



June 16, 2015

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Louis Rico, Chief
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Subject: California Children's Services (CCS) Program Redesign

Dear Mr. Roby and Mr. Rico:

The American Academy of Physician Assistants (AAPA) is the national professional organization for physician assistants (PAs) that advocates on behalf of the profession and patient care provided by physician-PA teams and analyzes laws and regulations that impact PA practice. AAPA represents a profession of more than 100,000 PAs across all medical and surgical specialties and has extensive experience with state regulation of PA practice.

In 2010 we became aware that PAs in California were facing a barrier providing care on neonatal intensive care unit (NICU) teams due to CCS not paneling PAs as providers. That year, a PA met with a physician on the CCS NICU committee to better understand why PAs were not paneled and discuss possible solutions. In 2014, we were contacted by a PA with over 30 years of experience in neonatology who was relocating to California. Although the PA was able to find several neonatologists who were interested in working with him, they each explained they could not do so as CCS excludes PAs as reimbursable providers.

AAPA does not support anti-competitive practices by state agencies that have the effect of precluding PAs from job opportunities that PAs are educated, trained and authorized by state law to perform. Title 16 Section 1399.541 of the California Code of Regulations authorizes PAs to perform medical services in any setting, pursuant to a delegation of services agreement. Section 1399.540 of the California Code of Regulations provides that a PA may only provide those medical services which he or she is competent to perform and which are consistent with the PA's education, training, and experience, and which are delegated in writing by a supervising physician who is responsible for the patients cared for by that PA. Section 1399.540 additionally provides that (c) the Medical Board of California or their representative may require proof or demonstration of competence from any physician assistant for any tasks, procedures or management he or she is performing.

Under California law, physicians may only delegate the performance of services the physician is assured the PA is competent to perform. PA and physician teams that are complying with California's laws and regulations should not be restricted from providing care in any setting where the state has clearly indicated a PA should be able to practice. The Medical Board of California, as the state entity tasked to oversee PA practice, has complete authority to limit the services PAs may provide if such is deemed outside the scope of education, training and experience of someone licensed as a PA. The board has made no such indication with regard to PAs practicing in NICUs.

As part of the NICU team, PAs provide a comprehensive range of medical and surgical services in NICUs and pediatric intensive care units (PICUs) in states across the country, including Alabama, Arizona, California (non-CCS affiliated facilities), Colorado, Connecticut, Florida, Indiana, Iowa, Kentucky, Minnesota, New Hampshire, New Mexico, New York, North Dakota, Ohio, Oregon, Pennsylvania, Texas, Virginia, Wisconsin and the District of Columbia. PAs' rigorous education, versatility and commitment to individualized treatment help physicians function more efficiently and enhance continuity of healthcare. As states look to increase access to care and provide quality team-based care that improves the effectiveness of the healthcare team and patient satisfaction, PAs are well recognized as having an essential role. As a result, nearly all payers, including Medicare and Medicaid, cover medical and surgical services provided by PAs.

We strongly believe PAs in California should be allowed to provide patient care in the NICU just as their equally trained and qualified PA colleagues are throughout the country. Physicians in California have indicated they are eager to work with PAs and we encourage you to include PAs as paneled providers for CCS as it increases patient access to care and will enhance the care provided in the NICU. Sample privileges from PAs working in NICUs PICUs in California and other states are attached to this letter to illustrate PA practice in these settings.

AAPA appreciates the opportunity to provide these comments. Please feel free to contact me if you require additional information.

Sincerely,

A handwritten signature in black ink that reads "Ann Davis, PA-C". The signature is written in a cursive, flowing style.

