

PROTOCOL

The following protocol for Allied Health Professionals employed by *Tyler Radiology Associates* is submitted as per the direction of the ETMC Medical Executive Committees , Mother Frances Health System and Texas Spine and Joint and Governing Boards. This Protocol will be reviewed annually by Tyler Radiology Associates or sooner as necessary as regulatory changes become mandated by the State of Texas.

Date: 06/19/2013

Service Line: RADIOLOGY

The Health Professionals employed by Tyler Radiology Associates will comply with Texas Physician Assistant Board and/or the Texas Board of Nursing as appropriate, and the policy of East Texas Medical Center, Mother Frances Health System and Texas Spine and Joint Hospital.

Scope of Practice: OCCUPATIONS CODE; CHAPTER 204 (as outlined by the Physician Assistants Act as amended 2005).

(a) The practice of a physician assistant includes providing medical services delegated by a supervising physician that are within the education, training, and experience of the physician assistant.

(b) Medical services provided by a physician assistant may include:

- (1) Obtaining patient histories and performing physical examinations;
- (2) Ordering or performing diagnostic and therapeutic procedures;
- (3) Formulating a working diagnosis;
- (4) Developing and implementing a treatment plan;
- (5) Monitoring the effectiveness of the therapeutic interventions;
- (6) Assisting at surgery; and interventional radiology (IR) procedures
- (7) Offering counseling and education to meet patient needs;
- (8) Requesting, receiving, and signing for the receipt of pharmaceutical sample prescription medications and distributing the samples to patients in a specific practice setting in which the physician assistant is authorized to prescribe pharmaceutical medications and sign prescription drug orders as provided by Section 157.052, 157.053, 157.054, 157.0541, or 157.0542 or as otherwise authorized by physician assistant board rule;
- (9) Signing or completing a prescription as provided by Subchapter B, Chapter 157; and
- (10) Making appropriate referrals.

(c) The activities listed by Subsection (b) may be performed in any place authorized by a supervising physician, including a clinic, hospital, ambulatory surgical center, patient home, nursing home, or other institutional setting.

(d) A physician assistant's signature attesting to the provision of a service the physician assistant is legally authorized to provide satisfies any documentation requirement for that service established by a state agency.

(e) A physician assistant is the agent of the physician assistant's supervising physician for any medical services that are delegated by that physician and that:

- (1) Are within the physician assistant's scope of practice; and
- (2) Are delineated by protocols, practice guidelines, or practice directives established by the supervising physician.

Diagnosis (Disease Management):

Pre- procedure Evaluation and performance for Interventional Radiology Procedures such as (Reference: JVIR 2008; 19: 1685-1689, Table 2, Page 3. Attached):

- Arthrograms
 - Diagnostic/Therapeutic Injections
 - Hip
 - Wrist
 - Shoulder
 - Elbow
 - Knee
- Image guided
 - LP
 - Myelograms
 - Cervical
 - Thoracic
 - Lumbar
 - Cisternogram
 - Blood Patch (Lumbar Epidural)
 - Paracentesis
 - Thoracentesis
 - NM Cisternogram
- Central Venous Access Procedures
 - PICC lines
 - Internal jugular central lines
 - Temporary HD Catheters
 - Tunneled HD Catheters
 - Assisting in procedures that require access to the central venous circulation
- Ultrasound, CT, Fluoroscopic guided
 - Biopsy
 - Aspiration
 - Injection
- Feeding tube/Nasogastric tube placement
- Modified Barium Swallow
- Barium Enemas
- Upper GI series
- Small bowel series
- Esophagram
- VCUG
- Cystogram
- Loopogram
- Nephrostogram (With or Without PCN removal)
- Drain Removal
- Catheter removal
- Sniff Test
- Cholangiogram
- Fistulagram
- Abscess drainage

- Skin closure
- Chest Tube placement (emergent cases) and removal
- Minimally invasive management of hemostasis

The following list of procedures or tests are not to be defined or limited to the specific listings provided.

Labs:

- | | |
|-------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Blood Chemistries | <input checked="" type="checkbox"/> Cardiac Profile |
| <input checked="" type="checkbox"/> Culture & Sensitivities | <input checked="" type="checkbox"/> Coagulation Studies |
| <input checked="" type="checkbox"/> Liver Function Studies | <input checked="" type="checkbox"/> Thyroid Function Studies |
| <input checked="" type="checkbox"/> Magnesium | <input checked="" type="checkbox"/> Cardiac Enzymes |
| <input checked="" type="checkbox"/> Urinalysis | <input checked="" type="checkbox"/> D Dimer |
| <input checked="" type="checkbox"/> CBC | <input checked="" type="checkbox"/> Tox screen |
| <input checked="" type="checkbox"/> Pregnancy test | |

Radiology:

- | | |
|---------------------------------------------------|-------------------------------------------------|
| <input checked="" type="checkbox"/> Chest X Ray | <input checked="" type="checkbox"/> KUB |
| <input checked="" type="checkbox"/> CT scan | <input checked="" type="checkbox"/> MRI/MRA |
| <input checked="" type="checkbox"/> Abdominal US | <input checked="" type="checkbox"/> LE Doppler |
| <input checked="" type="checkbox"/> VQ scan | <input checked="" type="checkbox"/> Arteriogram |
| <input checked="" type="checkbox"/> Spinal series | |

Medications:

- | | |
|-----------------------------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> Anti-Inflamunatory | <input checked="" type="checkbox"/> Anti-Emetics |
| <input checked="" type="checkbox"/> Antibiotics | <input checked="" type="checkbox"/> Anticoagulants |
| · Cephalosporins | <input checked="" type="checkbox"/> Oxygen |
| · Aminoglycosides | <input checked="" type="checkbox"/> Pre-operative medications |
| · Penicillins | <input checked="" type="checkbox"/> Bowel Preps |
| · Macrolides | |
| <input checked="" type="checkbox"/> GI prophylaxis | <input checked="" type="checkbox"/> Antiemetics |
| <input checked="" type="checkbox"/> Anti-embolism therapy | <input checked="" type="checkbox"/> Analgesics |
| <input checked="" type="checkbox"/> Anti-arrythmics | <input checked="" type="checkbox"/> Seizure treatment |
| · Digoxin | |
| · Amiodarone | |
| · Betapace | |
| · Rhythmol | |
| · B Blockers | |
| · Calcium channel blockers | |
| <input checked="" type="checkbox"/> Antihypertensives | <input checked="" type="checkbox"/> Anti-anginals |
| <input checked="" type="checkbox"/> Thyroid Medications | <input checked="" type="checkbox"/> Diabetic Medications |
| <input checked="" type="checkbox"/> Statin Therapy | <input checked="" type="checkbox"/> Bronchodilator Therapy |
| <input checked="" type="checkbox"/> Mucomyst | <input checked="" type="checkbox"/> PRN Hospital Meds |

Invasive Procedures:

- CRNA orders
- Pacemaker Orders
- Cardiac Cath orders
- ICU orders

Non-Invasive Procedures:

- Echo orders
- Electrocardioversion orders
- Stress Test orders/coverage
- EKG orders and interpretation
- Oxygen Therapy
- Rehab Orders

Miscellaneous:

- Admit Orders
- Transfer Orders
- Patient/Family Education
- Discharge orders
- IV Hydration
- Emergency treatment orders

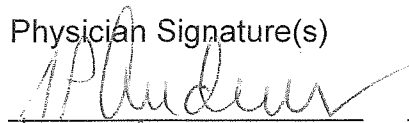
Case logs/summaries available on request

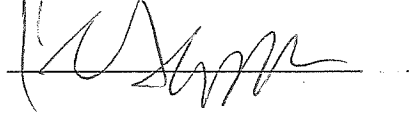
Physician Signature(s)

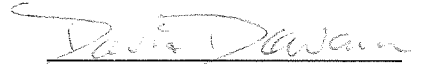
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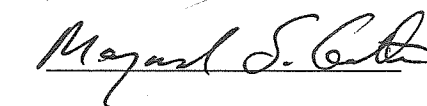
Allied Health Signature(s)

Date:









Date/Time: Jul. 1. 2013 3:11PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
3923	Memory TX	9035095829	P. 3	OK	

Reason for error
 1) Hang up or line fail
 2) No answer
 3) Exceeded max. E-mail size
 E. 2) Busy
 E. 4) No facsimile connection

To: 9035095829 From: (Rms) 05/28/13 04:40 PM Page 2 of 12

◆◆◆ CONFIDENTIAL ◆◆◆

Information requested from:
 John Andrews, MD
 Applicant Name:

Thomas K Hoyta, MD

Do you personally/professionally know the applicant? Yes No
 In what capacity did you observe the applicant's clinical practice? Personal Hospital Practice

PROFESSIONAL RELATIONSHIP

- To your knowledge, has the applicant ever been convicted of a crime, other than a minor traffic violation? Yes No
- To your knowledge, has the applicant been in good physical and mental condition with the ability to perform the privileges requested? (privileges do not apply to Managed Care applicants) Yes No
- To your knowledge does the applicant have relevant training and experience to their specialty? Yes No
- Would you recommend the applicant for credentialing/recredentialing into a Managed care Organization (MCO, HMO, PPO, etc.)? Yes No
- Would you recommend the applicant for appointment/reappointment into a Hospital with privileges as delineated in the attached? Yes No N/A
- To your knowledge, has the applicant ever shown signs of any behavior, drug or alcohol problems? Yes No
- Were any of this practitioner's privileges at your facility exercised with supervision? Yes No
 If so, please indicate: _____
- To your knowledge, has the applicant been involved in any professional liability suits (including cases brought, pending, settled or decided)? Yes No

DISCIPLINARY ACTIONS

To your knowledge, have any of the following ever been, or are any currently in the process of being, denied, revoked, suspended, reduced, limited, placed on probation, not renewed, voluntarily or involuntarily relinquished, or has the applicant ever withdrawn, or failed to proceed with an application for any of the following?

	Yes	No
License in any state	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Membership on any hospital medical staff	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other professional registration/licenses (including DEA/controlled substance registration)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Clinical privileges	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Institutional affiliation or status there at	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Professional society membership or fellowship/board certification	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Professional liability insurance	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Any other type of professional sanction	<input type="checkbox"/>	<input checked="" type="checkbox"/>

GENERAL RATING: Please rate the applicant in the following categories

	Satisfactory	Unsatisfactory	Not Known
General medical/clinical knowledge	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical and clinical skills	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Judgment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills (patients/families, peers/other healthcare team members)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills (verbal, written including medical records)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fulfillment of ER or on-call duties	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance of medical records	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance w/med staff bylaws, if applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adherence to hospital policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Signature: [Signature] Date: 7-1-13
 Print Name & Title: John Andrews, MD Telephone #: 555 250 9
 If Program Director, did Physician complete training? Yes No

CCS/ KATHY BROWN