KetteringHEALTH

Registered Nurse First Assistant Kettering Health
Delineation of Privileges

Applicant's Name:

Instructions:

1. Click the **Request** checkbox to request a group of privileges.
2. **Uncheck** any privileges you do not want to request in that group.
3. Check off any special privileges you want to request.
4. Sign/Date form and submit with required documentation
5. Applicants have the burden of producing information deemed adequate by the Kettering Health (KH) hospital at which the applicant applies for a proper evaluation of the applicant's current competence, current clinical activity, and other qualifications for the privileges requested and for resolving questions related to such qualifications.

NOTE:
Privileges granted may only be exercised at the site(s) and within the setting(s) that have the appropriate equipment, license, beds, staff, and other support required to provide the care, treatment, and/or services which privileges are granted.

The Medical Staff documents already require adherence to the APP Policy, System/Hospital policy, applicable laws, rules regulations, accreditation standards, etc.

Required Qualifications	
Education/Training	Successful completion of education required for licensure as a Registered Nurse (RN)
	AND
	Successful completion of a Registered Nurse First Assistant (RNFA) program that meets the Association of perioperative Registered Nurses (AORN's) education standards for RNFA programs (AORN) approved
Licensure/Certification	Have and maintain a current State of Ohio RN license or a multi-state/compact RN license from their primary sate of residence
	AND
	Achievement and maintenance of national certification as a Certified Perioperative Nurse (CNOR)
	AND
	Have and maintain current CPR certification
Clinical Experience (Initial Grant of Privileges)	Documentation of minimum of 24 months of OR nursing experience. Submission of case logs documenting clinical experience during RNFA program or previous RNFA employment
Clinical Experience (Regrant of Privileges)	Demonstration of current competence as a RNFA in the prior privilege period (e.g., as evidenced by focused and ongoing professional practice evaluation, etc.) during which time the RNFA exercised privileges granted at a KH hospital(s) pursuant to this Delineation of Privileges
Additional Qualifications	Satisfy such additional qualifications as set forth in the Advanced Practice Provider Policy

Primary Privileges Registered Nurse First Assistant

Description: RNFAs may perform nursing tasks that are within the scope of RN practice, as specified in the Nurse Practice Act at ORC 4723.01 and carried out in compliance with standards of practice and nursing process specified in the Ohio Board of Nursing Rules at OAC 4723.4 RNFAs may perform medical and/or surgical tasks (i.e., tasks that are outside of the scope of RN practice) delegated by the primary surgeon, where the RN First Assistant has been specifically trained on such task, so long as delegation of the medical and/or surgical task is not prohibited by Ohio law or State Medical Board of Ohio rules, including those related to physician delegation to unlicensed persons at OAC 4731-23, and the surgeon has made the determination that delegation is appropriate as required by OAC 4731-23-02. The RNFA is considered an unlicensed person for purposes of physician delegation where the task to be delegated is outside of the scope of RN practice. In all instances of intra-operative surgical task delegation, the primary surgeon must be fully participating in the surgery and actively supervising the RNFA. As used in the privilege list below, the phrase "assist actively participating surgeon" in relation to a surgical task, means the RNFA acts as another set of hands for the fully participating and actively supervising surgeon.

Request						Request all privileges listed below.
KHHM	KHDO	KHMC	SOIN	KHMB	KHTR	Click **shaded blue check box** to Request all privileges. Uncheck any privileges you do not want to request.
						- Currently granted privileges
						Duties
						Enter verbal orders (received from a provider granted privileges to issue such orders) into the medical record (to be co-signed/authenticated by the ordering provider)
						Document nursing assessments, planning, and interventions performed, including observations of the patient and the patient's response to care
						Preoperative Tasks
						Educate the patient and offer emotional support
						Perform nursing assessments
						Intraoperative Tasks
						Assist anesthesia personnel with patient receiving anesthesia
						Administer local anesthetics pursuant to an order from a provider granted privileges to issue such order
						Assist with resuscitation of patient during cardiac arrest or other life-threatening events in the operating room
						Assist actively participating surgeon with cauterization of vessels for hemostasis
						Assist with moving, positioning, skin prep and draping of surgical patient
						Perform insertion of urethral catheters
						Assist actively participating surgeon with clamping, ligating and cutting tissue
						Assist actively participating surgeon with maintenance of hemostasis by direct pressure, use and application of appropriate surgical instruments for the task, placement of ties, placement of suture ligatures, application of chemical hemostatic agents or other necessary measures
						Assist actively participating surgeon with retraction of tissue and organs for optimal visualization with regard to tissue type and appropriate retraction instrument and/or technique
						Assist actively participating surgeon with suturing fascia, subcutaneous, and skin tissues

						Assist actively participating surgeon with operation of intraoperative surgical devices other than light-based medical devices for ablative procedures (to include but not limited to stapling devices, ligating devices, ablating devices, energy sources, and retraction
						Perform placement of wound vacuum systems where ordered by the provider
						Provide placement of pneumatic tourniquets where authorized by the surgeon
						Assist actively participating surgeon with placement of trocars for minimally invasive and robotic procedures under direct supervision
						Remove casts, splints and other orthopedic devices
						Review H&P and consent to confirm procedure and special equipment, medicine or therapeutic needs
						Select and apply appropriate wound and compression dressings
						Select and place x-rays for reference during the procedure
						Verify and mark specimens
						Perform other duties incidental to the surgical procedure deemed necessary for patient safety and optimal patient outcome as directed by the surgeon
						Postoperative Tasks
						Assisting in the safe delivery of the patient to the recovery room (PACU) or Intensive Care Unit (ICU)
						Communicate with the appropriate health care personnel and family members
						Performing follow-up care to evaluate patient condition
						Participate in discharge planning and provide discharge instructions
						Perform postoperative activities, which may include removing sutures, chest tubes, drains, or pacing wires where ordered by the surgeon or another involved provider

Acknowledgment of Applicant

I have requested only those privileges for which by licensure/certification, education, training, current experience, and demonstrated competency I believe that I am competent to perform and that I wish to exercise at the Kettering Health hospital(s) indicated above and I understand that:

In exercising any clinical privileges granted, I am subject to this Delineation of Privileges and applicable Hospital and Medical Staff policies and laws, rules, regulations and accreditation standards.

_____   _____
Provider Signature   Date

Department Chair Recommendation - Privileges

I have reviewed the requested clinical privileges and supporting documentation and make the following recommendation(s):

	Recommend all requested privileges be granted
	Do not recommend any of the requested privileges be granted
	Recommend granted privileges be granted with the following conditions/modifications/deletions (listed below)

Privilege	Condition/Modification/Deletion/Explanation

Department Chair Recommendation - Additional Comments

_____ _____

Department Chair Signature   Date