Ann Davis, MS, PA-C
Vice President, Constituent Organization
Outreach and Advocacy

Facility 1: Neonatal Physician Assistant Clinical Privileges: New York

AGE COMPETENCIES:

- Neonate** (1 to 28 days)
- Pediatric** (one month to 12 yrs)
- Adolescent** (13-18 yrs)
- Adult** (>18 yrs)

1. Performance of duties that are granted to all registered Physician Assistants under Article 131-B of the NYS Medicine Education Law.
2. Perform neonatal services, only when under the supervision of a physician and only when such acts and duties assigned to him are within the scope of practice of such supervising physician.
3. Taking medical histories and performing physical examinations
4. Performing approved diagnostic and therapeutic procedures
5. Initiating referrals to health care providers, and/or consulting the attending physician supervising physician for further definitive therapy.
6. Prescribe therapeutic regimens including use of drugs
7. Prescribe controlled substances from Schedules II through V without restriction

Specific Privileges	Competency Requirements <i>(at least 15 procedures per year)</i>	Requested by Applicant	Requested by Collaborating Physician	Initials of Dept Director <i>(if applicable)</i>	Initials of Service Chief
Enter orders for admission, discharge, general neonatal care including medications, diagnostic tests and therapeutic procedures	Satisfactory quarterly Patient Record Review with Collaborating MD	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Obtain consents for tests and procedures as designated by attending physician		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Specific Privileges	Competency Requirements (at least 15 procedures per year)	Requested by Applicant	Requested by Collaborating Physician	Initials of Dept Director (if applicable)	Initials of Service Chief
Insertion and removal of chest tubes, drains, and invasive monitoring lines and catheters such as but not limited to arterial lines		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Insertion and removal of chest tubes, drains, and invasive monitoring lines and catheters such as but not limited to arterial lines		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Function as First or Second Assist in surgical procedures		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Insertion of PICC lines		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Removal of surgical closures		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Performance of Arterial Puncture		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Placement of Cool Cap System and initiation of cool cap procedure for cooling of the infant with hypoxic ischemic encephalopathy		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Placement of Cerebral Function Monitor (CFM) and initiate cerebral function monitoring		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
AEEG interpretation		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Initiate referrals for appropriate consultations		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provide consultation for high risk OB cases		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Specific Privileges	Competency Requirements (at least 15 procedures per year)	Requested by Applicant	Requested by Collaborating Physician	Initials of Dept Director (if applicable)	Initials of Service Chief
Provide consultation for high risk newborns		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Initiation of NALS Protocol	Current NALS Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Intubation and extubation of newborns	Current NALS Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Laryngeal Mask Airway (LMA) insertion	Current NALS Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Perform Percutaneous Thoracotomy & Thoracentesis	Current NALS Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Perform Paracentesis		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Administration of intravenous boluses of ordered medications	Current NALS Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Electrical Cardioversion	Current NALS Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Placement of foley catheter		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Chemical Cardioversion	Current NALS Certification	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Insertion and removal of central venous and arterial catheter		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Management of total parenteral nutrition	2 hrs. related CME or proof of collaboration with nutrition and diet therapy specialist	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Order Transfusion of Blood and Blood Products	Review of and ability to articulate hospital policy	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Exchange Transfusion		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Specific Privileges	Competency Requirements (at least 15 procedures per year)	Requested by Applicant	Requested by Collaborating Physician	Initials of Dept Director (if applicable)	Initials of Service Chief
Placement of weighted nasogastric tube		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Arterial puncture		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Administration of bolus medications by IV push		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Venipuncture and placement of peripheral intravenous catheter		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Wound care including packing, suturing, debridement and hemostasis		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Ano-rectal dilation		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Incision & drainage of abscesses and other fluid collections		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Suprapubic tap (catheter insertion)		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Suprapubic Catheterization		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Lumbar puncture		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Umbilical catheter line insertion & removal		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Interosseous line insertion & removal		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Peritoneal taps		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Electrocardiogram Interpretation		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Interpretation x-rays of chest and abdomen		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Specific Privileges	Competency Requirements (at least 15 procedures per year)	Requested by Applicant	Requested by Collaborating Physician	Initials of Dept Director (if applicable)	Initials of Service Chief
Ventricular Reservoir/VP shunt taps		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Performance of HIV testing and parent counseling	At least 2 hrs of HIV-related CME within 2 years	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Ordering of chemotherapeutic agents for non-cancer treatment	Current ONS Certification or Proof of satisfactory completion of the chemotherapy administration course, the Oncology Nursing Society course or equivalent preparation approved by the Division Director	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Care of patients in hospice status	Completion of EPEC (or equivalent) training or extensive experience in the opinion of the Medical Director, Hospice	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Facility 2: Neonatal Physician Assistant Clinical Privileges: California

