ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Critical Care Advanced Protocol Request to Train

CRNP or PA: _____ License Number: _____

Certification Statements for Initial Requirements: Collaborating/supervising physician should initial each area indicating understanding of the initial requirements.

_____ This nurse practitioner or physician assistant has been previously trained in the skills selected below through the Critical Care Specialty Protocol or has been previously trained, with Board approval, in central venous line insertion utilizing up to a 13F catheter.

_____ This nurse practitioner or physician assistant has worked in the Critical Care Setting for at least one year after successfully completing the training for the appropriate skills in the Critical Care Specialty Protocol

_____ Facility must be a ***State Designated Level I or Level II Trauma Centers*** actively participating in the Alabama Trauma System (Exhibit 1)

Skill Requirements:

_____ NPs or PAs in Level I or Level II trauma centers will be allowed to perform the following advanced skills **without direct physician supervision at the bedside** and outside the operating theater after documentation of supervised practice has been completed, submitted, and approved.

1. Central line insertion and removal (internal jugular, femoral and subclavian) for the purpose of venous access including dialysis, extracorporal photopheresis (ECP) and extracorporal membrane oxygenation (ECMO).
2. Insertion of chest tube.
3. Thoracentesis both diagnostic and therapeutic including the placement and use of small indwelling catheters.

_____ Collaborating and supervising physicians for these NPs or PAs must be appropriate medical and surgical intensivists, interventional radiologists, anesthesiologists, and/or pulmonologists.

_____ A physician should be available (Exhibit 1- Alabama Trauma Center Designation Criteria pages 9-10) at all times to provide appropriate diagnostic consultation prior to the performance of the advanced skill and to respond to an NP or PA requiring assistance and to provide surgical intervention for complications. (This supervision could be provided by the acute care or trauma surgeon.)

_____ Trauma Centers seeking such privileges for NPs or PAs will submit training protocols as well as the identified surgical supervising physicians that will provide prior procedure consultation and surgical coverage for complications. The training protocol submitted must consist of the following minimal requirements but may exceed them as local institutional policy.

_____ /Lic. # _____ _____ /Lic. # _____

_____ /Lic. # _____ _____ /Lic. # _____

I _____, the collaborating/supervising physician certify that I have read and understand the above requirements.

Signature _____ Date _____

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Critical Care Advanced Protocol

Alabama Trauma System Designation Criteria (pages 9-10)

1 In both Level I and Level II facilities 24-hour in-house availability is the most direct method for the attending surgeon to provide care. In hospitals with residency programs, a team of physicians and surgeons that can include the Emergency Department Physicians, Surgical Residents, or Trauma Residents may start evaluation and treatment allowing the attending surgeon to take call outside the hospital if he/she can arrive. For hospitals without residency programs, the attending surgeon may take call from outside the hospital but should be promptly available. Promptly available for Level I facilities will be 15 minutes response time for 80 percent of trauma system patients except for EMT Discretion. Levels II and III response time will be 30 minutes. Compliance with these requirements will be monitored by the hospital's quality improvement program and the ATS Trauma Registry.

2 If there is no published back-up call schedule there must be a written procedure of how to identify or locate another surgeon when needed and this should be monitored by the quality improvement plan.

3 Anesthesiologist will be available in-house 24 hours a day for Level I trauma centers. In Level II and III trauma centers anesthesiologist or CRNA will be available within 30 minutes response time. In Pediatric Level I trauma centers, anesthesiology will be available in-house 24-hours a day. Requirements may be fulfilled by a Pediatric Emergency Attending Physician, Pediatric Emergency Fellow, or a Senior Anesthesia Resident CA-2/CA-3 (PGY-3/PGY-4).

4 Alabama licensed specialty pediatric facilities, which are PPS exempt under Title 42 USC Section 1395ww(d)(1)(B)(iii) and receive funding under Title 42 USC 256e, shall not be required to have an obstetric/gynecologic surgery service but should have a transfer agreement for OB-GYN surgery services.

5 An average of 18 hours of trauma CME every three years is acceptable. An average of three of the 18 hours should focus on pediatrics.

6 Physicians may be board certified in Emergency Medicine or Pediatric Emergency Medicine by an ABMS- or AOA-recognized board or may be board certified in a primary care specialty if they have extensive experience in management of trauma patients. *Level I and II trauma centers may have an affiliation with pediatric hospitals to fulfill added pediatric requirements.

