PRE-APPLICATION FORM - ALLIED HEALTH PROFESSIONAL STAFF

This form must be typed and completed in full

NAME IN FULL:	**DATE:**
Any Other Name (Alias/Maiden):	
Office Address:	Office Phone:
Local Office Practice/Physician Supervisor(s): (*complete the attached agreement for each supervisor*)	
Residence Address:	Residence Phone:
e-mail address:	
Clinical Specialty:	
Professional School / Location:	Grad. Date:
Anticipated Start Date:	

Yes	No	Description
		Do you plan to establish, or have you established an office or on call location within fifteen (15) miles of the hospital?
		Copy of Washington State license attached? **P.A.s – must also provide a copy of approved utilization plan.**
		If no, copy of licensure application attached?
		Copy of DEA certificate, if applicable, attached?
		Copy of current professional liability insurance in the amount approved by the Board attached ($1/$3)?
		Copy of current Curriculum Vitae attached?
		Proof of meeting eligibility requirements for privileges in your category is attached? This may include certificate from professional school and/or certification in your specialty.
		Signed Physician supervisory agreement included?
		Signed Washington State Criminal Background form included?
		Signed Hospital safety review form included?
		Attached copy of planned utilization of the Yakima hospitals?

Please attach any explanations to this form if needed in response to the above items

My degree is:		ARNP - category	Specialty:	
		Physician Assistant		

Having provided the information requested above, I request an application for clinical privileges at Yakima Regional.

SIGNATURE _____DATE_____

PRACTICE PLANS AND PLANNED UTILIZATION OF YAKIMA REGIONAL:

___Practice

__Yes __No I have made plans for supervisory coverage with a physician member of the staff.

___Group Practice, name:_____

Anticipated start date:_____

Describe your planned utilization of Yakima Regional:

_____

_____

_____

_____

_____

_____

WASHINGTON STATE PATROL
Identification and Criminal History Section
PO Box 42633
Olympia WA 98504-2633
(360) 534-2000
https://watch.wsp.wa.gov

REQUEST FOR CONVICTION CRIMINAL HISTORY RECORD (RCW 10.97)

INSTRUCTIONS: PLEASE COMPLETE THIS FORM WHEN REQUESTING **CONVICTION** CRIMINAL HISTORY RECORD INFORMATION FROM THE IDENTIFICATION AND CRIMINAL HISTORY SECTION. MAIL REQUEST TO ADDRESS NOTED ABOVE WITH $17.00 CHECK OR MONEY ORDER OR COME TO OUR OFFICE AT 3000 PACIFIC AVENUE, OLYMPIA, WA. ***NOTE: IT MAY TAKE 7 TO 14 BUSINESS DAYS FOR RESPONSE WHEN MAILED. FOR AN IMMEDIATE RESPONSE, ACCESS OUR WEB SITE LISTED ABOVE TO CONDUCT YOUR CRIMINAL HISTORY REQUEST FOR $10.00 USING A CREDIT CARD.***

NOTARIZED LETTERS ARE AN ADDITIONAL $5.00 PER NOTARY SEAL ____ **Notarized Letter(s)**
(available by mail only)

NOTE: The requested record information is furnished solely on the basis of name and/or description similarity with the subject of your inquiry. Positive identification or non-identification can only be effected upon receipt of fingerprints. Applicant may be advised of inquiry.

A SUBJECT INFORMATION: (Please type or print clearly)

Applicant's Name: _____
Last First Middle

Alias/Maiden Name: _____

Date of Birth: _____ Sex: _____ Race: _____
Month/Day/Year

B REQUESTOR INFORMATION: (Please type or print clearly)

DATE: ____/ ____ /____ _____ _____
Mo. Day Yr. (print) Name/Title of Requestor Requestor's Signature

☐ Receive background results electronically Phone No. (___)_____

_____ _____
Email address Password (must be at least 8 characters)

REQUESTOR'S ADDRESS: (type or print clearly)

Name _____

Address _____

City State ZIP Code

Right Thumb Print (Optional)

SUPERVISORY AGREEMENT
ALLIED HEALTH PROFESSIONALS

THE PARTIES TO THIS AGREEMENT ("Agreement") are _____, a Medical Staff member with admitting/surgical privileges who has appropriate clinical privileges who shall have ultimate responsibility for the patient's care ("Supervising Member"), and _____, a licensed Allied Health Professional ("AHP"). Note: Provisional Staff members must successfully complete the proctoring requirements for their specialty prior to being allowed to supervise an AHP.