CORE CLINICAL PRIVILEGES

Item Name	Status
<p>CORE CLINICAL PRIVILEGES</p> <p><u>Initial Criteria</u></p> <ul style="list-style-type: none"> • Be currently licensed by the Physician Assistant Committee of the Medical Board of California • Have completed a training program approved by the Physician Assistant Committee of the Medical Board of California and received a degree or certificate of completion • Be certified by the National Commission for the Certification of Physician Assistants; and • Have a minimum of one (1) year of clinical experience in a hospital or outpatient facility. or: • Have a minimum 6 month's experience as a PA in a hospital or outpatient facility in the medical specialty in which the PA will be functioning; or • For a new graduate, a documented monitoring program provided by the PA's sponsor which is approved by the IDP Committee <p><u>Proctoring Requirements:</u> Minimum of 6 cases (for Core privileges and surgical assist).</p> <p>A 90 day evaluation.</p> <p>A one (1) year evaluation.</p> <p><u>Maintenance Requirements:</u> Continued affiliation with a supervising physician(s).</p> <p>Yearly written Clinical Evaluation/Skill Validation by supervising physician(s).</p> <p><u>Clinical Privileges:</u></p> <ul style="list-style-type: none"> • Take history, perform an appropriate physical examination, make an assessment diagnosis; initiate, review and revise treatment therapy plans and record pertinent data in a manner meaningful to the supervising physician(s) and in accordance with hospital policy; • Order or transmit an order, perform or assist in performing laboratory and screening procedures as ordered by the 	<p>Granted</p> <p>10/31/2014 - 10/31/2016</p>

<p>supervising physician, provided that the procedures are consistent with the supervising physician's practice, and after completion of necessary skills tests required by the hospital (if applicable);</p> <ul style="list-style-type: none"> • Issue medication to a patient, or transmit orally or in writing on a patient's record or in a drug order in accordance with the provisions of subdivisions a. through f. of section 3502.1 of the Business and Professions Code to a person who may furnish such medications or devices; • Instruct and counsel patients and families regarding physical and mental health. Counseling may include topics such as diet, medications, family planning, normal growth and development, aging and understanding of and long-term management of their diseases; • Order or transmit an order for routine diagnostic radiological services, physical therapy, occupational therapy, respiratory therapy and therapeutic diets; • Recognize and evaluate situations which call for immediate attention of the supervising physician(s). • 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; • Facilitate patient transfer and discharge planning independently, including but not limited to appropriate healthcare facilities, agencies and community resources; • Collection and preparation of specimens • Performs and Reads skin Tests • Wound debridement • Venipuncture (After completion of required skills test) 	
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SPECIAL CLINICAL PRIVILEGES

Item Name	Status
<p>Issue drug order for Schedule II through V Controlled Substances for the supervising physician with patient specific approval</p> <p><u>Additional Criteria:</u></p> <ul style="list-style-type: none"> • Current Valid DEA Certificate <p><u>Proctoring Requirements:</u> None</p> <p><u>Maintenance Requirements:</u></p> <ul style="list-style-type: none"> • Current Valid DEA Certificate • Continued affiliation with supervising physician 	<p>Withdrawn</p> <p>10/31/2009</p>
<p>Issue drug orders for Schedule II through V Controlled Substances (Valid DEA Certificate required)</p> <p><u>Criteria:</u></p> <ul style="list-style-type: none"> • Current Valid DEA certificate • PAC approved 6 (six) hour Controlled Substance 	<p>Granted</p> <p>10/31/2014 - 10/31/2016</p>

<p>educational course</p> <p><u>Proctoring Requirements:</u> Minimum of one (1).</p> <p><u>Maintenance Requirements:</u></p> <ul style="list-style-type: none"> • Current Valid DEA Certificate • Continued affiliation with a supervising physician 	
<p>Lumbar Puncture</p> <p><u>Additional Criteria:</u> Substantial documentation of training and experience.</p> <p><u>Proctoring Requirements:</u> Minimum of two (2) cases.</p> <p>Written Evaluation by supervising physician(s) at one year.</p> <p><u>Maintenance Requirements:</u> Yearly written Clinical Evaluation/Skill Validation by supervising physician(s).</p> <p>Continued affiliation with a supervising physician.</p>	<p>Granted</p> <p>10/31/2014 - 10/31/2016</p>

INTENSIVE CARE PROCEDURES

Additional Criteria:
Documentation of additional pediatric Physician Assistance residency or specialty training detailing the qualifications/competency to perform the requested procedures.

