

## WRITTEN AGREEMENT

---

Primary Physician Assistant Supervisor

---

Physician Assistant

---

Substitute Physician Assistant Supervisor

### **Question 1**

#### Job Summary:

The Physician Assistant shall assist inpatient care and the professional activities of the physician.

#### Responsibility:

The Physician Assistant shall have the knowledge and competency to perform the following functions:

1. Serve as telephone contact for patients and referring physician to the service.
2. Responsible for documenting recommendations, plan and outcomes for patients, ensuring that each physician participating has appropriate documentation in hand for patient exam.
3. Responsible for triaging patients for physician exam. Responsible for the evaluation and assessment of patients. Completion of history and physical exams. Documents the plan of care involving all the appropriate disciplines.
4. Complete consults on inpatients.
5. Rounds on patients utilizing sound clinical judgment in implementing the therapeutic regimen. Facilitates the care of the patient with the team and expedites the discharge process.
6. Provides individualized patient/family information, support, education and resources regarding diagnostic testing, procedures and surgeries.
7. Serves as a consistent contact for patient/family throughout the process of diagnosis and treatment. Empowers patient/family to participate in the plan of care, documents compliance and concerns, monitors patient progress, consults with physicians and other members of the healthcare team at agreed upon intervals.

8. Appropriately refers and/or coordinates appointments for consultations, diagnostic testing, physician referrals, and community resources.
9. Coordinates with primary physician preliminary treatment plans for patients and interacts with consultants to implement treatment plan.
10. Follows cardiology patients when admitted for inpatient services. Actively participates in treatment and discharge planning for patient.
11. Interacts with administration, manages and facilitates program improvement, attends cardiology service line meetings as necessary.
12. Manages the development, implementation, and evaluation of new program ideas, participates in and provides support and/or educational programs for staff and physicians related to the multidisciplinary process.
13. Manages the cross continuum care of multidisciplinary patients to provide high quality of care in an effective and efficient manner with close attention to service excellence.
14. Identifies new opportunities for assessing patient needs, researches assigned patient population for community resources, funding, etc. shares with inpatient nursing staff and develops fact sheets for teaching strategies and patient education.
15. Identifies patient and/or provider needs and develops quality programs to meet those needs. Ensures delivery of quality services to patients.
16. Collaborates with Clinical Nurse Specialist, Critical Care Clinical Nurse Specialist, and Nurse Educators in the preparation and delivery of community and professional staff education programs when necessary.
17. Collaborates with Network Clinical Trial Studies when appropriate.
18. Participates in network cardiology program strategic planning.
19. Maintains confidentiality of all materials handled within the Network/Entity as well as the proper release of information.
20. Attends service related conferences when possible.
21. Anticipates and meets the needs of those served by assuming responsibility for providing care and services in a professional, courteous and timely manner, consistently exceeding patient's expectations.
22. Complies with Network and departmental policies regarding issues of employee, patient and environmental safety and follows appropriate reporting requirements.

23. Demonstrates/models the Network's Service Excellence Standards of Performance in interactions with all customers (internal and external).
24. Demonstrates Performance Improvement in the following areas as appropriate: Clinical Care/Outcomes, Customer Service Improvement, Operational System/Process, and Safety.
25. Demonstrates financial responsibility and accountability through the effective and efficient use of resources in daily procedures, processes and practices.
26. Complies with Network and departmental policies regarding attendance and dress code.
27. Demonstrates competency in the assessment, range of treatment, knowledge o growth and development and communication appropriate to the age of the patient treated.
28. Maintains established policies and procedures, objectives, quality assessment, safety, environmental and infection control standards.
29. Responsible for the care and maintenance of department/entity equipment and supplies.
30. Attends meetings as required, and participates on committees as requested.

Procedures:

1. In addition to the functions listed above, the following is a list of clinical procedures that may be performed. This list is based upon educational background, work experience and hospital privileging and scope of supervising physician's practice.

As follows:

- Insert and remove nasogastric tube/nasoenteric feeding tube with stylet
- Remove sutures
- Insert intravenous line
- Venipuncture/arterial blood gas
- Insertion/removal/manipulation central venous catheters
- Insertion/reposition Swan Ganz catheters
- Insertion/removal arterial lines
- Removal chest tubes
- Insertion/removal foley catheters
- Insertion/removal temporary pacing wires
- IABP insertion/removal
- Local anesthesia/IV sedation
- Cardiopulmonary/resuscitation/BLS/ACLS
- May administer controlled substances and whole blood and blood components that are specifically named and ordered for a specific patient
- Cardiac stress testing, non-chemical and chemical

**Question 2/3**

Primary supervision will be performed in the hospital setting by Dr. \_\_\_\_\_ personal contact on nearly a daily basis. For periods of time when the supervising physician is absent, then alternate supervision will be performed by the substitute physician assistant supervisor who will meet all requirements of chart review, and have personal contract with the physician assistant on nearly a daily basis. When personal contact is not possible, the supervising physician or substitute supervising physician will be available to the physician assistant by telecommunications at all times. All supervision is in accordance with the State Board of Medicine Medical Practice Act for physician assistants.

**Question 4**

- St. Luke’s Hospital, 801 Ostrum Street, Bethlehem, PA 18015
- St. Luke’s Hospital Quakertown, 1021 Park Avenue, Quakertown, PA 18951
- St. Luke’s Cardiology Associates, 1532 Park Avenue, Quakertown, PA 18951
- St. Luke’s Hospital Allentown, 1736 Hamilton Street, Allentown, PA 18104
- St. Luke’s Cardiology Associates, 499 Bushkill Plaza Lane, Wind Gap, PA 18091
- St. Luke’s Cardiology Associates, 1469 Eighth Avenue, Bethlehem, PA 18018
- St. Luke’s Hospital Anderson, 1872 Riverside Circle, Easton, PA 18045

**AFFIRMATION**

This written agreement has been read and understood by those signed below. Utilization of the physician assistants is based on this document, the Medical Practice Act, institutional privileges, and the clinical judgments of the physician assistant and the supervising physician based on the welfare of the patient.

\_\_\_\_\_  
Primary Physician Assistant Supervisor  
Signature

\_\_\_\_\_  
Physician Assistant  
Signature