequate documentation of compliance with the specific qualifications for Nurse Anesthetist, the application will be deemed invalid and the applicant ineligible.

2. SCOPE • Under the physician supervision, the nurse anesthetist may undertake the following activities in the Hospital:

- a. conduct preanesthesia evaluations;
- b. create orders, in the electronic medical record, under the supervision of a physician without countersignature;
- c. induction of anesthesia, including utilization of anesthetic agents and apparatus;
- d. utilization and interpretation of a variety of monitoring devices correctly;
- e. maintenance, evaluation and assessment of the physiologic effects of anesthesia and maintain the anesthesia record;
- f. assessment of abnormal patient responses, the institution of appropriate therapy/action and consult with the anesthesiologist as necessary; keep the surgeon informed of the patients condition;
- g. management of supportive care until the patient has regained control of vital functions;
- h. if the nurse anesthetist is ACLS certified, ACLS drugs may be given until a physician is available, otherwise cardiac drugs may be given under the direction of the anesthesiologist;
- i. insertion of peripheral venous, central lines, and arterial lines for blood sampling and monitoring at the discretion of the supervising anesthesiologist;
- j. performance of arterial punctures for blood gases;

- k. management of respiratory/ventilatory care; and
- l. may perform regional anesthetics at the discretion of the supervising anesthesiologist.

3. Emergency Management: Emergency Management of patients will be performed in accordance with hospital policy, unit specific protocols and Department Rules and Regulations.

B. NURSE MIDWIFE – INPATIENT CORE SCOPE OF PRACTICE

A. QUALIFICATIONS •

- 1. Licensure/Certification: Licensed by the Idaho State Board of Nursing as a Certified Nurse Midwife and successful completion of the certifying examination for nurse midwives by the American College of Nurse-Midwives (ACNM).
- 2. Education: Completion of an accredited program in nurse-midwifery.

B. SCOPE • As a part of the perinatal health team, the nurse-midwife assumes the responsibility for the management of low-risk patients. These guidelines are in addition to good clinical skills and are not meant to be all-inclusive. The Hospital Scope of Practice must meet the medical staff bylaws requirements for an APRN provider:

- 1. The management of low risk patients whose medical history, surgical history, past obstetrical history and present health status reveal no conditions that would adversely influence the patient's course or be unfavorably affected by it.
- 2. The management of those patients who present pathology which currently, or potentially requires no further medical diagnostic work-up and/or intervention for which a definitive diagnosis exists and the therapeutic regimen is established.
- 3. The following are functions appropriate for nurse midwifery management:
 - a. Assume total management of patients designated as appropriate for nurse-midwifery care;
 - b. create orders, including admit and discharge orders, in the electronic medical record, under the supervision of a physician without countersignature;
 - c. Evaluate and document labor status/progress, status of membranes, and the patient's condition and response to labor;
 - d. Perform initial labor assessment and admit patients to Family Maternity Center or send home as appropriate;
 - e. Perform and document admitting history and physical examination including pelvic exam;
 - f. Document admitting orders with appropriate laboratory (as per department standing orders) tests as needed;
 - g. Order pain medications or epidurals;
 - h. Order and evaluate NST's and CST's;
 - i. Utilize ultra sound to verify fetal presenting part/placental location (need to provide documentation of training);
 - j. Perform amniotomy with vertex at appropriate station, placement of external and internal fetal and uterine monitors;
 - k. Placement of IV lines;
 - l. Perform local infiltration anesthesia;
 - m. Perform pudendal block anesthesia;

- n. Conduct singleton vaginal delivery with vertex presentation;
 - o. Perform and repair 2nd degree midline or mediolateral episiotomy;
 - p. Manage third stage including manual exploration of the uterus if indicated;
 - q. Perform visual inspection of the cervix and vagina as indicated;
 - r. Repair minor perineal tear;
 - s. Obtain appropriate cultures and cord blood;
 - t. Perform an initial assessment of infant after birth and notify physician of any abnormal findings;
 - u. Manage patient's postpartum care with appropriate orders approved by the OB/GYN department Medical Staff;
 - v. Address contraceptive and gynecological needs of the patient prior to discharge;
 - w. Assess the ability of the mother to care for her infant and the level of support available to her upon returning home;
 - x. Evaluate and document the breast-feeding and bonding skills of the mother and newborn;
 - y. Offer appropriate teaching for the patient and her family throughout hospital stay;
 - z. Provide appropriate follow-up care/referral upon discharge; and aa. Remove staples from postoperative c-section patients.
4. The signature of the sponsoring physician(s) is required on Admission History and Physicals; Prenatal Records; and Delivery Notes.
5. Midwifery care is primarily intended for healthy women. When medical or obstetric complications arise the CNM can continue to be instrumental in the care of higher risk patients. Collaboration provides for the following patterns of care. Specific instances of when to consult, collaborate and/or refer are located in the Department of Obstetrics Rules and Regulations.
6. Emergency Management: Emergency Management of patients will be performed in accordance with hospital policy, unit specific protocols and Department Rules and Regulations.

