

**SAN GORGONIO MEMORIAL HOSPITAL
PRIVILEGE DELINEATION LIST
MEDICAL SERVICES**

PHYSICIAN'S ASSISTANT / FAMILY PRACTICE

NAME OF APPLICANT: _____ DATE: _____

PRIVILEGES CATEGORY						QUALIFICATIONS/CRITERIA
CATEGORY I						USUAL AND CUSTOMARY PRIVILEGES (Procedures considered included in minimal formal training.)
						QUALIFICATIONS: 1. Successful completion of an accredited Physician Assistant training program, AND, 2. Board Certified by The Medical Board of California 3. Demonstrate comparable competency to perform the privileges requested based on proctoring reports, reference letters, activity reports or other documentation acceptable to the Medical Service. 4. Privileges will be proctored per Medicine Service Rules and Regulations.
CATEGORY 2						ADVANCED PRIVILEGES (Procedures performed requiring special expertise and/or requiring documented special training and/or certification, when it exists or proctoring.)
						QUALIFICATIONS: 1. Board Certified by The Medical Board of California 2. AND, documented evidence of additional training, experience and competence by hands-on training, special certification, or written documentation of supervised numbers performed and outcomes. 3. Privileges will be proctored per Medicine Service Rules and Regulations.
	R	#Done 24 mos	D	P/O	G	CORE PRIVILEGES: Under direction of the supervising physician(s):
						(a). Take a patient history; perform a physical examination and make an assessment and diagnosis therefrom; initiate, review and revise treatment and therapy plans including plans for those services described in section (b) through (h) inclusive; and record pertinent data in a manner meaningful to the physician.
						(b) Order or transmit an order for x-ray, other studies, therapeutic diets, physical therapy, occupational therapy, respiratory therapy, and nursing services.
						(c) Order, transmit an order for, perform laboratory procedures, screening procedures and therapeutic procedures.
						(d) Recognize and evaluate situations which call for immediate attention of a physician and institute, when necessary, treatment procedures essential for the patient's life.
						(e) Instruct and counsel patients regarding matters pertaining to their physical and mental health. Counseling may include topics such as medications, diets, social habits, family planning, normal growth and development, aging, and understanding of and long-term management of their diseases.
						(f) Initiate arrangements for admissions, complete forms and charts pertinent to the patient's medical record, and provide services to patients requiring continuing care, including patient's at home.
						(g) Initiate and facilitate the referral of patients to the appropriate health care facilities, agencies, and resources of the community.
						(h) Administer medication to a patient, or writing on a patient's medical record a prescription from his her supervising physician, based either on a patient-specific order by the supervising

Legend: [R] =Requested [# Done 24 mos.] = Procedures done in the last 24 months [D] = Deferred/Denied [P/O] =Granted with Proctoring/Observation [G] = Granted

San Geronio Memorial Hospital
 Family Practice Privilege for Physician Assistant Delineation

						physician or on written protocol, which is required for controlled substances in Schedules II through V inclusive.
	R	#Done 24 mos	D	P/O	G	CORE PRIVILEGES: Under direction of the supervising physician(s):
						MANAGEMENT OF DIAGNOSIS
1.						Cardiovascular Medicine
2.						Dermatology
3.						Endocrinology
4.						Gastroenterology
5.						Hematology/Oncology
6.						Infectious Disease
7.						Nephrology
8.						Neurology
9.						Pulmonology
10.						Rheumatology
	R	# Done 24 mos	D	P/O	G	CATEGORY 2 - ADVANCED PRIVILEGES (Procedures performed requiring special expertise and/or required documented special training and/or certification, when it exists)
1.						Ablation nail matrix
2.						Anterior nasal packing
3.						Sigmoidoscopy (60cm), with or without biopsy, excludes polypectomy.
4.						Femoral line placement
5.						Paracentesis
6.						Joint Aspiration
7.						Joint Injection
8.						Wound debridement
9.						Suture skin
10.						Central line placement
11.						Lumbar puncture
12.						Thoracentesis
13.						Chest tube placement
14.						Closed reduction - simple fracture.
15.						Wound debridement
16.						Suture skin.
17.						Insertion, Endotracheal tube.
18.						Burn care, basic.
19.						Transfusion
20.						Medical Ventilation (<24 hours)
21.						I & D Skin
22.						EKG Interpretation
23.						Echocardiogram
						OTHER: _____

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STAFF CATEGORY: ALLIED HEALTH PROFESSIONAL

SIGNATURE OF APPLICANT: _____ DATE _____

PRNT NAME OF APPLICANT: _____

APPROVALS:

Applicant may perform privileges and procedures as indicated: []

Exceptions/Limitations: _____

The Ongoing Professional Practice Evaluation (OPPE) has been evaluated. (For reappointment only)

I have reviewed the applicant's health status and can attest that there are no health problems that exists that could affect his or her ability to perform the privileges requested.

Medical Services Chairman

Date

Credentials Committee Chairman

Date

Medical Executive Committee Chairman

Date

Board of Directors Chairman

Date