

Victory Memorial Hospital

THIS IS FOR USE AS A SAMPLE OF RULES AND REGULATIONS.
IT IS NOT TO BE CONSTRUED AS BEING ENDORSED BY THE
AMERICAN HOSPITAL ASSOCIATION.

DONALD WASSON
ASSISTANT ADMINISTRATOR

WAUKEGAN, ILLINOIS

TELEPHONE WAUKEGAN
688-3000

November 3, 1972

Mr. David W. Stickney
Associate Director
Illinois Hospital Association
840 North Lake Shore Drive
Chicago, Illinois 60611

Dear Mr. Stickney:

Last month our Medical Staff and Board of Directors finally approved a Physician's Assistant Program here at Victory Memorial Hospital. As you know, you and I have discussed the Physician's Assistant situation on numerous occasions in the past, and I thought you might be interested in our final approval of this type of program.

Enclosed you will find the Request for Permit to Act as Physician's Assistant, plus the Rules and Regulations covering a Physician's Assistant in our hospital. I might add that each Physician's Assistant will be looked upon individually and "privilege cards" filled out pertaining to his past training and experience.

Thanks for your assistance in the past.

Cordially,



DW:mb
ENCLOSURES: 2

Donald Wasson
Assistant Administrator

RULES AND REGULATIONS FOR PHYSICIAN'S ASSISTANTS

Physician's Assistants, approved by the Medical Staff and the Governing Board, upon issuance of a written permit may engage in the following activities at Victory Memorial Hospital under the following conditions.

A. PROCEDURES TO OBTAIN PERMIT

1. An Employee of a member of the Active Medical Staff may make a written request to act as a Physician's Assistant at Victory Memorial Hospital upon the form approved by the Medical Staff and the Governing Board. The employing physician must countersign the request and sponsor the applicant.
2. Minimum educational requirement is the taking and satisfactory completion of a qualified course as Physician's Assistant at a recognized college or university and receipt of a certificate showing such satisfactory performance of said education requirement.
3. Ownership of malpractice insurance in a company, satisfactory to the Governing Board, with limits of not less than \$200,000 for one person and not less than \$500,000 for one occurrence, is a condition precedent to permission to act as a Physician's Assistant. A copy of such insurance policy shall accompany the request and provision shall be made for notice to Victory Memorial Hospital of any cancellation, termination or change of insurance coverage.
4. Each request shall be processed by the Medical Staff, which shall verify and document proof of the correctness of all information set forth in such application. The Medical Staff shall examine each person making such request, as to his abilities, experience and education. It shall file a written report, addressed to the Governing Board, which report shall state that it conducted such examination, contain its findings as a result thereof and make recommendation to the Governing Board of the action it should take upon such request, such recommendation to specifically state the activities in which such Physician's Assistant may engage. The examination shall be conducted by a Committee of members of the Medical Staff, selected in such manner as the Medical Staff may designate.
5. The Governing Board, upon receipt of the recommendation and report of the Medical Staff shall take final action upon each request. If a request is approved, a written permit shall be issued which permit shall specifically set forth the activities in which the Physician's Assistant may engage.

B. PERMITTED ACTIVITIES

6. The activities of a Physician's Assistant shall be such as are specifically set forth in the permit issued by the

Governing Board but may not exceed the following and must be performed only for patients of his employer:

a. He may do and record histories, physicals and progress notes, which must be countersigned by the sponsoring physician.

b. He may transcribe verbal orders from the sponsoring physician to the order sheets and such orders will be countersigned by the sponsoring physician. He is not permitted to initiate, modify or otherwise change any order.

c. He may start such IV's as ordered by the sponsoring physician.

d. He may catheterize patients upon order of the sponsoring physician.

e. He may assist the sponsoring physician in surgical procedures, but cannot assume the responsibility of a physician in such procedures. He may not act as a second physician in any operation where current rules demand two physicians to be present. He is not permitted to do any surgical procedures by himself.

f. He may assist in emergency code calls, as indicated, but he may not act in the Emergency Room outside the presence of his sponsoring physician nor may he initiate any procedures that are restricted to physicians.

g. He may attend Medical Staff meetings when specifically invited by Staff authority. Such attendance will be in a non-officio capacity, and he will have no vote or voice authority.

h. The sponsoring physician must countersign within forty-eight hours or approve in writing, the activities of the Physician's Assistant on the order sheets, notes or records for each patient.

C. GENERAL PROVISIONS

7. Such Physician's Assistant must be an employee of a member of the Active Medical Staff (herein designated as the "Sponsoring Physician") and his permit to act shall terminate automatically in the event of termination of such employment. A Physician's Assistant may perform no action except in relation to patients of his Sponsoring Physician.

8. The performance of a Physician's Assistant will be subject to continuous review by the Medical Staff. Written

documentation of such review shall be maintained and submitted semi-annually to the Governing Board. The Medical Staff shall have the duty to initiate corrective measures in relation to a Physician's Assistant. Any deviation by a Physician's Assistant from the procedures in which he is permitted to act will result in termination of his permit to act as a Physician's Assistant. This will be executed by the combined action of the Administrator and the President of the Medical Staff.

9. In the event of cancellation, termination, material change or loss of his malpractice insurance coverage, the permit to act as a Physician's Assistant at Victory Memorial Hospital automatically terminates.

10. A permit to act as a Physician's Assistant is not a contractual or property right.

11. The employing physician may be a partnership or professional corporation, provided one member thereof is a member of the Active Medical Staff. In such event the Physician's Assistant may perform acts for every member of the firm. The individual member of the firm, who orders or directs the Physician's Assistant to act, must comply with the provision of paragraph 6 (h) of these Rules and Regulations.

Eugene Pitts, M.D.
President of the Medical Staff

Lyman S. Morrison
President of the Governing Board

**REQUEST FOR PERMIT TO ACT AS
PHYSICIAN'S ASSISTANT**

Date.....

Name in Full.....

Physician Association.....

Name

Office Address..... Telephone.....

Residence Address..... Telephone.....

Place and Date of Birth..... Citizenship.....

Sex..... Marital Status..... Number of Dependents.....

Education:

High School.....

Name

Location

Date of Graduation

College or University.....

Name

Location

Date of Graduation

Major or Medical Specialty.....

Month and years attended:.....

Degree:.....

Internship:.....

Physician's Office, Hospital, Etc.

Name

Address

Month and Years:.....

What paramedical field were you in prior to becoming a P.A.?
.....

How long?.....

Please give clock hour credits of each subject completed:
.....

Was your training as a P.A. part of your college education, or was postgraduate study undertaken for the position?

Experience not detailed above

Are you insured by your physician?

Amount of coverage

Name and address of company

(PLEASE ENCLOSE COPY OF POLICY.)

Are you personally insured?

Name and address of company

(PLEASE ENCLOSE COPY OF POLICY.)

References:

Name

Address

Name

Address

Name

Address

ATTACH
A RECENT
PHOTOGRAPH

In the event a permit to act as a Physician's Assistant is issued, I hereby agree to abide by the rules and regulations set forth by the Medical Staff and Hospital Governing Board concerning all my activities in the hospital.

Sponsoring Physician

Firm Name

Firm Members

APPROVED:

.....
Date

.....
Secretary, Medical Staff

.....
Date

.....
Secretary, Board of Directors

P
A
H
X