Observation Requirements:
Minimum of 3 observations.

Written Evaluation by supervising physician(s) at one year.

Maintenance Requirements:
Yearly written Clinical Evaluation/Skill Validation by supervising physician(s).

Continued affiliation with a supervising physician.

Item Name	Status
ARTERIAL CANNULATION-peripheral percutaneous and cutdown	Granted 10/31/2014 - 10/31/2016
CHEST PHYSIOTHERAPY	Granted 10/31/2014 - 10/31/2016
DIETS - PO, CDNG, TPN	Granted 10/31/2014 - 10/31/2016

ENDOTRACHEAL INTUBATION, Bag,Mask, Valve ventilation, nasal trumpets, tracheostomy changes	Granted 10/31/2014 - 10/31/2016
EXTUBATION	Granted 10/31/2014 - 10/31/2016
I.V. - PERIPHERAL, CENTRAL, PERCUTENOUS	Granted 10/31/2014 - 10/31/2016
INTRAOSSSEOUS INFUSIONS	Granted 10/31/2014 - 10/31/2016
IV FLUID THERAPY	Granted 10/31/2014 - 10/31/2016
MANAGEMENT OF NASOGASTRIC TUBES, NASOJEJUNAL	Granted 10/31/2014 - 10/31/2016
RESUSCITATION - ACLS/PALS	Granted 10/31/2014 - 10/31/2016
THORACENTESIS/CHEST TUBE PLACEMENT	Granted 10/31/2014 - 10/31/2016
URETHRAL CATHETERS	Granted 10/31/2014 - 10/31/2016
ATTENDANCE AT LOW RISK DELIVERIES	Granted 10/31/2014 - 10/31/2016
Neonatal Resuscitation and Intubation	Granted 10/31/2014 - 10/31/2016
PLACEMENT OF UMBILICAL ARTERY CATHETERS-NEONATES	Granted 10/31/2014 - 10/31/2016
PLACEMENT OF UMBILICAL VESSEL CATHETERS - NEONATES	Granted 10/31/2014 - 10/31/2016

Facility 3: Neonatal Physician Assistant Clinical Privileges: Pennsylvania

Written Agreement for Physician Assistant in Neonatology

The physician assistant in the Division of Neonatology will practice under the supervision of the Pennsylvania State-approved “supervising physician/s” – in accordance to the guidelines established for physician assistants.

1. The health care “Functions and Tasks” provided by the physician assistant, under supervision, will include the following:

a) Assessment and Diagnosis:

- Obtain maternal and prenatal history when pertinent and obtain complete patient health history
- Perform a complete newborn physical examination and assessment of gestational age, discriminating between normal and abnormal findings
- Collaborates with the neonatologist concerning pertinent historical events, physical findings, and diagnostic and therapeutic measures initiated on all infants admitted to the unit
- Assess and assist the physician in reaching decisions and instituting care plans for common problems that fall within the expertise and knowledge of a physician assistant in the Division of Neonatology;
- Formulate a family-centered care plan with physician input;
- Order and interpret common diagnostic procedures and screening and laboratory tests according to approved state and hospital guidelines. Such orders may be carried out by the RN or RRT without physician signature. Orders falling outside of those guidelines must be countersigned by the supervising physician prior to institution.

b) Intervention:

- Treat neonatal and infant diseases and medical problems according to the guidelines of the Division of Neonatology
- Prescribe medications related to neonatal and infant disorders according to the guidelines of the hospital formulary
- Perform diagnostic and therapeutic procedures necessary and appropriate for the care of the patient as defined through medical guidelines of the supervising physician. Procedures carried out by the PA at the direction of a supervising physician may include:
 - Venipuncture
 - Arterial puncture
 - Peripheral arterial line insertion and removal
 - Percutaneous central venous line insertion and removal
 - Umbilical arterial line insertion and removal
 - Umbilical venous line insertion and removal
 - Endotracheal Intubation
 - Chest tube insertion and removal
 - Paracentesis/Abdominocentesis
 - Thoracentesis
 - Suprapubic bladder tap
 - Exchange transfusion
 - Ventricular reservoir tapping
 - Lumbar puncture

