

MASSACHUSETTS GENERAL HOSPITAL

TITLE: **CREDENTIALING AND AUTHORIZATION OF NURSES IN THE EXPANDED ROLES AND PHYSICIAN ASSISTANTS WHO ARE MGH AND MGPO EMPLOYEES**

POLICY:

Nurses in expanded roles and physician assistants must complete the credentialing, authorization, and reauthorization process to practice in the role at MGH and MGPO.

OVERVIEW:

The General Executive Committee has delegated the accountability for approving guidelines to the Senior Vice President for Patient Care, Chief Nurse. Credentialing and authorization processes at MGH are designed to ensure that nurses in expanded roles and physician assistants are qualified, capable and prepared to perform the services for which they are authorized to provide.

Nurses in expanded roles and physician assistants are employed through processes established by Human Resources (see the Human Resources policy Recruitment, New Hire and Termination Procedures.) Nurses in expanded roles practice within guidelines developed with their collaborating physician. Physician assistant practice is also guided by guidelines developed with their supervising physician.

1 DEFINITIONS

1.1 Credentialing:

Process by which a professional provides evidence that he/she is qualified to perform designated clinical activities.

1.2 Authorization to Practice:

Process of approval for a clinician to provide direct patient care as described in position descriptions and/or approved guidelines.

1.3 Nurses Practicing in Expanded Roles:

Registered Nurses with licensure to practice in the expanded role in the Commonwealth of Massachusetts, who have advanced nursing knowledge and clinical skills acquired through an appropriate nursing education program with current certification and whose activities fall within the following categories:

- Nurse Midwife
- Nurse Practitioner
- Psychiatric Nurse Mental Health Clinical Specialist
- Nurse Anesthetist

1.4 Physician Assistants:

Persons who meet the requirements for licensure in the Commonwealth of Massachusetts and

who provide medical services appropriate to his or her training, experience and skills under the supervision of a physician.

2 AUTHORIZATION PROCESS

The credentialing program coordinator within The Center for Clinical and Professional Development coordinates the initial authorization and re-approval process.

2.1 Initial Authorization for Nurses in Expanded Roles

- 2.1.1 Nurses in expanded roles must have guidelines approved prior to initiating practice in the expanded role.
- 2.1.2 The guidelines are developed with their collaborating physician (Attachment A). Once completed, the guidelines are submitted to the credentialing program coordinator, in The Center for Clinical and Professional Development, who coordinates the approval process through the Health Professions Staff Committee.
- 2.1.3 The Health Professions Staff Committee reviews the guidelines. The focus of the review is to determine if the clinician has the appropriate education and experience to perform the activities requested and to determine if the practice is consistent with MGH standards. If the practice is new at MGH or a new role group at MGH, the Health Professions Staff Committee requests information about professional community standards and literature supporting the practice requested in the guidelines.
- 2.1.4 The designee(s) and credentialing program coordinator takes the final recommendation regarding approval from the Health Professions Staff Committee for approval to the appropriate Associate Chief Nurse and to the Senior Vice President for Patient Care, Chief Nurse. The Associate Chief and the Senior Vice President for Patient Care, Chief Nurse, review the recommendations, signs the guidelines indicating approval, and returns the guidelines to the credentialing program coordinator.
- 2.1.5 The credentialing program coordinator notifies the clinician and sends him/her a copy of the signed guidelines. A copy is retained in The Center for Clinical and Professional Development.
- 2.1.6 Nurses in expanded roles who want to practice in the Operating Room must have the Surgical Coordinating Committee review and authorize access to the Operating Room. The Associate Chief for Perioperative Services coordinates this process.

2.2 Prescriptive Privileges for Nurses in Expanded Roles

- 2.2.1 Nurses in expanded roles must submit copies of DPH and DEA certificates to be authorized to prescribe at MGH.
- 2.2.2 Nurses in expanded roles shall issue prescriptions or medication orders in accordance with written guidelines, which are mutually developed by the nurse practitioner and his or her supervising physician. Guidelines must include the

process for reviewing prescription-related decisions and practices with the supervising physician.