C. NURSE MIDWIFE – AMBULATORY CORE SCOPE OF PRACTICE

A. QUALIFICATIONS •

- 1. Licensure/Certification: Licensed by the Idaho State Board of Nursing as a Certified Nurse Midwife and successful completion of the certifying examination for nurse midwives by the American College of Nurse-Midwives (ACNM).
- 2. Education: Completion of an accredited program in nurse-midwifery.

B. SCOPE • As a part of the perinatal health team, the nurse-midwife assumes the responsibility for the management of low-risk patients. Midwifery care is primarily intended for healthy women. These guidelines are in addition to good clinical skills and are not meant to be all-inclusive. Scope of Practice must meet the medical staff bylaws for an APRN provider. In Collaboration with the Sponsor(s) listed on the scope of practice and Collaborative Agreement on file in the Office of Medical Affairs, the Certified Nurse Midwife may undertake the following activities in an ambulatory setting:

- 1. Management of low risk patients whose medical history, surgical history, past obstetrical history and present health status reveal no conditions that would adversely influence the patient's course or be unfavorably affected by it.

2. Management of patients whose present pathology which currently, or potentially requires no further medical diagnostic work-up and/or intervention for which a definitive diagnosis exists and the therapeutic regimen is established.
3. Evaluate and document labor status and the patient's condition and response to labor;
4. Perform initial labor assessment and refer patients for admission to the Family Maternity Center;
5. Perform and document history and physical examinations including pelvic exam;
6. Utilize ultra sound (must provide documentation of training);
7. Address contraceptive and gynecological needs of patients;
8. Provide appropriate gynecological pre- and postnatal teaching for the patient and her family;
9. Provide routine post-operative care to stable patients
10. Diagnose, treat and manage minor gynecologic illnesses;
11. Arrange for consultation with appropriate physicians and/or other healthcare professionals as needed.

D. NURSE PRACTITIONER AND CLINICAL NURSE SPECIALIST - INPATIENT CORE SCOPE OF PRACTICE

A. QUALIFICATIONS •

1. Licensure: Licensed as a Nurse Practitioner or a Clinical Nurse Specialist by the Idaho State Board of Nursing and successful completion of the certifying examination for nurse practitioners, administered by the American Academy of Nurse Practitioners (AANP), American Nurses Credentialing Center (ANCC), National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC/NAACOG) or other accredited certifying exam.
2. Education: Master's or higher degree and completion of an accredited Nurse Practitioner or Clinical Nurse Specialist program.

B. SCOPE • In Collaboration with the Sponsor(s) listed on the scope of practice and Collaborative Agreement, on file in the Office of Medical Affairs, the Nurse Practitioner or Clinical Nurse Specialist may undertake the following activities in the Hospital:

- a. Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination. The supervising physician must countersign the history and physical;
- b. write progress notes
- c. create orders, including admit and discharge orders, in the electronic medical record, under the supervision of a physician without countersignature;
- d. complete hospital discharge summaries, which must be countersigned by the supervising physician;
- e. initiate appropriate laboratory or diagnostic studies to screen or evaluate the patient's health status and interpret reported information, provided such laboratory or diagnostic studies are related to and consistent with the Nurse Practitioner's or Clinical Nurse Specialist's knowledge and Scope of Practice;
- f. diagnose and manage minor illnesses or conditions;
- g. manage the health care of the chronically ill patient;
- h. institute appropriate care, which might be required to stabilize a patient's condition in

an emergency or potentially life-threatening situation until physician consultation can be obtained;

