

Title: Nurse Practitioner and Physician Assistant Patient Rounding Privilege Criteria

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Location: Saint Joseph Regional Medical Center (SJRCM)		Department: Medical Staff Office

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POLICY:

1. Medical Staff Rules and Regulations Article 2. Section 2.d.
Each patient shall be the responsibility of the attending Medical Staff member. The attending Medical Staff member shall be responsible for the medical care and treatment of the patient while in the Medical Center, including daily physician rounding with appropriate daily documentation, prompt and accurate completion of the medical record, necessary patient instructions, and transmitting reports of the condition of the patient to the referring practitioner and to relatives of the patient. SJRCM Mishawaka only: The supervising/collaborating Medical Staff member or designee may request a Nurse Practitioner or Physician Assistant who has been granted privileges as an Allied Health Professional (AHP) to visit patients of their supervising/collaborating Medical Staff member in place of the supervising/collaborating Medical Staff member; however, the Medical Staff member or designee shall review all patient encounters daily and see all patients at least every other day.

PROCEDURE:

- A. Steps for Nurse Practitioners and Physician Assistants to obtain the privilege to round in place of their supervising/collaborating physician:
 - 1) Each Department will vote to offer the additional privilege of "Rounding in place of the physician" to NPs/PAs to their Department Members
 - 2) In order for the privileges to be granted to the NP/PA, both the extender and physician must complete their initial appointment Focused Professional Practice Evaluation (FPPE)
 - 3) Rounding privileges do not include patients with ICU, PCU, SICU, IMU, NICU status
 - 4) Compliance for this privilege includes:
 - a) Physician completes an admission note or completes an addendum to the PA/NP note, and signs off on the NP/PA note, within 24 hours of admission.
 - b) Patient to be seen daily by the Physician or NP/PA with the physician seeing the patient at least every other day.
 - c) Physician will see patient Post Op Day 1, for an inpatient admission, if patient does not go home on post op day 1.
 - d) Physician completes a progress note or signs off on the NP/PA note at least every other day. Physicians are to document their progress note or addendum and signature on the NP/PA note within next calendar day of the NP/PA note.
 - 5) After the privilege has been granted the NP/PA will be on an FPPE for the granting of an additional privilege. This FPPE includes

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- a) A total of five (5) charts will be reviewed for that NP/PA for the first three (3) months to include the verification of:
 - a) Verification that the Physician did indeed round and completes a Progress Note or an addendum to the NP/PA note and signs off on the NP or PA note with the following requirements:
 - (1) Physician completes an admission note or completes an addendum to the PA/NP note, and signs off on the NP/PA note, within 24 hours of admission.
 - (2) Physician will see patient Post Op Day 1 if an inpatient admission if patient does not go home on post op day 1.
 - (3) During subsequent inpatient stay, the Patient is to be seen daily by the Physician or extender with the physician seeing the patient at least every other day
 - (4) For auditing purposes, physicians are to document their progress note or addendum and signature on the NP/PA note within next calendar day of the NP/PA note.
 - b) The progress notes of those extenders will be available for review by the Department Chair
- 2) If compliant after three months the NP/PA FPPE will be lifted with Department Chair and Credentials Committee review.
- 3) If two or more violations are verified where the Physician or designee has not seen the patient at least every other day a report will be made to the collaborating/supervising physician for further investigation and possible further action including, but not limited to, the physician losing the ability of the NP/PA to round every other day in their absence.
- 4) If the privilege has not been utilized within six (6) months of initial approval the privilege will automatically expire.

References/Standards:

- Policy Origin Date: December 2013
- Review Date: December 2015, December 2018
- Revised Date: June 2015, December 2016, March 2017
- Effective Date: February 2014
- Reviewed/Recommended By: Medical Executive Committee
- Policy 203