- 2.2.3 It is recommended that this policy should be read in conjunction with ‘Prescribing Guidelines for Practitioners’ located in the Clinical Policy and Procedure Manual.

2.3 Reapproval Process for Nurses in Expanded Roles

- 2.3.1 Nurses in expanded roles are required to resubmit practice guidelines:
- At least every two years,
 - When the scope of practice changes, or
 - When the collaborating physician changes

When submitting guidelines, evidence of 4 audits over the past two years is required.

2.4 Authorization Process for Physician Assistants

- 2.4.1 Physician Assistants’ scopes of services are outlined and require approval, by the Health Professions Staff Committee. These guidelines then serve as authorizing documents to carry out specific patient care functions.
- 2.4.2 The Health Professions Staff Committee, review the guidelines. The focus of the review is to determine if the clinician has the appropriate education and experience to perform the activities requested and to assess if the practice is consistent with MGH standards.
- 2.4.3 The designee(s) and credentialing program coordinator take the final recommendation regarding approval from the Health Professions Staff Committee for approval to the appropriate Physician Assistant Coordinator and to the Senior Vice President for Patient Care, Chief Nurse. The Physician Associate Coordinator and the Senior Vice President for Patient Care, Chief Nurse, review the recommendations, signs the guidelines indicating approval, and returns the guidelines to the credentialing program coordinator.
- 2.4.4 The credentialing program coordinator notifies the clinician and sends him/her a copy of the signed guidelines. A copy is retained in The Center for Clinical and Professional Development.
- 2.4.4.1 Any major invasive procedure can only be undertaken under specific written protocols developed with the supervising physician and which specify the level of supervision the service requires. Such protocols should be described using the Guidelines for Physician Assistant Practice (form B) and must be reviewed and approved by the Health Professions Staff Committee. The credentialing program coordinator will then forward this recommendation to the Senior Vice President for Patient Care Services, Chief Nurse, for approval.
- 2.4.4.2 Physician Assistants who want to practice in the Operating Room must

have the Surgical Coordinating Committee review and authorize access to the Operating Room. The Associate Chief for Perioperative Services coordinates this process.

2.5 Prescriptive Privileges for Physician Assistants

- 2.5.1 Physician Assistants must submit copies of DPH and DEA certificates to be authorized to prescribe at MGH.
- 2.5.2 Physician Assistants shall issue prescriptions or medication orders in accordance with written guidelines, which are developed with the supervising physician. Guidelines must include the process for reviewing prescription-related decisions and practices with the supervising physician (CMR, 263, 5.07 (4)(a)).
- 2.5.3 It is recommended that this policy should be read in conjunction with ‘Prescribing Guidelines for Practitioners’ located in the Clinical Policy and Procedure Manual.

2.6 Physician Assistants in the First or Second Assist Role

- 2.6.1 Physician Assistants in the First or Second Assist role work in the Operating Room to provide medical services appropriate to his/her training, experience, and skills under the supervision of a physician.
 - 2.6.1.1 Physician Assistants who want to practice in the Operating Room in the First or Second Assist role must have credentials authorized and approved by the Health Professions Staff committee and then reviewed by the Surgical Coordinating Committee for access to the Operating Room. The Associate Chief for Perioperative Services coordinates this process.
 - 2.6.1.2 The Physician Assistant must provide written protocols/guidelines for each of the specific privileges with the level of supervision the service required. These will be listed in Form B, “Guidelines for Physician Assistants Practice”.

2.7 Reapproval Process for Physician Assistants

- 2.7.1 Physician Assistants are required to annually review prescriptive guidelines with their supervising physician per Massachusetts Regulations. PAs must provide evidence of 2 reviews during the prior 12 months when seeking reapproval.

