

STATEMENT OF UNDERSTANDING

LIST OF EXCLUDED INDIVIDUALS/ENTITIES (LEIE) AS A CONDITION OF EMPLOYMENT

References:

- a. Social Security Act, Sections 1128, 1128B(f) and 1156.
http://www.ssa.gov/OP_Home/ssact/title11/1128.htm.
- b. Title 5, Code of Federal Regulations (CFR), Part 752, Adverse Actions.
http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title05/5tab_02.tpl.
- c. Title 42, CFR, Notice and Appeals, Subpart E, Sections 1001.2001 through 1001.2007. <http://www.gpo.gov/fdsys/granule/CFR-2010-title42-vol5/CFR-2010-title42-vol5-sec1001-2001>.
- d. DoDI 5505.12, Anti-Fraud Program at Military Treatment Facilities (MTFs), Change 1, October 13, 2013, and Attachment E-1

In accordance with listed references, individuals who have defrauded the US Government, or who have committed certain other acts delineated in the statute, are excluded from reimbursement from Federal healthcare programs for varying periods of time.

Accordingly, any individual who supplies health care items or provides services, and is listed on the Office of the Inspector General, US Department of Health and Human Services (HHS), List of Excluded Individuals/Entities (LEIE), is prohibited from participating in any capacity in the Military Health System, either directly or through the purchased care system.

This prohibition applies to any Federal employee who is paid by the Federal Government for delivering a healthcare item or service, including, without limitation, both privileged and non-privileged providers.

As a condition of employment, I, _____, understand that my employer will query my name against the HHS LEIE database on a monthly basis to verify that I have not defrauded the US Government or committed certain other acts delineated in the statute. I further understand that I am subject to removal from Federal service through adverse action procedures if my name is listed on the LEIE.

Current Employee printed name: _____

Current Employee Signature: _____ **Date:** _____

January 29, 1999

MEMORANDUM FOR SECRETARY OF THE ARMY
SECRETARY OF THE NAVY
SECRETARY OF THE AIR FORCE

SUBJECT: DoD Policy on Physician Licensure

Since 1988, under 10 USC 1094 (and currently DoD Directive 6025.13, "Clinical Quality Management Program in the Military Health Services System," July 20, 1995), the Department of Defense (DoD) has required all physicians to have a medical license to practice. However, some States have permitted military physicians to be licensed in special licensure categories that waive certain requirements (such as standard license fees) and include restrictions on the scope of practice (such as limited to federal facilities). Section 1094 was amended by section 734 of the Strom Thurmond National Defense Authorization Act for Fiscal Year 1999, Pub. L. 104-261. The amendment takes effect October 1, 1999. The law now provides (with the amendment shown in italics):

(a)(1) A person under the jurisdiction of the Secretary of a military department may not provide health care independently as a health care professional under this chapter unless the person has a current license to provide such care. *In the case of a physician, the physician may not provide health care as a physician under this chapter unless the current license is an unrestricted license that is not subject to limitation on the scope of practice ordinarily granted to other physicians for a similar specialty by a jurisdiction that granted the license.*

(2) The Secretary of Defense may waive paragraph (1) with respect to any person in unusual circumstances. The Secretary shall prescribe by regulation the circumstances under which such a waiver may be granted.

In implementing this law, DoD policy is guided by a commitment to achieve, and assure the public that we achieve, an unsurpassed standard of quality medical care. Implementation shall adhere to the following policies:

1. Unrestricted license. Any physician license in a licensure category that restricts the physician to practice in a federal facility or within some other confined limits does not comply with the requirement for an "unrestricted license." Unless waived, all physicians must have at least one current, unrestricted license. Physicians may hold additional licenses from States in licensure categories that have practice restrictions associated with military exemptions from certain fees or other requirements as long as the physician also holds at least one license for which there are no limitations on the scope of practice. Effective October 1, 1999, a physician without a full-scope license may not provide health care as a physician, unless a waiver is granted under this policy.

2. No waiver of clinical competency standards. A licensure category that includes limitations on scope of practice shall not be considered for a waiver of the unrestricted license requirement unless it includes all the same requirements pertaining to clinical competency (e.g., education, training, tests, continuing medical education, investigation and sanction authority of the licensure board) as the full scope category and has no restrictions pertaining to clinical competency (e.g., practice under supervision). A waiver shall be considered only if the differences between the full scope license and limited scope license are solely of an administrative or financial nature.