- i. perform minor surgical procedures such as punch biopsy, sebaceous cyst, ingrown toenail removal, cryotherapy for wart removal, and repair minor lacerations, with no nerve tendon or major vessel involvement, after consultation with the supervising physician;
- j. manage the routine care of non-displaced fractures and sprains;
- k. repair lacerations, with no nerve, tendon or major vessel involvement;
- l. Nurse Practitioners and those Clinical Nurse Specialists who have prescriptive authority in Idaho are approved to write prescriptions as permitted by the rules of the Idaho Board of Nursing and the Board of Pharmacy, and in certain circumstances, the Nurse Practitioner or Clinical Nurse Specialist may be permitted to deliver pre-dispensed medication for an emergency period when a pharmacist is not available as permitted by the Board of Nursing. (Note: If prescribing controlled substances, the NP must have a current DEA certificate and Idaho State Controlled Substance card on file in the Office of Medical Affairs;
- m. other protocols approved by the supervising physicians' department, the Credentials Committee, the Medical Executive Committee and the Board of Trustees; and
- n. Emergency Management: Emergency Management of patients will be performed in accordance with hospital policy, unit specific protocols and Department Rules and Regulations.

C. ADDITIONAL SCOPE OF PRACTICE • Additional board approved scopes of practice, in addition to the Core are on file in the Office of Medical Affairs.

E. NURSE PRACTITIONER AND CLINICAL NURSE SPECIALIST –AMBULATORY CORE SCOPE OF PRACTICE

A. QUALIFICATIONS •

1. Licensure: Licensed as a Nurse Practitioner or a Clinical Nurse Specialist by the Idaho State Board of Nursing and successful completion of the certifying examination for nurse practitioners, administered by the American Academy of Nurse Practitioners (AANP), American Nurses Credentialing Center (ANCC), National Certification Corporation for the Obstetric, Gynecologic and Neonatal Nursing Specialties (NCC/NAACOG) or other accredited certifying exam.
2. Education: Master's or higher degree and completion of an accredited Nurse Practitioner or Clinical Nurse Specialist Program.

B. SCOPE • In Collaboration with the Sponsor(s) listed on the scope of practice and Collaborative Agreement, on file in the Office of Medical Affairs, the nurse practitioner or Clinical Nurse Specialist may undertake the following activities in an ambulatory setting:

1. General
 - a. Evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination (including pelvic examination and pap smears).
 - b. write progress notes;
 - c. initiate appropriate laboratory or diagnostic studies to screen or evaluate the patient's

- health status and interpret reported information, provided such laboratory or diagnostic studies are related to and consistent with the Nurse Practitioner's or Clinical Nurse Specialist's knowledge and Scope of Practice;
- d. diagnose, treat and manage illnesses or conditions and manage the health care of the stable chronically ill patient;
 - e. provide health screening and wellness services;
 - f. institute appropriate care, which might be required to stabilize a patient's condition in an emergency or potentially life-threatening situation;
 - g. repair lacerations, with no nerve, tendon or major vessel involvement after consultation with supervising physician;
 - h. perform minor surgical procedures such as punch biopsy, sebaceous cyst, ingrown toenail removal, cryotherapy for wart removal, and repair minor lacerations, with no nerve tendon or major vessel involvement, after consultation with the supervising physician
 - i. manage the routine care of non-displaced fractures and sprains;
 - j. Nurse Practitioners and those Clinical Nurse Specialists who have prescriptive authority in Idaho are approved to write prescriptions as permitted by the rules of the Idaho Board of Nursing and the Board of Pharmacy, and in certain circumstances, the Nurse Practitioner or Clinical Nurse Specialist may be permitted to deliver pre-dispensed medication for an emergency period when a pharmacist is not available as permitted by the Board of Nursing. (Note: If prescribing controlled substances, the NP or Clinical Nurse Specialist must have a current DEA certificate and Idaho State Controlled Substance card on file in the Office of Medical Affairs);
 - k. arrange for consultation and/or referral with appropriate physicians and/or other healthcare professionals as needed; and
 - l. other protocols approved by the supervising physicians' department, the Credentials Committee, the Medical Executive Committee and the Board of Trustees

SECTION 2. PHYSICIAN ASSISTANTS

Governed by the Idaho Board of Medicine Physician Assistants (PAs) work under the supervision and licensure of the supervising physician. Physician Assistants may engage in the following Saint Alphonsus Regional Medical Center Board-approved scopes of practice.