7 Physicians not board certified in Emergency Medicine or Pediatric Emergency Medicine by an ABMS- or AOA-recognized board must maintain their ATLS certification. There will be a three-year grace period for emergency department staff to become compliant with this requirement.

8 An operating room must be adequately staffed and immediately available in a Level I trauma center to remain available (green) to the trauma system. This is met by having a complete operating room team in the hospital at all times, so if an injured patient requires operative care, the patient can receive it in the most expeditious manner. These criteria cannot be met by individuals who are also dedicated to other functions within the institution. Their primary function must be the operating room.

> An operating room must be adequately staffed in 30 minutes or readily available in a Level II trauma center to remain available (green) to the trauma system. The need to have an in-house OR team will depend on a number of things, including patient population served, ability to share responsibility for OR coverage with other hospital staff, prehospital communication, and the size of the community served by the institution. If an out-of-house OR team is used, then this aspect of care must be monitored by the performance improvement program.

9 All levels of trauma centers should monitor prehospital trauma care. This includes the quality of patient care provided, patients brought by EMS and not entered into the trauma system but had to be entered into the trauma system by the hospital (under triage), and patients entered into the trauma system by EMS that did not meet criteria (over triage).

10 Hospital must complete and return to the RAC the initial patient findings, treatment provided and outcome at the end of the first 24 hours. This should be noted on the ATCC patient record.

11 Level III X-ray services will be available promptly after hours and on weekends.

12 Level I director of surgical critical care team will be surgical critical care board certified except for pediatric facilities that have 24 hours in- house pediatric intensivist.

13 Some portion of education should be pediatrics based.

14 Includes adults and pediatrics.

_____ I have read and understand the requirements for coverage under the Alabama Trauma System.

Collaborating/ Supervising Physician Signature: _____

Print Name: _____

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Critical Care Advanced Protocol Training Record

CRNP/PA Name:_____License Number: _____

Years of Critical Care experience as an NP or PA: _____

Submit this form along with the supervised practice form:

Skill	Training Requirement	Date and Instructor Signature
Central Venous Line Insertion and Removal: (Total of 6 hours)	3 hours didactic instruction on proper technique and insertion 2 hours w/ use of US guidance 1 hour on sterile technique and table set-up (unit-specific equipment required)	
Observation Requirement	Direct Observation of 3 procedures	

Skill	Training Requirement	Date and Instructor Signature
Insertion of Chest Tube (Total of 6 hours)	3 hours didactic instruction on proper technique and insertion 2 hours w/ use of US guidance 1 hour on sterile technique and table set-up (unit-specific equipment required)	
Observation Requirement	Direct Observation of 3 Procedures	

Skill	Training Requirement	Date and Instructor Signature
Thoracentesis both diagnostic and therapeutic including placement and use of small indwelling catheters **(Total of 4 hours)**	3 hours didactic instruction on proper technique of thoracentesis in the insertion of small indwelling catheters 1 hour on sterile technique, table set-up and unit-specific equipment required	
Observation Requirement	Direct observation of 3 Procedures	

Collaborating or Supervising Physician must certify that the Training Requirements set forth in the Critical Care Advanced Protocol have been completed.

Collaborating/Supervising Physician: _____

Print Name

Signature: _____ License # _____

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Critical Care Advanced Protocol Request to Train
Central Line Insertion and Removal

CRNP or PA: _____ Lic. # _____

Central line insertion and removal:

This includes the anatomic areas of internal jugular, femoral, and subclavian, (Vas Cath, ECP, ECMO).

_____ A total of three hours (3) of didactic instruction in proper technique and insertion, two hours (2) with the use of ultrasound guidance, as well as practical instruction one hour (1) on sterile technique, table set up including unit specific-equipment and catheter removal.

_____ The NP or PA must directly observe no less than three procedures (3) by a fully trained physician.

_____ Perform 20 CVL Insertions with no less than 10 under direct supervision by a physician. The remaining 10 procedures may either be supervised by a previously certified NP or PA.

_____ CVL removal may not be performed in a simulation laboratory.

_____ All procedures performed during the training protocol as well as those independently performed (once certified) should be recorded in electronic health record for tracking of frequency of the procedure performance and for complication occurrence.