3. Waiver possible for administrative or financial requirement inharmonious with federal policy. The statute permits a waiver of the unrestricted scope requirement only in "unusual circumstances." A requirement to pay the standard license fee associated with an unrestricted license is not an unusual

circumstance and is not a basis for use of the waiver authority. A waiver may be considered in cases in which the administrative or financial requirements applicable to the full scope license that are not applicable to the limited scope license are substantial and seek to achieve a State purpose clearly inapplicable to military physicians based on federal policy. Examples of this would be a requirement that the physician reside in the State (federal policy calling for world-wide service), pay a substantial amount into a medical injury compensation fund (federal policy provides for medical injury compensation under federal statutes), or maintain private malpractice liability insurance (federal policy provides for malpractice liability through the U.S. treasury).

4. Careful review process to facilitate implementation consistency. Waiver consideration shall be based on a two-step process. First, the Assistant Secretary of Defense (Health Affairs) shall determine based on a review of a State's licensure requirements that the standards outlined in paragraphs 2 and 3 above are met and identify the particular State administrative or financial requirements that may be considered for waiver. Requests for this determination may be made by a Surgeon General. The Risk Management Committee shall consider such requests and make recommendations to the ASD(HA). Step two of the process shall be that individual physicians who do not hold a full scope license in any State but who hold a limited scope license in a State for which a waiver may be considered based on the step one determination may request a waiver from the Surgeon General of the Service involved. The request must include a justification for the waiver in the case of the individual physician. A waiver would not be granted for longer than the applicable time period of licensure; a subsequent licensure renewal would require a new waiver. The Surgeons General shall submit to the ASD(HA) an annual account of the waivers granted and the applicable justifications.

My point of contact for questions is Captain Peg Orcutt who may be reached at (703) 681-1703 or by e-mail: Margaret.Orcutt@ha.osd.mil.

////SIGNED\\\\
Dr. Sue Bailey

HA POLICY 9900007

My signature below indicates acknowledgement and compliance with the licensure policy.

Printed Name (Last, First, MI) (Rank/Status) (Signature) (Date)

Printed Name (Last, First, MI) (Rank/Status) (Signature) (Date)

Printed Name (Last, First, MI) (Rank/Status) (Signature) (Date)

Printed Name (Last, First, MI) (Rank/Status) (Signature) (Date)

Printed Name (Last, First, MI) (Rank/Status) (Signature) (Date)

**PHYSICIAN STATEMENT OF ACKNOWLEDGEMENT AND COMPLIANCE
OF
DOD GUIDANCE ON PHYSICIAN LICENSURE**

(Please Initial Applicable Area)

_____ I have a license from one of the following states and attached is a waiver request form
(Check Applicable State)

- _____ Florida
- _____ Kansas
- _____ Massachusetts
- _____ Oregon
- _____ Pennsylvania
- _____ Colorado

_____ I have a current, valid and fully unrestricted license from the states(s) of _____

Renewal fees are not subject to waiver in accordance with DoD policy. The following States allow waiver of renewal fees for Active Duty physicians. If I am licensed in one of these States (or in any other State that waives renewal fees for Active Duty personnel) and do not hold another current, valid, unrestricted and unlimited license, I HAVE paid the full fees.

**California/Connecticut/Florida/Kansas/Michigan/Montana/Nebraska/Nevada/
Vermont/Washington**

ACKNOWLEDGEMENT OF RECEIPT AND UNDERSTANDING

I have read and understand the DoD Guidance on Physician Licensure (DOD Directive 6025.13R, dated 11 June 2004).

Provider Printed Name

Provider Signature

Date

STATEMENT OF AFFIRMATION/RELEASE OF INFORMATION

I FULLY UNDERSTAND THAT ANY SIGNIFICANT MISSTATEMENTS IN OR OMISSIONS FROM THIS APPLICATION CONSTITUTE CAUSE FOR DENIAL OF APPOINTMENT OR CAUSE FOR WITHDRAWAL OF STAFF PRIVILEGES. ALL INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

By applying for appointment/reappointment to the medical staff, of Womack Army Medical Center, Fort Bragg, North Carolina, I make this ethical statement pledge that I will provide continuous care to my patients and will refrain from delegating the responsibility for diagnosis or care of hospitalized patients to a medical or dental practitioner who is not qualified to undertake this responsibility and who is not adequately supervised. I will seek consultation whenever necessary, will refrain from providing "Ghost" surgical and/or medical services, and will refrain from fee splitting or other inducements to patient referral.