The effective date of this Agreement is _____ ("Effective Date").

A. Supervising Member desires to supervisor AHP to participate directly in the medical management of patients at of Yakima Regional Medical & Cardiac Center, subject and pursuant to the Medical Staff Bylaws, the Rules and Regulations of the Medical Staff and its policies and procedures currently existing and as hereafter amended (collectively "Medical Staff Bylaws") and the terms and conditions of this Agreement; and

B. AHP desires to participate directly in the medical management of patients under the supervision of Supervising Member, subject and pursuant to the Medical Staff Bylaws and the terms and conditions of this Agreement; and

C. Supervising Member and AHP enter this Agreement as a prerequisite to of Yakima Regional Medical & Cardiac Center's approval of AHP's request for practice privileges. Supervising Member and AHP recognize that of Yakima Regional Medical & Cardiac Center is not a party to this Agreement.

IT IS AGREED:

1. Supervising Member:

1.1 Shall assume ultimate responsibility for the patient's care and provide supervision of AHP as required by the Allied Health Professional Policy appended to the Medical Staff Bylaws; and

1.2 Shall, by addendum to this Agreement, define the scope and terms of the Supervising Member's supervision of AHP as required by the AHP Policy.

2. AHP:

2.1 Shall fully comply with all terms and conditions for supervision by Supervising Member as set forth in the Medical Staff Bylaws, this Agreement, the AHP Policy and all other applicable laws, requirements and criteria;

2.2 Shall provide written notice to of Yakima Regional Medical & Cardiac Center of any changes to this Agreement and/or AHP's status at Yakima Regional Medical & Cardiac Center, or with Supervising Member at least forty-eight (48) hours prior to the effective date;

2.3 Shall have a written agreement with each supervising member, in addition to Supervising Member herein, defining the scope and terms of said supervising member's supervision of AHP as required by the AHP Policy;

2.4 Shall provide of Yakima Regional Medical & Cardiac Center and Supervising Member with a copy of each and every written agreement and all amendments for supervision by a supervising member.

3. Term of Agreement/Termination:

3.1 This Agreement shall take effect as of the Effective Date and shall continue for a period not to exceed two (2) years unless earlier terminated as provided in this Agreement or in the Medical Staff Bylaws.

3.2 This Agreement may be terminated without cause by either party with ten (10) days written notice to the other party. A copy of any termination shall be provided to of Yakima Regional Medical & Cardiac Center at the time it is issued.

The undersigned agree to the terms and conditions set forth above and to all terms and conditions set forth in the Medical Staff Bylaws.

SUPERVISING MEMBER: AHP:

_____ _____

Date_____ Date_____

YakimaRegional
Medical & Cardiac Center

DISCLOSURE AND AUTHORIZATION FORM

Yakima Regional Medical and Cardiac Center (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, or independent contractor assignments, as applicable) as defined under the Fair Credit Reporting Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

Intelius Screening Solutions LLC, a consumer reporting agency, will obtain the report for the Company. Intelius Screening Solutions is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The report may contain information bearing on your character, general reputation, personal characteristics, mode of living and/or credit standing. The information that will be included in your report include: *social security number trace, criminal records checks, public court records checks, driving records checks, educational records checks, verification of employment positions held, personal and professional references checks, and licensing and certification checks*. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with your past or present coworkers, neighbors, friends, associates, current or former employers, educational institutions or other acquaintances. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history.

☐ California, Minnesota, and Oklahoma applicants or residents: You have a right to request a free copy of your report if one is ordered on you. Please check this box to receive an emailed copy of your report.

ADDITIONAL STATE LAW NOTICES

If you are a Washington state applicant, employee, or contractor, please also note:

WASHINGTON: If the Company requests an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation requested by the Company. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

YakimaRegional Medical & Cardiac Center

AUTHORIZATION

I have carefully read and understand this disclosure and authorization form. I have had the opportunity to review my rights as listed under the Fair Credit Reporting Act online at www.ftc.gov/credit. By my signature below, I consent to the preparation of background reports by Intelius Screening Solutions LLC, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

Date : _____

First Name: _____

Full Middle Name: _____

Last Name: _____

Signature: _____

***Social Security Number:** _____

***Driver's License #:** _____ **State of Issue:** _____

*This information is collected to conduct portions of the pre-application, to include the background check and NPDB.