- Laceration repair
- Incision/Drainage
- Circumcision
- Resuscitation procedures
- Ultrasound for procedures
- Moderate conscious sedation following completion of formal training program
- Initiation and management of ventilatory support
- Provide patient/family education regarding purpose, regimens and side effects and possible interactions of medications and/or treatments.
- Communicate with families regarding medical progress of their infant
- Consult with physicians and other health care providers when necessary
- Coordinate patient care and make appropriate referrals
- Identify community resources and coordinate referrals for problems beyond the scope of practice
- Advocate for patients and their families
- Record all procedures in the patient record
- Enter admission, interim, and addendum notes in the patient's medical record as appropriate
- Create a complete discharge summary for own patients discharged
- Accompany patients for transport via ground and air transport between the surrounding network of hospitals. Will perform any and/or all of the above interventions during the transport as needed for emergency care.

c) Evaluation:

- Monitor and evaluate effectiveness of prescribed treatment plans;
- Monitor child and family response to treatments;
- Modify interventions based on effectiveness, evidence-based practice, and individual child and family needs in consultation with the physician;
- Monitor effectiveness of practice.

d) Education and Teaching

- Participate in educational activities which promote quality patient care and contribute to the education of other professionals

2. Time, Place and Manner of Supervision:

The information on these forms is identical for all substitute supervisors. All patients will be seen daily by both the attending physician and the physician assistant, working side by side to establish a diagnosis and develop a treatment plan. The physician assistant will manage and provide care for patients utilizing collaborative consultation with team members and written guidelines under the direction and supervision, but not necessarily direct attendance, of an attending neonatologist. While providing interhospital transport, the physician assistant will be in frequent contact with the supervising physician via cell phone regarding their assessment of the patient, the treatment plan, and if there is a need for emergent procedures prior to or during transport. Any change in the clinical status of the patient will be communicated to the supervising physician via cell phone. The medical command for transports will always be the physician assistant's supervising physician or substitute supervising physician.

3. Patient Charts:

The supervising physician or substitute supervising physician will write a daily progress note on all patients managed by the PA. The physician will also cosign all notes written by the PA within 10 days.

Request for Physician Assistant Clinical Responsibilities

Name _____ Practice Area Neonatology
 Date _____

Please initial in applicable boxes:

Clinical Responsibilities Requested	PA Requesting	Division Chief Contingent *	Division Chief Approval	Department Chair Approval
A. CLINICAL CARE CATEGORY Complete care according to scope of practice with a collaborating physician for the following population (see instructions):				
Category P: Perioperative Process				
Category A: Ambulatory Setting				
Category C: Other Inpatient or ICU setting	X		X	
B. ORDER WRITING for patients in category requested for clinical care.				
Protocol Orders	X		X	
Non-protocol Orders	X		X	
Prescription Writing	X		X	
C. PROCEDURES Attach documentation of competence as specified in instructions				
Lumbar puncture	X	X		
Suprapubic bladder aspiration	X	X		
Incision/Drainage	X	X		
Laceration repair	X	X		
Thoracentesis	X	X		
Peripheral arterial blood sampling	X	X		

Peripheral arterial line placement	X	X		
Umbilical line placement/removal	X	X		

* Contingent approval means PA must perform under direct supervision and submit subsequent documentation

Clinical Responsibilities Requested	PA Requesting	Division Chief Contingent*	Division Chief Approval	Department Chair Approval
Chest tube placement/removal	X	X		
Abdominocentesis	X	X		
Endotracheal Intubation	X	X		
Partial exchange transfusion	X	X		
PICC line placement/removal	X	X		
Ventricular reservoir tapping	X	X		
Ultrasound for procedures	X	X		
D. RESUSCITATION PROCEDURES (NRP, PALS or ACLS required)				
Intraosseous infusion	X	X		
Electrical cardioversion or defibrillation	X	X		
E. SEDATION If you are requesting Sedation Credentialing, please request Sedation Credentialing packet from Medical Staff Affairs				
F. RESEARCH	X		X	
OTHER (Specify)				