A. PHYSICIAN ASSISTANT - INPATIENT

1. QUALIFICATIONS •
 - a. Licensure/certification: Licensed by the Idaho Board of Medicine as a Physician Assistant and successful completion of the certifying examination for physician assistants, administered by the National Commission on Certification of PA's (NCCPA).
 - b. Education/Training: Successful completion of a Physician Assistant program approved by the Commission on Accreditation of Allied Health Education Programs, the Committee on Allied Health Education and Accreditation, the Accreditation Review Commission on Education for Physician Assistants (ARC-PA) or equivalent agency recognized by the Idaho Board of Medicine.
2. SCOPE • Under the supervision of the physician(s) listed on the scope of practice, and Delegation of Services Agreement on file in the Office of Medical Affairs and consistent with state

regulations, the Physician Assistant may undertake the following activities in the Hospital:

- a. evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination (including pelvic and pap smears). The supervising physician must countersign the history and physical;
- b. create orders, including admit, discharge, and restraint orders, in the electronic medical record, under the supervision of a physician without countersignature;
- c. perform discharge summaries, which must be countersigned by the supervising physician;
- d. initiate appropriate laboratory or diagnostic studies, or both, to screen or evaluate the patient's health status and interpret reported information in accordance with protocols and knowledge of the laboratory or diagnostic studies. Provided such laboratory or diagnostic studies that are related to and consistent with the Physician Assistant's knowledge and Scope of Practice;
- e. diagnose and manage illnesses or conditions;
- f. manage the health care of the stable chronically and critically ill patient in accordance with the medical regimen initiated by the supervising physician;
- g. institute appropriate care, which might be required to stabilize a patient's condition in an emergency or potentially life-threatening situation until physician consultation can be obtained;
- h. perform minor surgical procedures such as punch biopsy, sebaceous cyst, ingrown toenail removal, cryotherapy for wart removal, and repair minor lacerations, with no nerve tendon or major vessel involvement, after consultation with the supervising physician
- i. manage the routine care of non-displaced fractures and sprains;
- j. those Physician Assistants having a minimum of thirty (30) hours of pharmacology course content and whose application for prescription writing to the Board of Medicine is approved may write prescriptions as approved by the rules of the Board of Medicine, and in certain circumstances, to deliver pre-dispensed medication for an emergency period when a pharmacist is not available as permitted by the Board of Medicine. (Note: If prescribing controlled substances, the PA must have a current DEA certificate and Idaho State Controlled Substance card on file in the Office of Medical Affairs);
- k. other protocols approved by the supervising physicians' department, the Credentials Committee, the Medical Executive Committee and the Board of Trustees; and write progress notes.
- l. Emergency Management: Emergency Management of patients will be performed in accordance with hospital policy, unit specific protocols and Department Rules and Regulations.

B. PHYSICIAN ASSISTANT – AMBULATORY

1. QUALIFICATIONS •

- a. Licensure/certification: Licensed by the Idaho Board of Medicine as a Physician Assistant and successful completion of the certifying examination for physician assistants, administered by the National Commission on Certification of PA's (NCCPA).
- b. Education/Training: Successful completion of a Physician Assistant program approved by the Commission on Accreditation of Allied Health Education Programs, the Committee on Allied Health Education and Accreditation, the Accreditation Review

Commission on Education for Physician Assistants (ARC-PA) or equivalent agency recognized by the Idaho Board of Medicine.

2. **SCOPE** • Under the supervision of the physician(s) listed on the scope of practice and Delegation of Services Agreement on file in the Office of Medical Affairs, the Physician Assistant may undertake the following activities in an ambulatory setting:
 - a. evaluate the physical and psychosocial health status of patients through a comprehensive health history and physical examination (including pelvic and pap smears);
 - b. create orders, including restraint orders, in the electronic medical record, under the supervision of a physician without countersignature;
 - c. initiate appropriate laboratory or diagnostic studies, or both, to screen or evaluate the patient's health status and interpret reported information in accordance with protocols and knowledge of the laboratory or diagnostic studies. Provided such laboratory or diagnostic studies that are related to and consistent with the Physician Assistant's knowledge and Scope of Practice;
 - d. diagnose and manage illnesses or conditions;
 - e. provide health screening and wellness services;
 - f. manage the health care of the stable chronically ill patient in accordance with the medical regimen initiated by the supervising physician;
 - g. institute appropriate care, which might be required to stabilize a patient's condition in an emergency or potentially life-threatening situation until physician consultation can be obtained;
 - h. perform minor surgical procedures such as punch biopsy, sebaceous cyst, ingrown toenail removal, cryotherapy for wart removal, and repair minor lacerations, with no nerve tendon or major vessel involvement, after consultation with the supervising physician
 - i. manage the routine care of non-displaced fractures and sprains;
 - j. those Physician Assistants having a minimum of thirty (30) hours of pharmacology course content and whose application for prescription writing to the Board of Medicine is approved may write prescriptions as approved by the rules of the Board of Medicine, and in certain circumstances, to deliver pre-dispensed medication for an emergency period when a pharmacist is not available as permitted by the Board of Medicine. (Note: If prescribing controlled substances, the PA must have a current DEA certificate and Idaho State Controlled Substance card on file in the Office of Medical Affairs);
 - k. other protocols approved by the supervising physicians' department, the Credentials Committee, the Medical Executive Committee and the Board of Trustees;
 - l. arrange for consultation with appropriate physicians and/or healthcare professionals as needed;
 - m. provide or arrange for appropriate follow up for all patients seen; and
 - n. write progress notes.