I will not conduct or assist in the practice of medicine at any other institution unless specific approval is granted in writing by the Commander in accordance with applicable regulations (**active duty only**).

I have read and agree to abide by the rules and regulations and by-laws, of Womack Army Medical Center as currently written or hereafter amended, pertaining to medical practice. Moreover, I specifically pledge that I will not accept any compensation from patients, insurance companies or other sources for services rendered at Womack Army Medical Center. I pledge not to receive compensation directly or indirectly from the federal government through outside employment. Should I receive such payment, I will release it to the Treasurer of the United States (**active duty/GS only**).

By applying for appointment/reappointment to the medical staff, I hereby signify my willingness to appear for interviews necessary in regard to my application. I hereby authorize the Commander, Credentials Committee, or their representatives to consult with administrators and members of medical staffs of other hospitals or institutions with which I have been associated and with others, including past and present malpractice carriers, who may have information bearing on my professional competence, character, ethical and educational qualification. I hereby further consent to release from any liability all individuals and organizations who provide information to Womack Army Medical Center, Fort Bragg, North Carolina or its medical staff, in good faith and without malice concerning my professional competence, ethics, character and other qualifications for staff appointment and clinical privileges and I hereby consent to the release of such information by said individuals and organizations, to include any adverse information deemed appropriate to Womack Army Medical Center, Fort Bragg, North Carolina. A copy of this statement shall be binding as the original.

WOMACK ARMY MEDICAL CENTER
FORT BRAGG, NORTH CAROLINA

SIGNATURE

PRINT FULL NAME AND RANK

DATE OF BIRTH/SSN

DATE

**WOMACK ARMY MEDICAL CENTER
FORT BRAGG NC 28310**

**REQUEST FOR INFORMATION DISCLOSURE
FOR QUERYING THE NATIONAL PRACTITIONER DATA BANK**

PRACTITIONER INFORMATION

| | | | |
|---|-------------------------------|---------------------------------|-----------------------|
| Practitioner Last Name | First | Middle | Suffix |
| Other Name Used Last | First | Middle | Suffix |
| Organization Name WOMACK ARMY MEDICAL CENTER | | Assigned Department/Unit/Clinic | |
| Work E-mail Address | | Personal E-mail Address | |
| City FORT BRAGG | State NC | Zip Code 28310-5000 | Country (If not U.S.) |
| Home Address | | | |
| City | State | Zip Code | Country (If not U.S.) |
| Home Phone | Cell Phone | | Work Phone |
| NPI Number | | | |
| License Number | | State of License | Field of License |
| License Number | | State of License | Field of License |
| Date of Birth (mm/dd/yy) | Social Security Number (U.S.) | | Federal DEA No. |
| Professional School Attended | | | Year of Graduation |

AUTHORITY: 42 U.S.C 11131-11152 (Pub.L. 99-660, Health Care Quality Improvement Act of 1986); 10 U.S.C. 1102; DoD Directive 6025.14, DoD Participation in the National Practitioner Data Bank (NPDB); and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: To obtain the necessary information to query the NPDB.

ROUTINE USES: Information will be used by the Credentials office to query the NPDB.

DISCLOSURE: The provision of requested information is mandatory. Failure to respond will preclude
(1) The Credentials office will not be able to query the NPDB.
(2) The privileging process will be delayed until the NPDB is queried.

CONFIDENTIALITY: Information obtained will be maintained in strict confidence and provided only to those with an official need to know.

To Womack Army Medical Center Credentials Committee from:

RE: Specialty:

1. Applicant's Status:

a. During what period of time (inclusive dates) have you known the applicant and in what capacity?

From: To:

b. In what capacity have you known the applicant?