REFERENCES:

Rules and Regulations Governing the Practice of Nursing in the Expanded Role, 244 CMR (www.state.ma.us/reg/boards/rn/default.htm)

The Board of Registration of Physician Assistants, Rules and Regulations, 163 CMR
(www.state.ma.us/reg/ap/cmr.htm)

Board of Registration in Medicine

Approved: Clinical Policy and Record Committee (8/1/03)
Approved: Medical Policy Committee (8/06/03)
Revised and approved: Nursing Executive Operations 08/03

**MASSACHUSETTS GENERAL HOSPITAL
NURSES IN EXPANDED ROLES
AUTHORIZATION TO PRACTICE**

NAME:

Please Print

MGH ID NUMBER:

JOB CODE:

MGH ADDRESS: _____

MGH PHONE NUMBER: _____

MGH Email Address: _____

Nurse Practitioner

Psychiatric Nurse Mental Health Clinical
Specialist

Nurse Anesthetist

Nurse Midwife

INSTRUCTIONS FOR COMPLETING GUIDELINE FORMS

GUIDELINES FOR PRACTICE For NURSES IN EXPANDED ROLES AND PHYSICIAN ASSISTANTS: (FORM A and FORM B)

NATURE AND SCOPE OF PRACTICE:

Specifically describe the nature and scope of your practice including the most common diagnoses and ages of patients cared for, as well as the settings in which this care is provided.

CLINICAL STANDARDS WHICH SERVE AS GUIDELINES:

List textbooks, professional journals, clinical practice guidelines, or standards that have been mutually agreed upon as providing acceptable scientific knowledge and standards of care for conditions within the nature and scope of practice as described above. Include procedures/protocols specifically developed for your practice, if necessary. If you are prescribing medications, you should include a reference for pharmacologic intervention in your Standards.

SITUATIONS WHICH REQUIRE REFERRAL OR CONSULTATION:

Describe potential situations and patient presentations in your practice that would require physician consultation/referral. Examples include: life or morbidity threatening conditions, diagnostic dilemmas, or unresponsiveness to generally accepted treatment modalities.

PROVISIONS FOR MANAGING EMERGENCIES:

Outline process for managing emergencies in your practice setting including, support measures as needed, consultation with a physician, and otherwise responding as directed in the "Code and Emergency Response System" policy in the Clinical Policy and Procedure Manual.

SCOPE OF PRESCRIPTIVE PRACTICE:

Describe scope as prescribing Schedule II-VI medications unless prescriptive authority is limited. Include protocols for the initiation of intravenous therapy and Schedule II drugs.

METHODS FOR MONITORING PRESCRIPTIVE PRACTICE:

Describe process for review of your prescribing decisions and practices with the supervising physician. Must include initial review of Schedule II drugs within 96 hours and a process for reviewing an appropriate sample.

PRIVILEGE REQUEST FORM:

Describe those professional activities for which you are requesting authorization. Under "Special/New Procedures" list invasive or other procedures which require additional preparation or are unique to your practice. When requesting these privileges, include the procedure as well as the method for achieving and maintaining competence.

Signatures

1. Obtain certification signatures from your collaborating physician.
2. Submit completed application with a copy of your resume, license, DEA and DPH forms to Julie Goldman, RN, Credentialing Program Coordinator, Founders House 643.
3. When the approval process is completed you will receive a copy of your approved guidelines for your files.

MASSACHUSETTS GENERAL HOSPITAL

**GUIDELINES FOR PRACTICE OF NURSES IN EXPANDED ROLES
FORM A**

(Please check activities that apply to your practice and add any additional information)

NATURE OF PRACTICE:

Describe primary population(s) including age and primary diagnoses as well as the setting(s) care is provided.

CLINICAL STANDARDS WHICH SERVE AS GUIDELINES FOR THIS PRACTICE:

SITUATIONS WHICH REQUIRE REFERRAL OR CONSULTATION

- Diagnostic dilemmas.
- Patient not responding to current treatment and/or interventions
- Patient and/or family request

Other:

PROVISIONS FOR MANAGING EMERGENCIES:

- Immediate notification and consultation with collaborating physician or his/her designee.
- Employing emergency measures as necessary.
- If in an outpatient setting, transfer of the patient to an emergency department.