SECTION 3. SURGERY ASSIST SCOPE OF PRACTICE

A. Surgical Assistant:

Education & Licensure/certification:

Nurse Practitioner (NP-C) – (*Prerequisite – Nurse Practitioner Scope of Practice*); OR

Physician Assistant (PA-C) – (*Prerequisite – Physician Assistant Scope of Practice*);

1. Scope: Under the direct supervision of the physician(s) listed on the scope of practice on file in the Office of Medical Affairs, the Surgical Assistant may undertake the following activities in the Hospital:
 - a. scrub and set up for the procedure to be performed by Physician prior to arrival into the room;
 - b. select or bring special instrument needed;
 - c. select sutures in correct amounts and types;
 - d. help prepare sutures, supplies and solutions needed;
 - e. perform sponge, needle and instrument count;
 - f. manage draping of patient;
 - g. assist in opening, tying knots, pin placement, and closing at discretion of Physician;
 - h. close skin, subcutaneous tissue and fascia under the supervision of the Physician who will remain in the hospital. This section is intended to recognize that a Physician may satisfy the supervision requirements for a APRN or PA Surgical Assistant without maintaining a constant physical presence in the operating room, but requires the Physician to be readily available to return to the operating room in a timely manner if requested.

B. CARDIAC SURGICAL ASSISTANT

1. QUALIFICATIONS • Only Advanced Practice Professionals in the Department of Cardiology & Cardiac Surgery are eligible for Cardiac Surgical Assisting.

- a. Education & Licensure/certification:

Nurse Practitioner (NP-C) – (*Prerequisite – Nurse Practitioner Scope of Practice*); OR

Physician Assistant (PA-C) – (*Prerequisite – Physician Assistant Scope of Practice*);

- Documentation of at least twenty (20) successful Endoscopic Saphenous Vein Harvesting and a letter from the supervising physician to show competency and completion of Endoscopic Saphenous Vein Harvesting training program; OR
- If the Endoscopic Saphenous Vein Harvesting training program is to be completed after this scope of practice is granted, the applicant has six (6) months in which to provide the Office of Medical Affairs with documentation of at least twenty (20) successful Endoscopic Saphenous Vein Harvesting and a letter from the supervising physician to show competency and completion of Endoscopic Saphenous Vein Harvesting training program or the scope of practice will be

automatically relinquished.

2. **SCOPE** • Under the direct supervision of the physician(s) listed on the scope of practice, on file in the Office of Medical Affairs, the Advanced Practice Professional may undertake the following activities in the Hospital:

1. Remove Chest Tubes
2. Remove Pacing Wires
3. Harvest Leg Veins
4. Endoscopic Saphenous Vein Harvesting

C. SURGERY COMPETENCY CHECKLIST: If the PA or ARPN will be assisting the supervising physician(s) in surgery, the Saint Alphonsus Regional Medical Center Scrub Competency Checklist must be completed before the Surgical Assist portion scope of practice will be granted.

CHAPTER VII

DEFINITIONS

SECTION 1. ADVANCED PRACTICE PROFESSIONAL (APP)

A licensed, certified or otherwise qualified health care professional who has been determined to be competent to provide services to patients, working collaboratively with and under the supervision of members of the Medical Staff and within the scope of the professional license, certification or other legal credential, in compliance with the circumstances and conditions approved by the Medical Executive Committee and Board of Trustees.

APPs covered by this Plan are typically employees of a member of the Medical Staff of SARMC, but may be employed or contracted by SARMC.

SECTION 2. SCOPE OF PRACTICE

A care function, clinical service or task, approved by the Board, which an APP is permitted to perform at SARMC, based on the APP's licensure, education, training, experience, and demonstrated competence, as well as the limitations defined by SARMC for operational or risk management reasons. The performance of services may be subject to supervision requirements, hospital policy, Department Rules and Regulations as well as limitations on the settings in which the clinical services may be performed and the patient populations to which services may be provided.