

Medical University Hospital Authority

List of Common Indirectly Supervised Clinical Procedures

Clinical Procedures which Residents May Be Permitted to Perform in Inpatient and Outpatient Units without Direct Bedside Supervision by a Qualified Physician

Policy & Procedure Overview

The procedures listed in this document are those procedures which, in the interests of good and expeditious patient care, are not uncommonly performed by residents when their supervising attending physicians may not be readily available to provide direct bedside supervision. Per the MUHA Medical Executive Committee (memo of 12/28/05, effective 5/1/06), MUHA requires all residency program directors maintain on file in MUSC's electronic residency management system (ERMS, currently the "E*Value" system from Advanced Informatics) their residents' assigned privilege levels for the procedures they may need to perform without direct attending supervision. For example, the Neurosurgery program director likely would file privilege levels for his residents to perform ventriculostomies but not intraaortic balloon pump placements.

The levels of privilege in the ERMS are congruent with MUHA Medical Staff By-Laws. Nursing personnel concerned about the competency of a resident to perform a particular procedure may use any Internet-connected computer anytime to access the ERMS (with user identification codes they have been provided) to determine the privilege level set by the resident's program director for that resident for that procedure. All nursing personnel have the authority to forbid a resident from performing a given procedure if the requisite level of supervision indicated in the ERMS is not in place. When a more senior resident is supervising a junior resident at the bedside, the relevant privilege level is the more senior resident's level.

Program directors must maintain privileges in the ERMS for their residents for **relevant** procedures drawn from the following list **as well as other procedures they believe are appropriate to manage in this manner**. As noted above, if a nurse is concerned about a resident's competency to perform a given procedure without direct bedside attending supervision, and if the nurse cannot find in the ERMS a listing for a suitable privilege level for that resident for that procedure, then the nurse has the authority to stop that resident from performing that procedure; the resident should address the matter with his supervisor(s).

In an emergent setting, any MUHA resident is permitted to perform any and all procedures he feels are necessary to stabilize the patient without first securing the otherwise requisite level of supervision. In such cases, (1) residents should not perform procedures they do not feel they can safely perform without supervision, even if the patient's life is at risk ("first, do no harm"); (2) residents should seek appropriate assistance and supervision at the earliest reasonable opportunity; and (3) residents should be prepared to defend their decisions to proceed without supervision.

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List Version 1.0

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Version History: See Appendix C

Abscess drainage	Lumbar drain removal
Arterial line placement	Lumbar puncture
Bone marrow aspiration	Nerve block
Bone marrow biopsy	Paracentesis
Central venous line (single- or multi-lumen) placement or replacement	Pericardiocentesis
Central venous line (single- or multi-lumen) removal	PICC line placement
Cardiac pacing, initiation of, using external wires	PICC line removal
Chest exploration	Resection of skin tags
Chest tube placement	Resection of extra digits
Chest tube removal	Setting of a fracture
Circumcision	Shrapnel removal (shallow)
Closed reduction of a fracture	Steinmann pin placement
Delivery	Suprapubic cystocentesis (bladder tap)
Dialysis catheter placement or replacement	Swan-Ganz catheter placement or replacement
Dialysis catheter removal	Thoracentesis
Epidural catheter placement	Transvenous pacemaker placement
External ventricular device placement	Transvenous pacemaker removal
Externalization of tunneled ventriculoperitoneal (VP) shunt	Triple lumen catheter removal
Extubation	Umbilical catheter placement
Halo placement	Umbilical catheter removal
Incision and drainage	Wound debridement
Insertion of pins for traction	Wound vac dressing change
Intraosseous line placement	Wound vac placement
Intubation	Ventriculostomy placement
Intraaortic balloon pump placement	Ventriculostomy removal
Intraaortic balloon pump removal	
Intracardiac line removal	
Intracranial line placement or replacement	
Intracranial line removal	
Laceration repair	
Lumbar (CSF) drain placement or replacement	

Appendix A

Procedure for Filing Resident Procedure Privileges in the E*Value Electronic Residency Management System

1. Login to the E*Value system (<https://www.e-value.net>) with a user ID granted the role of Program Director or Administrator.
2. To add a new procedure to the list of procedures tracked (for logging or privileging purposes) in this program, click on Administration, then click on Procedures, and then click on Administration.

At the top of the page you will see a form for adding a new procedure; below this form you will see the current list of procedures tracked for the director's program. Fill in the form by providing the name of the new procedure and, if desired, one or more procedure codes (such as CPT codes).

Optionally, you may also define the minimum number of times the program requires the resident perform the procedure, the number of times the resident must perform the procedure competently to be deemed competent, and the maximum number of times the E*Value system should send evaluation forms (to supervisor and/or trainee) when a trainee adds a performance of this procedure to his E*Value procedure log.