_____ Ongoing proficiency should be demonstrated and documented every 6 months with the requirement of 10 procedures performed. The 6 months documentation should be kept on file at your facility.

_____ Level I and level II Trauma Centers utilizing this protocol and allowing NPs or PAs to perform these advanced skills will establish a database and Quality Assurance Program that reports monthly within the institution for appropriate oversight and review and will provide that data twice annually (every six months) to the Alabama Board of Medical Examiners. Data submitted to the ALBME will be provided to both the Joint Committee of Advanced Practice Nursing and the PA Advisory Committee for review. The Joint Committee and PA Advisory Committee will report at least annually to the respective Boards.

Physician initials and signature indicate having read and understand the protocol for training the nurse practitioner or physician assistant named above to perform this skill.

Collaborating/ Supervising Physician: _____

Signature: _____ Lic. # _____

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Critical Care Advanced Protocol Request to Train
Chest Tube Insertion

CRNP or PA: _____ Lic. # _____

Chest tube insertion:

_____ A total of three hours (3) of didactic instruction on proper technique and insertion of chest tubes, two hours (2) with the associated use of ultrasound guidance, along with instruction one hour (1) regarding sterile technique table set up in unit-specific equipment.

_____ The NP or PA must directly observe no less than three procedures (3) by a fully trained physician.

_____ 20 procedures performed with no less than 10 under direct supervision by a physician. The remaining 10 procedures may either be supervised by a previously certified NP or PA or performed in a simulation laboratory.

_____ All procedures performed during the training protocol as well as those independently performed (once certified) should be recorded in electronic health record for tracking of frequency of the procedure performance and for complication occurrence.

_____ Ongoing proficiency should be demonstrated and documented every 6 months with the requirement of 10 procedures performed, half of which may be performed in a simulation laboratory. The 6-month documentation should be kept on file at your facility.

_____ Level I and level II Trauma Centers utilizing this protocol and allowing mid-levels to perform these advanced skills will establish a database and Quality Assurance Program that reports monthly within the institution for appropriate oversight and review and will provide that data twice annually (every six months) to the Alabama Board of Medical Examiners. Data submitted to the ALBME will be provided to both the Joint Committee of Advanced Practice Nursing and the PA Advisory Committee for review. The Joint Committee and PA Advisory Committee will report at least annually to the respective Boards.

Physician initials and signature indicate having read and understand the protocol for training the nurse practitioner or physician assistant named above to perform this skill.

Collaborating/ Supervising Physician: _____

Signature: _____ Lic. #: _____

ALABAMA STATE BOARD OF MEDICAL EXAMINERS

Critical Care Advanced Protocol Request to Train
Chest Tube Insertion

CRNP or PA: _____ Lic. # _____

Thoracentesis

Thoracentesis may include diagnostic and therapeutic thoracentesis to include the placement and the use of small indwelling catheters.

_____ A total of three hours (3) of didactic instruction on proper technique of thoracentesis in the insertion of small indwelling catheters to also include instruction one hour (1) on the sterile technique, table set up and unit-specific equipment required.

_____ The NP or PA must directly observe no less than three procedures (3) by a fully trained physician.

_____ 20 procedures performed with no less than 10 under direct supervision by a physician. The remaining 10 procedures may be supervised by a previously certified NP or PA.

_____ All procedures performed during the training protocol as well as those independently performed (once certified) should be recorded in electronic health record for tracking of frequency of the procedure performance and for complication occurrence.

_____ Ongoing proficiency should be demonstrated and documented every 6 months with the requirement of 10 procedures performed. The 6-month documentation should be kept on file at your facility.

_____ Level I and level II Trauma Centers utilizing this protocol and allowing mid-levels to perform these advanced skills will establish a database and Quality Assurance Program that reports monthly within the institution for appropriate oversight and review and will provide that data twice annually (every six months) to the Alabama Board of Medical Examiners. Data submitted to the ALBME will be provided to both the Joint Committee of Advanced Practice Nursing and the PA Advisory Committee for review. The Joint Committee and PA Advisory Committee will report at least annually to the respective Boards.

Physician initials and signature indicate having read and understand the protocol for training the nurse practitioner or physician assistant named above to perform this skill.

Collaborating/ Supervising Physician: _____

Signature: _____ Lic # _____