Other:

SCOPE OF PRESCRIPTIVE PRACTICE NURSES IN EXPANDED ROLES :

Pursuant to Massachusetts Board of Registration in Nursing Regulations, 244 CMR 4.00; Massachusetts General Lawsc94C, Massachusetts Board of Registration, 243 CMR 2.10; and Department of Health Regulations, 105 CMR 700.001- 700.010:

- Prescribes Schedule II-VI medications in accordance with guidelines developed with the supervising physician.
- Has a current license from the Massachusetts Department of Public Health, Division of Food and Drugs
- When prescribing controlled substances, has a certificate from the Drug Enforcement Administration.
- Consultation with the attending physician is obtained when:
 - A. Medication/treatment failures occur
 - B. Medication/treatment is outside the individual practitioner guidelines

Other:

METHODS FOR MONITORING PRESCRIPTIVE PRACTICES:

- Initial prescriptions for Schedule II medications will be reviewed within 96 hours either by telephone, chart review or in-person consultation.
- The supervising physician will review an appropriate sample of my prescriptions every quarter through rounds, chart reviews, or other mechanisms. The sample will include initial prescriptions issued by me.
- I will maintain documentation of these reviews for two years.

Other:

SCOPE OF PRACTICE FORM FOR NURSES IN EXPANDED ROLES

CLINICAL AREA: _____

NAME: _____

Initial _____

Renewal _____

REQUESTED		Scope of Practice GENERAL SERVICES	ACTION		
YES	NO		Approved	Conditions	Denied
		Obtains health and medical history, performs physical examination, and constructs problem list.			
		Collects, records, and interprets patient data.			
		Orders appropriate laboratory, radiologic, and other diagnostic studies.			
		Interprets studies performed/ordered.			
		Initiates consultations and referrals.			
		Prescribes medications as specified in Guidelines.			
		Assesses patients to determine need for physician attention.			
		Obtains informed consent for the following procedures: (list)			
REQUESTED		SPECIAL PROCEDURES (Please include each procedure as well as the	ACTION		

ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those specific privileges which by education, training, current experience and demonstrated performance I am qualified to perform and which I wish to exercise at The Massachusetts General Hospital.

I understand that:

- A. In exercising any specified privileges granted and in carrying out the responsibilities assigned to me, I am constrained by any hospital and medical staff policies and rules applicable generally and applicable to the particular situation.
- B. Any restriction on the specified privileges granted to me is waived in an emergency situation.

CERTIFICATION SIGNATURES:

Advanced Practice Nurse _____ (Signature) _____ (Date)

Collaborating Physician: _____ (Signature) _____ (Date)

Nurse Manager:
(where applicable) _____ (Signature) _____ (Date)

REVIEW SIGNATURE:

Associate Chief for Nursing Practice: _____ (Signature) _____ (Date)

CONDITIONS/EXCEPTIONS:

The preceding specified services have been approved with the following conditions and/or exceptions:

PROFESSIONAL ACTIVITY	CONDITION/MODIFICATION/EXCEPTION

APPROVAL SIGNATURE:

Health Professions Staff Committee
Designee _____ (Signature) _____ (Date)

AUTHORIZATION SIGNATURE:

Senior Vice President for Patient Care
Chief Nurse Executive
Chair, PCS Executive Committee _____ (Signature) _____ (Date)

Effective From: ____/____/____ to ____/____/____

**MASSACHUSETTS GENERAL HOSPITAL
PHYSICIAN ASSISTANTS
AUTHORIZATION TO PRACTICE**

NAME: _____
Please Print

MGH ID NUMBER: _____

JOB CODE: _____

MGH ADDRESS: _____

MGH PHONE NUMBER: _____

MGH Email Address: _____

**GUIDELINES FOR PHYSICIAN ASSISTANT PRACTICE
FORM B**

(Please check activities that apply to your practice and add any additional information)

NATURE OF PRACTICE:

Describe primary patient population(s) including age and primary diagnoses as well as the setting(s) care is provided.