* Contingent approval means PA must perform under direct supervision and submit subsequent documentation

Facility 4: Neonatal Physician Assistant Clinical Privileges: California

APP NEONATOLOGY PRIVILEGES

Age Requested

0-2 years (9/19/2014 - 9/19/2016)

Core Privileges

PHYSICIAN ASSISTANT (PA) (9/19/2014 - 9/19/2016)

Management of Disorders - General Supervision

- Obtain Full History - Physical, Diagnostic, and Comprehensive evaluation as appropriate to the disease process. This may include but is not limited to ordering of radiographic and/or laboratory studies. (9/19/2014 - 9/19/2016)
- Diagnosis - Assessment of the status of the disease process (9/19/2014 - 9/19/2016)
- Treatment (may include one or more of the following): Performance of the standardized treatment procedures Ordering of diet, exercise, rehab services and/or durable medical equipment Referral for surgery and/or specialty services as necessary. (9/19/2014 - 9/19/2016)
- Education and Counseling - Assesses patient/family for readiness to learn. Provides written and/or verbal instructions at level and in language appropriate for patient/family understanding. Reviews the following topics: 1) Pathophysiology of diagnosis 2) Management plan 3) Medication, device, or equipment instruction 4) Medication side effects 5) Signs and symptoms to be monitored at home 6) Parameters for when patient/family should seek medical assistance. (9/19/2014 - 9/19/2016)
- Consultation required with the supervising physician for Acute decompensation or deterioration of patient status, including respiratory distress, change in level of consciousness, or evidence of cardiovascular compromise. Failure of symptoms to improve within a reasonable time frame. Review of specific management guidelines and possible complications related to treatment of disease process less familiar to the advanced practice provider. At the request of the patient, advanced practice provider or supervising physician. (9/19/2014 - 9/19/2016)
- Follow-up - Telephone contact or provider visit as indicated. (9/19/2014 - 9/19/2016)

Disease Management - General Supervision *(All other applicable standardized procedures in this document are followed during patient care management. All general protocols are followed.)*

- Common acute conditions or chronic stable conditions - A treatment plan is developed based on the standard of care and available resources. (9/19/2014 - 9/19/2016)
- Uncommon or unstable conditions - Management of the patient is either in conjunction with a physician or by complete referral to a physician or secondary care treatment facility. (9/19/2014 - 9/19/2016)
- Acute life-threatening conditions - Initial evaluation and stabilization of the patient may be performed with concomitant notification of and collaboration by a physician. (9/19/2014 - 9/19/2016)

Medications- General Supervision

- MEDICATIONS Administer, order, furnish or prescribe drugs and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence, professional

judgment and policies of LPCH. [Criteria - NP – Current Furnishing Licensure in the State of California; PA - Current individual DEA – Full Schedule (II, IIN, III, IIIN, IV, V)] (9/19/2014 - 9/19/2016)

- CONTROLLED MEDICATIONS INPATIENT Administer, dispense and order legend drugs including narcotics and provide treatment within the APP's scope of practice, and consistent with the APP's skill, training, competence and professional judgment in the inpatient setting. [Criteria - NP - Current Furnishing Licensure in the State of California; PA - Current individual DEA - Full Schedule (II, IIN, III, IIIN, IV, V)] (9/19/2014 - 9/19/2016)

SPECIAL PROCEDURES (core privilege criteria must also be met)

-General Supervision

- ADVANCED LIFE SUPPORT MEASURES-NEONATE (Required) Administer advanced life saving measures and procedures in the neonate in accordance with current Neonatal Resuscitation Program guidelines (9/19/2014 - 9/19/2016)
- NEONATOLOGY CORE
 - Suprapubic Bladder Aspiration
 - Chest Tube Placement
 - Needle Thoracentesis
 - Lumbar Puncture
 - Endotracheal Intubation
 - Paracentesis
 - Peripheral Arterial line placement
 - Umbilical Arterial line placement
 - Umbilical Venous line placement(9/19/2014 - 9/19/2016)