2. To your knowledge, have the applicant's clinical privileges ever been suspended, withdrawn, supervised, approved with limitations, reduced, modified or denied? In addition, has the applicant ever voluntarily withdrawn a request for privileges in lieu of a formal denial or due to a pending adverse action, or been subject to a specific focused review of privileges at any medical facility? No Yes

If yes, please explain:

3. To your knowledge, has the applicant had any physical, mental or emotional health problem(s) including any use of alcohol or drugs which might interfere with his/her capacity to carry out his/her duties as a member of the medical staff, or impair his/her competence to perform any of the specific clinical privileges requested? No Yes

If yes, please explain:

4. Are you aware of inappropriate medical practice by the applicant or had cause for concern about the quality of practice, poor relationships with other Health Care Providers, allied health professionals, administration, support staff or patients? No Yes

If yes, please explain:

5. To your knowledge, does the applicant accept medical staff policies and function willingly according to these policies? No Yes

If no, please explain:

6. To your knowledge, does/did the applicant complete medical records in a timely manner and in such a way to protect the hospital legally? No Yes

If no, please explain:

7. To your knowledge, has the applicant ever had any mental or physical illness, alcoholism or drug abuse/misuse that did interfere/could potentially interfere with professional performance? No Yes

If yes, please explain:

8. To your knowledge, does the applicant enjoy professional respect among colleagues/peers? No Yes

If no, please explain:

9. To your knowledge, has the applicant ever been named or involved in medical liability claims, settlements, judicial or administrative adjudications, licensure restrictions, probations, etc., or any other allegations/charges of inappropriate, unethical, unprofessional or substandard professional practice? No Yes

If yes, please explain:

Quality Assurance Document under 10 USC § 1102. Copies of this document, enclosures thereto, and information therefrom will not be further released under penalty of the law. Unauthorized disclosure carries a statutory penalty of not more than \$3,000 in the case of a first offense and not more than \$20,000 in the case of a subsequent offense. In addition to these statutory penalties, unauthorized disclosure may lead to unfavorable actions under the UCMJ and/or adverse administrative action, including separation from military or civilian service. Reference AR 40-68 (Clinical Quality Management).

10. To your knowledge, has the applicant ever had professional privileges denied, withdrawn, or restricted by a health care facility? No Yes

If yes, please explain:

11. To your knowledge, has the applicant ever resigned or otherwise was disassociated from employment or practice after being notified of intent to start action against him/her for failure to properly accomplish professional responsibilities? No Yes

If yes, please explain:

12. Please rate the applicant in the following areas:

| | Excellent | Good | Average | Marginal | Poor | Unable to Rate |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Medical/Clinical Knowledge | <input type="checkbox"/> |
| b. Technical Skills/Competency | <input type="checkbox"/> |
| c. Clinical Judgment/Performance | <input type="checkbox"/> |
| d. System-Based Practice (i.e. appropriate referrals, committee attendance) | <input type="checkbox"/> |
| e. Interpersonal Communication Skills | <input type="checkbox"/> |
| f. Rapport with Colleagues/Patients | <input type="checkbox"/> |
| g. Patient Care Thoroughness / Patient Outcomes | <input type="checkbox"/> |
| h. Professional Behavior/Ethics | <input type="checkbox"/> |
| i. Performance in Carrying Out Committee Responsibilities | <input type="checkbox"/> |
| j. Practice-Based Learning & Improvement (i.e. process improvement, use of CPG's) | <input type="checkbox"/> |
| k. Communication Skills | <input type="checkbox"/> |

13. Please note the approximate statistics about the applicant's practice at your facility (during the past 24 months):

| | N/A | 1-10 | 11-49 | 50-100 | 100-200 | 200+ |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Number of Inpatients Treated | <input type="checkbox"/> |
| b. Number of Outpatients Treated | <input type="checkbox"/> |
| c. Number of Admissions | <input type="checkbox"/> |
| d. Number of Consults | <input type="checkbox"/> |
| e. Number of Invasive Procedures | <input type="checkbox"/> |
| f. Number of Hours of Practice in your Emergency Medicine Clinic | <input type="checkbox"/> |

14. Please provide any additional comments you consider to be relevant or which may be beneficial in our evaluation of the applicant's credentials, etc., to include the applicant's notable strengths or weaknesses or any rating between average –poor for question #12.

uality Assurance Document under 10 USC § 1102. Copies of this document, enclosures thereto, and information therefrom will not be further released under penalty of the law. Unauthorized disclosure carries a statutory penalty of not more than \$3,000 in the case of a first offense and not more than \$20,000 in the case of a subsequent offense. In addition to these statutory penalties, unauthorized disclosure may lead to unfavorable actions under the UCMJ and/or adverse administrative action, including separation from military or civilian service. Reference AR 40-68 (Clinical Quality Management).