As program director, you also may define which evaluation forms should be sent to the supervisor and trainee (typically "None" for the trainee and "Procedure Evaluation by Supervisor" for the supervisor), and, for the form sent to the supervisor, you may select which question on the form defines the trainee's overall competency (typically "Overall Performance Score") and what score on that question is the minimum score of "competence" (typically 3 on a 1-to-5 scale).

You do not have to fill in any of these fields except the procedure name, but specifying these other details allows E*Value to assist you in tracking the trainee's development of competency. When E*Value sees the trainee has received competent-or-better scores on enough evaluations to meet the "minimum requirement to be deemed competent," the system will send the program director an e-mail notice of the trainee's milestone. The program director then can choose to escalate the trainee's privilege level for that procedure.

3. To set a privilege level for a given resident for a given procedure, look under Administration, click on Procedures, and then click on Procedure Privileges. Enter part or all of the resident's last name in the Search box and click Search, then select the resident from the Users list, select the Trainee Role if appropriate (typically the default "Not applicable" is fine), and then, if desired, select the date range for which

E*Value will summarize the resident's procedure experience. Finally, click Next. The resident's procedure performance summary will be displayed. Scroll to the procedure of interest, click on the new privilege level you wish to assign the selected resident, then scroll to the bottom of the form and click Submit.

4. Batch procedure privilege setting: To set one or more privilege levels (in a patterned fashion) for one or more procedures across one or more residents, you may communicate the pattern you have in mind by telephone or e-mail to the Help Desk at Advanced Informatics (the vendor for E*Value) or to MUSC's client representative at Advanced Informatics. (Contact information for the Help Desk and for the client representative is available from the GME Office.) For example, if an internal medicine subspecialty fellowship program is tracking ten general internal medicine procedures and five subspecialty-specific procedures, the program director may wish to contact the Help Desk on July 1 and ask that maximum privilege levels be set (for the three matriculating fellows) for the general internal medicine procedures and minimum privilege levels be set for the subspecialty-specific procedures. This reduces what would have been an exercise of $(10 + 5) \times 3 = 45$ privilege settings to a single phone call or e-mail.

In addition to setting *privileges* in batch, you also may add *procedures* in batch through the same methods of contacting the vendor. Just provide the vendor the information you would have had to enter into the Add Procedure form for each of the procedures in the batch, and the vendor will load the information into the system for you. In general, batch addition of procedures is useful only when a residency program is being initially set up on E*Value. Later on, it's probably more efficient for you to use the Add Procedure form for the occasional ad hoc addition of a new procedure rather than to convey the same information to the vendor in an e-mail or phone call.

Appendix B

Procedure for MUHA Nursing Personnel to Verify Resident Procedure Privileges

1. Login to the E*Value system (<https://www.e-value.net>) with either your personal user identification codes or the generic codes available for MUSC nurses who have not yet been assigned personal codes. If you have not been assigned personal codes and do not know the generic codes, please see your supervisor for the generic codes. Please be aware that at this time your access codes for the E*Value system are distinct from your access codes for any other system, including your MUSC Network Account (MNA) codes. In other words, yes, your E*Value codes are yet another set of user ID and password codes you need to remember or otherwise maintain. (Take heart, though: there are plans to develop MNA-based access to E*Value.) Please take care to maintain your access codes (whether personal or generic) in complete confidence.

After entering your access codes, be sure to select the correct training program for the resident whose privileges you want to review.

2. Under Reports, click on Procedures, then Procedure Privileges. In the Users list, select the resident of interest, and then in the Procedures list, select the procedure of interest. Click Next and you will see what privilege level has been set by the resident's program director for that resident when performing that procedure.

The privilege levels correspond to the MUHA Medical Staff By-Laws and basically describe how far away from the bedside the supervising attending is permitted to be (at the bedside, on the clinical unit, on campus, off campus).

If a privilege level is listed as "Undetermined," the program director has not set a privilege level for that resident for that procedure. Absent other information to clarify the resident's privilege level, you (i.e., MUHA nurses) are permitted to equate "Undetermined" with the most restrictive privilege level, "Attending physician must be at bedside."

3. If a resident is intending to perform a certain procedure without a qualified attending physician at the bedside, and you check his privilege level and find that either the level is Undetermined or the requisite level of supervision specified by the assigned privilege is not in place, you are authorized by MUHA to inform the resident that, except in an emergent setting, MUHA policy dictates he should not perform the procedure until the requisite level of supervision is in place. Residents who wish to question the appropriateness of their assigned (or Undetermined) privileges should be directed to consult their program directors and/or supervising attendings. Nurses who remain concerned about residents' actions should consult their own supervisors per the Chain of Command policy (C-109) (Appendix A, page 4).

Appendix C

Version History For the MUHA List of Common Indirectly Supervised Procedures

<u>Version No.</u>	<u>Version Date</u>	<u>Author and Comments</u>
1.0	January 1, 2006	Lawrence B. Afrin, M.D., Director of Information Technology, Office of Graduate Medical Education. Original version compiled from survey of all MUHA inpatient unit nurse managers (who in turn surveyed their nurses).