

**PITT COUNTY MEMORIAL HOSPITAL PATIENT CARE SERVICES
POLICY/PROCEDURE**

SUBJECT: PCMH Practice By Physician Employed/Supervised Personnel (PESP) NUMBER: A100-2 PAGE: 1 OF: 6

**ORIG: 5/93 REVISED: 6/08
REVIEWED: 7/96, 1/97, 7/98, 11/99, 9/02, 6/05,6/08, 5/09**

RESPONSIBLE PARTY: Chief Nursing Officer & Legal Affairs

APPROVED BY CHIEF NURSING OFFICER

PCMH PRACTICE BY PHYSICIAN-EMPLOYED/SUPERVISED PERSONNEL (PESP)

PURPOSE

1. To provide a mechanism to ensure compliance with the Nurse Practice Act, N.C.G.S. §90-171.20 (7) a thru i and (8) a thru e], Social Worker Certification Act [N.C.G.S. §90B-1 thru §90B-14], N.C. Pharmacy Practice Act N.C.G.S. §90-84.40 thru §90-85.2], Dietetics/Nutrition [N.C.G.S. §90-350 thru §90-369], Optometry [N.C.G.S. § 90-114 thru §90-127.3, North Carolina Administrative Codes [T21-C36.0224, T21-C36.0225, T21-C36.0400, T10-C3-S3L.1106, T10-C3-S3T.0102, T10-C14-S14U.0103, T21-C63.0201, T10-C44-S44E.0004], and education/training in Category II procedures for physician employed/nursing personnel practicing in the hospital.
2. To provide a mechanism for monitoring PESP activities and documentation of PESP activities, who practice in the hospital.
3. To ensure that all hospital patients receive quality care.

POLICY AND PROCEDURE:

In order for PESP to perform their health care activities at PCMH (individuals not addressed by the Limited Health Practitioners Categories of the Medical Staff Bylaws) the following conditions must exist.

1. The PESP must complete the Physician Employed/Supervised Personnel Request to Practice Form (include demographics, listing of duties, responsibilities and/or procedures to be performed, evidence of liability coverage), copy(ies) of fields of work for which licensed, registered, or certified, evidence of education and training for duties, responsibilities and/or procedures to be performed, (for nursing personnel) also a copy of

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licensure or listing card and evidence of any advanced practice skills to be submitted to the Chief Nursing Officer or his/her designee for review and compliance with the Nurse Practice Act. Request to Practice Forms and directions are found at <http://www.uhseast.com> under services.

2. Forms are approved by the Chief Nursing Officer or his/her designee.
3. The Form, documentation of education and training, copy(ies) of fields of work for which licensed, registered, or certified, and copies of the licensure or listing cards submitted by the PESP to the Chief Nursing Officer or his/her designee will be kept on file.
4. Approved PESP will be issued a special PCMH ID badge which must be worn at all times at PCMH.
5. PESP authorized to practice at PCMH are required to participate in orientation, annual reviews (fire, disaster, etc.) and to comply with all the policies and procedures of the hospital including, but not limited to, the Occupational Health Policies, Infection Control Policies, Immunization, and the Substance Abuse Policy.
6. PESP will be responsible for communicating with managers regarding when they will be practicing and what activities they have been approved to perform on the unit. Any questions by PESP or managers regarding practice are to be referred to the Chief Nursing Officer.
7. The Chief Nursing Officer will facilitate PESP education/training activities that may be indicated or desired.
8. Documentation of PESP practice at PCMH must be recorded on the progress notes and in dictation by the PESP. Healthspan Access will be approved by Chief Nursing Officer and Information System.
9. Annually, an update on PESP practicing at PCMH will be requested from physician offices and the nurse managers

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10. Physicians shall notify the Chief Nursing Officer office of any changes in personnel who will be practicing at PCMH.
11. PESP shall notify the Chief Nursing Officer or his/her designee of any changes in their activities that have been approved or of additional requests to perform activities that have not been approved or of additional requests to perform activities that have not been approved.
12. Requests to perform activities that are questionable in respect applicable state, local or federal regulations will be reviewed by the Chief Nursing Officer and, two clinical experts (in the area of practice in which request is being made) before the report for approval or denial is forwarded to the Chief Nursing Officer.
13. PESP may appeal a denied request. The office of Risk Management and Chief Nursing Officer will review any denied requests, and shall make a final decision.
14. The PESP must sign the Agreement and Release and Waiver from Liability form.