15. Based on education, training, experience, current competency, etc., do you recommend the applicant for the clinical privileges requested? (Please review the privileges attached.) No Yes

If no, please explain and identify any exceptions, to include clinical areas, procedures or severity of illness levels which you would be concerned about allowing the applicant to manage/perform:

15. SUMMARY RECOMMENDATION:

- a. I recommend the applicant for clinical privileges at your facility without reservation and attest to the applicant's qualifications and competency to perform the privileges requested.
- b. I recommend the applicant, but I have identified specific reservation(s) above or I have attached supporting documentation to substantiate the reservation(s).
- c. I do not recommend the applicant for reasons defined above or I have attached supporting documentation to substantiate the non-recommendation.
- d. Other

16. Do you suggest a member of our Credentials Committee contact you for additional information? No Yes

(Signature Required)

Date

(Printed Name/Title)

(Phone Number)

(Present Professional Position/Affiliation)

(Email Address)

Quality Assurance Document under 10 USC § 1102. Copies of this document, enclosures thereto, and information therefrom will not be further released under penalty of the law. Unauthorized disclosure carries a statutory penalty of not more than \$3,000 in the case of a first offense and not more than \$20,000 in the case of a subsequent offense. In addition to these statutory penalties, unauthorized disclosure may lead to unfavorable actions under the UCMJ and/or adverse administrative action, including separation from military or civilian service. Reference AR 40-68 (Clinical Quality Management).



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
2817 REILLY ROAD
FORT BRAGG NC 28310

MCXC-QSD-CRE

17 AUGUST 2015

MEMORANDUM FOR RECORD

SUBJECT: Privacy Act Statement Provider Online Roster (POR)

1. PURPOSE: To establish a Privacy Act Statement for use with the Provider Online Roster (POR).
2. PRIVACY ACT STATEMENT: For use of information on the Provider Online Roster (POR).

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Privacy Act of 1974 (5 USC 552 (A) (7)); 10 USC 1102 Homeland Security Presidential Directive 12.

PRINCIPAL USES: To grant access to the MEDCEN and verify the identities of hospital staff.

ROUTINE USES: Information provided is for official use only. It is not classified. It is used to determine eligibility and access needed for the position assigned, to verify identity of medical staff and to provide information and photos for a credentials staff directory.

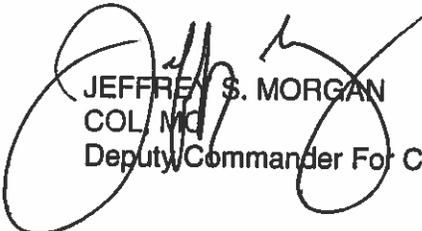
DISCLOSURE: Voluntary. However, failure to fully disclose information, as well as a photo for identification, may result in a denial of access to Womack Army Medical Center, its computer systems, and/or a denial of staff credentials/privileges.

Printed Name

Signature

Date

3. Point of contact for this document is the undersigned.


 JEFFREY S. MORGAN
 COL MC
 Deputy Commander For Clinical Services

DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER

SUBJECT: Life Support Training Certification/Re-certification

1. References: (a) DOD Directive 6020.2 dated 19 June 1991, Subject: Basic Life Support (BLS)
(b) U.S.A MEDCOM Memorandum dated 13 March 2001, Subject: U.S. Army Medical Command Policy on Basic Life Support (BLS) or Higher Level Training Courses
(c) WAMC Memo 40-36, dated 18 Feb 99
2. All health care providers must have current BLS training and certification. Current Advanced Cardiac Life Support or other advanced certification **does not** supersede BLS completion.
3. WAMC Memo 40-36 provides policy guidance for privileged healthcare providers (HCP) as to the type of life support certification that is required to maintain clinical privileges to practice within a given specialty. **All newly assigned health care providers (AD/Department of the Army Civilians, Contract and Red Cross Volunteers) will be required to obtain the required certificate of BLS before being awarded their clinical privileges.** Reserve HCPs must meet the requirements of WAMC Memo 40-36.
4. All health care personnel (civilian or military) assigned, or subject to reassignment to duties involving the provision of patient care will maintain BLS certificate of training. **Failure to do so will result in the healthcare personnel/privileged provider being removed from patient care (Abeyance) and may result in the loss of clinical privileges. A 60 day extension may be given to those employees that have been deployed to obtain their certificate of training upon return.**
5. **The Military Training Network has determined that the standardized training in BLS provided by the American Heart Association (AHA) CPR/AED Professional Rescuer Course is the appropriate standard training for all BLS Certification.**
6. Health care providers must notify the credentials office upon completion of certification/re-certification and forward a copy of the card upon receipt for inclusion in your Practitioner Credentials File (PCF). If cards are not made available immediately, the provider must request a memorandum from the Education/Department and/or Instructor of the completion and new expiration date of certification.
7. It is the responsibility of all healthcare providers to ensure that certification/re-certification is obtained and maintained. Please sign your acknowledgment of this memorandum as indicated below.