SPECIFIC GUIDELINES/PROTOCOLS FOR MAJOR INVASIVE PROCEDURES FOR THIS PRACTICE:

Describe the written protocols which have been developed with the supervising physician, that specify the level of supervision the service requires, eg direct (physician in the room), personal (physician in the building) or general (physician available by telephone).

SITUATIONS WHICH REQUIRE REFERRAL OR CONSULTATION

- Diagnostic dilemmas.
- Patient not responding to current treatment and/or interventions
- Patient and/or family request

Other:

PROVISIONS FOR MANAGING EMERGENCIES:

- Immediate notification and consultation with supervising physician or his/her designee.
- Employing emergency measures as necessary.
- If in an outpatient setting, transfer of the patient to an emergency department.

Other:

SCOPE OF PRESCRIPTIVE PRACTICE:

Pursuant to Board of Registration in Medicine Regulations, 244 CMR 4.00; Massachusetts General Lawsc94C, Massachusetts Board of Registration, 243 CMR 2.10; and Department of Health Regulations, 105 CMR 700.001- 700.010:

- Prescribes Schedule II-VI medications in accordance with guidelines developed with the supervising physician.
- Has a current license from the Massachusetts Department of Public Health, Division of Food and Drugs
- When prescribing controlled substances, has a certificate from the Drug Enforcement Administration.
- Consultation with the attending physician is obtained when:
 - A. Medication/treatment failures occur
 - B. Medication/treatment is outside the individual practitioner guidelines

Other:

METHODS FOR MONITORING PRESCRIPTIVE PRACTICES:

- Initial prescriptions for Schedule II medications will be reviewed within 96 hours either by telephone, chart review or in-person consultation.
- The supervising physician will review an appropriate sample of my prescriptions every quarter through rounds, chart reviews, or other mechanisms. The sample will include initial prescriptions issued by me.
- I will maintain documentation of these reviews for two years.

Other:

SCOPE OF PRACTICE FORM FOR PHYSICIAN ASSISTANTS

CLINICAL AREA: _____

NAME: _____

Initial _____

Renewal _____

REQUESTED		Scope of Practice GENERAL SERVICES	ACTION		
YES	NO		Approved	Conditions	Denied
		Obtains health and medical history, performs physical examination, and constructs problem list.			
		Collects, records, and interprets patient data.			
		Orders appropriate laboratory, radiologic, and other diagnostic studies.			
		Interprets studies performed/ordered.			
		Initiates consultations and referrals.			
		Prescribes medications as specified in Guidelines.			
		Assesses patients to determine need for physician attention.			
		Obtains informed consent for the following procedures: (list)			

REQUESTED	SPECIAL PROCEDURES (Please include each procedure as well as the	ACTION
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ACKNOWLEDGMENT OF PRACTITIONER:

I have requested only those specific privileges which by education, training, current experience and demonstrated performance I am qualified to perform and which I wish to exercise at The Massachusetts General Hospital.

I understand that:

- A. In exercising any specified privileges granted and in carrying out the responsibilities assigned to me, I am constrained by any hospital and medical staff policies and rules applicable generally and applicable to the particular situation.
- B. Any restriction on the specified privileges granted to me is waived in an emergency situation.

CERTIFICATION SIGNATURES:

Physician Assistant _____ (Signature) _____ (Date)

Supervising Physician: _____ (Signature) _____ (Date)

_____ (Signature) _____ (Date)

CONDITIONS/EXCEPTIONS:

The preceding specified services have been approved with the following conditions and/or exceptions:

PROFESSIONAL ACTIVITY	CONDITION/MODIFICATION/EXCEPTION

APPROVAL SIGNATURE:

Health Professions Staff Committee
Designee

_____ (Signature) _____ (Date)

AUTHORIZATION SIGNATURE:

Senior Vice President for Patient Care
Chief Nurse Executive
Chair, PCS Executive Committee

_____ (Signature) _____ (Date)

Effective From: ____/____/____ to ____/____/____