ALLIED HEALTH PROFESSIONAL ELIGIBILITY REQUIREMENTS

Check the appropriate category

All AHPs	May participate directly in the medical management of patients, but only under the supervision of an Active member of the Medical Staff who shall have ultimate responsibility for the patient's care. The AHP shall have a written agreement for supervision by the Medical Staff member.			
Advanced Registered Nurse Practitioners	☐ **Anesthesia CRNA**	☐ **Ob/Gyn CNM**	☐ **Pediatrics PNP / NNP**	☐ **FP or Medicine FNP**
	*Licensed as an ARNP ****Complete anesthesia program recognized by the AANA.*** *Certified as a CRNA by the AANA. (If the applicant has just graduated from a CRNA program, he/she must be board qualified for CRNA status and successfully complete the first available AANA exam. *Proctoring required	*Licensed ARNP, RN, and CNM *Graduate of a fully accredited school of Nurse Midwifery. *Certified by the ACNM or directly out of a program and actively seeking certification to be obtained within one year from the date of graduation. *Proctoring required	*Licensed ARNP NNP: *Graduate of a specialized Neonatal Nurse Practitioner program with certificate or advanced nursing degree. *Have NNP certification or eligible within 2 years of hiring) *AAP certification in neonatal resuscitation	*Licensed ARNP
☐ **Physician Assistant**	*Licensed in Washington by the Medical Quality Assurance Commission as a P.A. or the applicable state licensing board for Osteopathy, Podiatric Medicine, or Dentistry.			

Yakima Regional General Safety and Patient Safety/Quality Overview

Dial 477 for any Emergency/General Safety/Security Concern including those below:

Code Red	Fire
Code Blue	Cardiac Arrest
Code Orange	Hazardous Material Spill
Code Gray	Violent person
Code Silver	Weapon/Hostage Situation
Amber Alert	Infant/Child Abduction
Internal Triage	Internal Disaster
External Triage	External Disaster
Rapid Response	Rapid Response Team

In case of a Fire: follow RACE and PASS

RACE – Fire

- Rescue those in immediate danger
- Activate the fire pull station (call 477)
- Contain the fire
- Extinguish (see PASS) or evacuate

PASS – Using the Extinguisher

- Pull the pin
- Aim the nozzle at the base of the fire
- Squeeze the handle
- Sweep the nozzle in slow motion

Emergency Generators: In an emergency, generators will activate in 10 seconds.

Communication Failure: Switchboard/security will notify all departments. Codes will be called by radio, telephone, or pager.

MSDS: Material Safety Data Sheets are located in each department and are available online (hospital intranet site-labeled MSDS Online)

Regional follows the Plan-Do-Study-Act Cycle (PDSA) methodology for performance improvement

National Patient Safety Goals

"The purpose of The Joint Commission's (TJC) National Patient Safety Goals is to promote specific improvements in patient safety."

Physicians, AHPs and students will follow the NPSG as implemented at the hospital.
Please call the Quality Department at Ext. 3503 or 5763 if you have any questions regarding TJC

"Do Not Use" Abbreviations

U	Write "unit"
IU	Write "international unit"
MS, MSO4, MgSo4	Write "morphine sulfate" or "magnesium sulfate"
q.d. or Q.D.	Write "daily"
q.o.d. or Q.O.D.	Write "every other day"
Trailing 0 (x.0 mg)	Write X mg - Never write a zero by itself after a decimal point
Lack of leading 0 (0.x mg)	Write 0.X mg - Always use a zero before a decimal point

These abbreviations may not be used in any medical record documentation!

HAND HYGIENE: EVERYONE MUST wash with soap and water or sanitize hands alcohol based gel/foam upon <u>entering</u> <u>AND</u> <u>leaving</u> each patient's room

"Clean Hands!"
Provide a safer environment for everyone.

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Pain Management

Pain Management is a very important Patient Care and Patient Satisfaction process; everyone is responsible for pain management. Pain management includes medication, re-positioning, communication and other potential interventions.

All patients are screened, assessed, evaluated and treated for pain on admission and throughout their stay. Pain is assessed each shift, following administration of pain medication, and with each assessment of other vital signs. Hourly rounding includes screening for pain.

In collaboration with their health care provider and nursing staff, patients and families should be educated about pain assessment and management to determine acceptable pain control.

Patient Restraint

Restraints should be used only when other interventions have been exhausted.

To initiate and maintain restraints the following must occur:

- Initial order: Order must be written and/or obtained by LIP within 12 hours of application of a restraint
- Behavioral orders for emergency restrain must be obtained within one hour of application after a face-to-face assessment by the LIP
- PRN orders are not acceptable
- An order for continuation of the restraints must be obtained daily
- Restraint orders must be authenticated (signed, dated and timed) by the LIP within 24 hours for medical/surgical patient restraints and 8 hours for behavioral restraints.