ACKNOWLEDGMENT: I hereby acknowledge receipt and understand my failure to obtain and maintain life support training as required by DOD Directive 6020.2 and WAMC Memo 40-36 may result in my being assigned to non-clinical duties and my clinical privileges placed in abeyance, until completion of training.

(Signature)

(Date)



**DEPARTMENT OF THE ARMY
WOMACK ARMY MEDICAL CENTER
2817 REILLY ROAD
FORT BRAGG NC 28310**

REPLY TO
ATTENTION OF

MCXC-QSD-CRE

17 AUGUST 2015

MEMORANDUM FOR Privileged Health Care Providers (HCPs) of Womack Army Medical Center, Fort Bragg, NC 28310

SUBJECT: Continuing Medical Education (CME) and Continuing Education Unit (CEU) Requirements

1. In accordance with Army Regulation 351-3, CME requirements are as follows:

| | |
|--|--|
| MD/DO | Must meet certification/licensure board requirements |
| PT/OT/DIETITIAN | 25 HRS ANNUALLY |
| PA | 100 HRS EVERY 2 YEARS |
| NP/CRNA/MIDWIFE | 40 HRS EVERY 2 YEARS |
| DENTAL CORP | 30 HRS ANNUALLY |
| Pharmacy/Optomety/Podiatry/ Social Work/ Psychology | Must meet certification/licensure board requirements |
| Audiologist/Speech Pathologist | 30 HRS EVERY 3 YEARS |

2. All privileged HCPs (both physician and non-physician) are expected to submit certificates for their CME/CEU hours to the Credentials Office at the time those certificates are received by the HCP. For those hours where certificates are not available, the HCP may submit a log that is signed by their supervisor/chief.

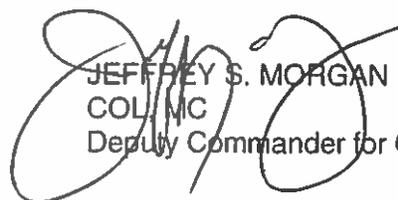
3. The Credentials Office will review CME/CEU hours upon the provider's request for renewal of privileges. If the provider does not submit the required amount, he/she will be given 90 days to comply. If the provider does not comply within 90 days, this could result in an adverse action.

4. I hereby agree and understand the CME/CEU requirements of being a privileged Health Care Provider at Womack Army Medical Center.

Print Full Name

Signature

Date


JEFFREY S. MORGAN
COL, MC
Deputy Commander for Clinical Services

INFORMATION PAPER
ADVANCE DIRECTIVES, DNR/DNI AND WITHDRAWAL OF CARE

I. RESPONSIBILITIES. The staff physician primarily responsible for the patient's care is ultimately responsible for ensuring that the patient has adequate information on which to base decisions and that the patient's wishes are honored as much as possible. The entire health care team (including physicians, nursing personnel, administrators, attorneys, chaplains, social workers, and patient representatives) will provide assistance with the formulation of advance directives and will help patients and their families participate in health care decisions.

II. DEFINITIONS.

A. **Durable Power of Attorney for Health Care ("Health Care POA").** A Health Care POA goes into effect at any time a patient lacks decision-making capacity on a temporary or permanent basis due to administration of anesthesia, medication, mental status changes, dementia, unconsciousness, or other factors. Questions about patient competency should be referred to Inpatient Psychiatry and the Office of the Center Judge Advocate. During such period of incompetency, the health care agent designated by the patient in a Health Care POA shall act as surrogate for the patient. When the patient regains decision-making capacity, the Health Care POA shall no longer be in effect and the patient should be consulted about all care decisions.

B. **Declaration of a Desire for a Natural Death ("Living Will").** A Living Will typically states an individual's desire not to prolong his or her life by extraordinary means or by artificial nutrition or hydration in the event the patient's condition is terminal and incurable or the patient is in a persistent vegetative state. **A Living Will does not go into effect and will not be honored unless the patient's attending physician determines that the patient's current condition is terminal and incurable or diagnosed as a persistent vegetative state and such determination is confirmed by another physician.** The opinion of both physicians must be fully documented in the patient's record prior to any order to withhold care pursuant to a Living Will.