ADDENDUM

PENP Role in History and Physical

If the history and physical is the admission medical history and physical, the registered nurse may record the physician's verbal dictation during the time the history and physical exam is being performed. The registered nurse may only record the medical plan of care as stated by the physician.

In documenting the medical history and physical and the medical plan of care as stated by the physician, the registered nurse is performing a secretarial function for the physician. The information can be recorded in the progress notes and signature is recorded as: "dictated by Susan Smith, RN for Dr. Brown. The registered nurse is only recording the information for

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the physician. The registered nurse may not prescribe a medical treatment regimen or make a medical diagnosis unless she/he is a nurse practitioner.

The registered nurse could gather demographic information, allergies, past medical history and surgeries for the physician, but the signature after documentation of this information would be "Susan Smith, RN" so it is clear that the information was obtained and documented by the registered nurse.

It is permissible for the nurse recording a history and physical exam to use portions of other medical records (e.g. office records) to supplement the information directly communicated to the nurse by the physician on the day of admission as long as it is clear in the registered nurse's signature that this information obtained from the medical record that has been completed by the physician.

A registered nurse cannot perform an admission medical history and physical. If this is a nursing admissions history and assessment then a registered nurse may obtain it and follow-up with a nursing diagnosis and care plan. Registered nurses who perform nursing histories and assessments are employees of the hospital, and the registered nurses who are employed by physicians are held to the same scope of practice. Performing a medical admission history and physical is not within nursing law and rules for the registered nurse. Nurse practitioners approved to practice by the Joint Subcommittee of the Board of Nursing and the Medical Board can provide admission medical history and physicals, provided this activity is covered in the protocols that are developed between the nurse practitioner and primary supervising physician

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It is permissible for a PENP to pull together information from the medical record in order to for the physician to dictate a discharge summary that will later be reviewed and validated by the attending physician. The registered nurse would sign his/her name as "Susan Smith, RN, dictated for Dr. Brown.

Protocols

The registered nurse, as well as the licensed practical nurse, can use protocols that end in standing orders that are reviewed periodically, revised whenever the practice changes, and signed and dated by the physician. Specific Format is to be used as shown in A100-2. (Appendix A). Copies of standing orders are to be submitted and reviewed for approval by the PCMH Chief Nursing Officer.

Administering Medications in the Hospital

The registered nurse must function within his/her scope of practices and adhere to the hospital policies and procedures and that the registered nurse has the knowledge and skill and competent to give the medication. Registered nurse must have submitted a request to practice form indicating type of medication that is requesting to be administered at the hospital and must be approved by Patient Care Administration prior to administering. Change related to specific medication to be administered must be approved by Patient Care Administration.

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APPENDIX A

STANDING ORDER FOR _____

ASSESSMENT:

1. SUBJECTIVE FINDINGS:
-LIST THOSE COMPLAINTS REPORTED BY THE CLIENT WHICH ARE CONSISTENT WITH THE IDENTIFIED HEALTH CARE PROBLEM.

2. OBJECTIVE FINDINGS:
-LIST THOSE FINDINGS NOTED ON ASSESSMENT WHICH SUPPORT THE PRESENCE OF THE IDENTIFIED HEALTH CARE PROBLEM.

PLAN OF CARE:

1. CALL M.D. IF THE FOLLOWING SYMPTOMS ARE PRESENT: _____
(VERBAL ORDER MAY FOLLOW)

2. IMPLEMENT THE FOLLOWING MEDICAL TREATMENT/PHARMACEUTICAL REGIMEN IF OBJECTIVE FINDINGS AS LISTED ABOVE ARE PRESENT:
-THIS CONSTITUTES THE STANDING ORDER

3. NURSING ACTIONS:
-LIST INTERVENTIONS WHICH FOCUS ON THE CLIENT'S SELF-CARE NEEDS REGARDING RESPONSE TO ILLNESS, POTENTIAL ILLNESS, AND/OR TREATMENT.
-OCCUR WHETHER OR NOT MEDICAL TREATMENT PLAN IS INITIATED.

4. FOLLOW-UP REQUIREMENTS:

DATE WRITTEN:

APPROVED BY:

DATE REVISED:

MEDICAL DIRECTOR

NURSING DIRECTOR