Verbal/Telephone Orders (Washington state regulation)

Please make all attempts not to use verbal orders unless in an emergency situation and limit telephone orders as much as possible.

ALL verbal/telephone orders MUST be AUTHENTICATED (Signed, dated, and timed) within 48 hours after it is written.

Culture of Patient Safety and Quality

Leaders encourage teamwork and create structures, processes, and programs that allow this positive culture to flourish. All individuals who work in the hospital, including staff and LIPs, are able to openly discuss issues of patient safety and quality.

- Identify patients correctly
- Improve communication between staff/LIP and patient/families
- Include patient/family in decision making
- Prevent infections
- Report near misses or errors so we can improve processes

Licensed Independent Practitioner Wellness

The organized medical staff and organization leaders have an obligation to protect patients, its members, and other persons present in the hospital from harm. Therefore, the medical staff must address prevention of physical, psychiatric or emotional illness and facilitate confidential diagnosis, treatment, and rehabilitation LIPs who suffer from a potentially impairing condition. The purpose should be about facilitating rehabilitation rather than discipline.

Disaster Overview – Internal Disaster and External Disaster

Internal Triage or External Triage: Disaster Overhead Announcement

General Guidelines for all disasters:

- Keep telephone use to a minimum; use hospital telephones for hospital business
- Maintain patient confidentiality
- Use cell phones only in areas where there will not be interference with equipment
- Keep calm
- Listen for announcements Key areas may Change if needed

Location of Key Areas:

Hospital Command Center
1) Basement-South (next to communications room) (primary)
2) 2 Tower Conf Room (back-up location)

Labor Pool Location:
1) Cafeteria (primary site)
2) Doctor's Lounge (back-up location)

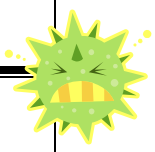
Family Waiting Area: Chapel
Media Waiting Area: Conf. Room D (St. E's Hall)

Incident Command Organization

After the disaster plan is initiated:
1. AOD/ANS establish ICS
2. Command Center is established
3. Disaster Situation Report received from ED

Treatment Categories & Areas:

Critical (red): Emergency Dept.
Acute (yellow): Emergency Dept.
Minimal (green): Nuclear Medicine
Expectant (black): Same Day Surgery
When the "all clear" is given, all patients have been triaged and no more are expected



Infectious Patient Disaster Policy

- In the event of an influx of infectious patients, triage will be established outside the hospital. External tents in adjacent parking lots of the facility or County Emergency Management may direct triage to an external community site.
- The ANS will arrange for lock down of hospital and a barrier in front of both main entrances (ER and ambulatory)
- If a large influx is suspected, the ANS will initiate a Disaster Alert after consulting with the ER physician.

Health Care Personnel with febrile respiratory illness

- Health Care Personnel who develop febrile respiratory illness should be excluded from work for at least 24 hours after they no longer have a fever, without the use of fever reducing medications.
- Health Care Personnel who develop acute respiratory symptoms without fever should be allowed to continue or return to work and may be asked to wear a mask.
- Health Care Personnel who have ongoing respiratory cough may be required to wear mask while working.

Definitions

External Triage—An event that occurs outside the hospital that causes injury and transfer of injured victims to the hospital is expected

Physician Role: External Disaster

- Access the hospital through the Doctor's Entrance
- Round on patients to assess if discharge is appropriate
- Report to the Labor Pool. Should check in before rounding so we know who is in the hospital.
- The Chief of Staff, ED Director, or Trauma Director will request help in the designated treatment areas as needed

Internal Triage– Fire (Code Red), Bomb Threat, System Failures, Earthquake, Hazardous Materials

Physician Role: Internal Disaster

For all internal disasters, dial 477 to report if you are the first to observe the incident/situation.

Seek the Department Manager in the area and ask how you can assist.

Physician response - Bylaws: *All members of the Medical Staff shall be expected to provide urgent and emergent care in the Hospital as required upon direction of the following individuals or their designee: the Chairperson of the Department concerned. If the Chairperson is not available, then this duty falls to the President of the Medical Staff or his/her designee.*

Non-staff physicians reporting to assist in a disaster are to report to the Labor Pool for the Disaster Credentialing process

Signature: _____ Date: _____ Time: _____

Yakima Regional Medical & Cardiac Center