C. **DNR Order.** A written order suspending the otherwise automatic initiation of means used to support ventilatory and/or circulatory function. Resuscitative measures that may be suspended by a DNR order include cardiopulmonary resuscitation, defibrillation, and administration of medications to enhance cardiopulmonary function.

D. **DNI Order.** A written order suspending the otherwise automatic tracheal intubation of a patient in cardiopulmonary arrest.

III. DECISIONS REGARDING ABATEMENT ORDERS (DNR/DNI)

A. The voluntary choice of a competent and informed patient will determine whether life-sustaining treatment will be undertaken. If a patient requests an abatement order after full discussion of risks, benefits, and alternatives to treatment, the attending staff physician will enter the order in the patient's medical record.

B. If a patient is not capable of making decisions the attending staff physician should make a determination if the patient's present condition is terminal and incurable or a persistent vegetative state, with such determination confirmed in writing by another physician. If both physicians agree that the patient's present condition is terminal and incurable or a persistent vegetative state

and the patient has not executed an advance directive, extraordinary means may be withheld upon the direction and under the supervision of the attending staff physician with the concurrence of (i) a court-appointed guardian, (ii) the patient's spouse, or (iii) a majority of the patient's relatives of the first degree, in that order.

C. If the attending staff physician feels that an abatement order is proper and no surrogate is available, consultation should be undertaken with the Ethics Committee and the Office of the Center Judge Advocate.

IV. PROCEDURES.

A. Only privileged staff physicians may write an abatement order. All abatement orders must be dated and signed. GME physicians who are at least PGY-2 level or higher may transcribe a verbal abatement order from a privileged staff physician. The staff physician must countersign a verbal order transcribed by a resident with date and time within 24 hours.

B. At the time the abatement order is written, documentation of the medical rationale for the abatement order will be made in the progress notes by the attending staff physician or a GME physician who is PGY-2 or higher. The note must include documentation of the patient's decision-making capacity and concurrence of the patient or surrogate. The scope of the abatement decision (e.g., "...patient desires CPR but not defibrillation...") should be fully documented in the progress notes.

Example:

"Mr. A has had no improvement over the past three weeks. I consider his current condition to be terminal and incurable, a determination with which Dr. X agrees. Mr. A currently is not competent to make his own decisions. The majority of his family, including his mother, sisters and children are now present at his bedside. We discussed ACLS procedures, intubation, and tracheostomy. His family members were unanimous in their decision to provide supportive and comfort care only. They agree he is not competent to make his own decisions. In the event of a need for ACLS procedures, to include mechanical ventilation, he will be kept comfortable. He is DNR/DNI."

C. All who are responsible for the patient's care should clearly understand the order, its scope, its rationale, and its implications. Abatement orders will be reviewed routinely on rounds and whenever there is a significant change in the patient's condition. **Orders for comfort care and orders to withdraw or withhold treatment other than resuscitative efforts must be written separately.**

Example:

"Patient is DNR/DNI. Comfort care only. D/C NGT, IV, and all blood draws."

V. PORTABLE DNR ORDER. An attending staff physician may issue a portable DNR order at the request of the patient or surrogate. The current portable DNR form issued by the North Carolina Department of Health and Human Services should be used and may be obtained through the State of North Carolina or hospice agencies. A Portable DNR is a form of advanced directive that should be honored if the patient or surrogate presents a validly executed portable DNR form on admission.

I have read and understand the above information regarding advance directives, DNR/DNI, and withdrawal of care.

Signature

Date

Printed Name

Date:

MEMORANDUM FOR: All Physicians/Physician Assistants

Print Name: _____

Department: _____

1. Are you intending to use x-ray producing machines to include "Mini C-Arms, C-Arms and or Table top Fluoroscopy machines at WAMC?

Yes

No

2. Are you a Radiologist/Cardiology Physician?

Yes

No

If the answer is no, do you have fluoroscopy credentials in your file?

Yes

No

If "No" do not request clinical privileges in Fluoroscopy until you complete the requirements in the OTSG/MEDCOM Policy Memo 10-008, Subject: Fluoroscopy Training and Credentialing for Non-Radiologists Physicians (NRP)