VUMC Advanced Practice

January 1

2017

Orientation Handbook
VanderbiltOAP.com

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Vanderbilt Advanced Practice Information	www.VanderbiltOAP.com
ACLS / BLS Certification	http://www.mc.vanderbilt.edu/root/vumc.php?site=resuscitation&doc=27327
American Academy of Nurse Practitioners	http://www.aanp.org/
American Academy of Physician Assistants	www.aapa.org
American Nurses Credentialing Center (ANCC)	http://www.nursecredentialing.org/
Application for Tennessee APN License	https://tn.gov/assets/entities/health/attachments/PH-3824.pdf
Application for Tennessee PA License	https://tn.gov/assets/entities/health/attachments/PH-3563.pdf
BRET Poster Printing Service and Templates	https://medschool.vanderbilt.edu/bret/poster-printing
Communications Policy	https://hr.mc.vanderbilt.edu/tempforce/employees.php#policy
Compensation	https://hr.mc.vanderbilt.edu/compensation/compensation.php
Computer Trouble (3-HELP)	www.mc.vanderbilt.edu/infocntr/helpdesk/
Controlled Substance Database	https://www.tncsmd.com/Login.aspx?ReturnUrl=%2fdefault.aspx
Disciplinary Actions	https://hr.mc.vanderbilt.edu/tempforce/employees.php#policy
Classifieds for Vanderbilt employees	http://www.vanderbilt.edu/classifieds/
Commodore Card to pay with your ID Badge	http://www.vanderbilt.edu/cardservices/
Documents to bring to orientation	http://hr.vanderbilt.edu/training/employeeforms.php
Drug Enforcement Administration (DEA)	https://www.deadiversion.usdoj.gov/webforms/jsp/regapps/common/newAppLogin.jsp
EPIC	https://epicleap.mc.vanderbilt.edu/
Employee Resources (links to everything at VUMC)	https://ww2.mc.vanderbilt.edu/mcmain/employees
Faculty and Staff Benefits	https://hr.mc.vanderbilt.edu/benefits/index.php

Faculty Manual	http://www.vanderbilt.edu/facman/
School of Medicine Faculty Training Requirements	https://medschool.vanderbilt.edu/foto/training-requirements
FMLA	https://hr.mc.vanderbilt.edu/fmla/index.php
Health and Wellness	https://healthandwellness.vanderbilt.edu/
Immunization Records	http://healthandwellness.vanderbilt.edu/all-aboard/vumc-immunization-requirements.php
Interpreter Services	http://www.vanderbilthealth.com/main/14548
Long Distance Code	https://it.vanderbilt.edu/vumcit/services/voice/index.php
MAGNET	https://mc.vanderbilt.edu/Magnet Website
Mandatory Practitioner Profile	http://tn.gov/assets/entities/health/attachments/PH-3585.pdf
Name Change Form	https://hr.mc.vanderbilt.edu/forms/documents/PersonalInfoChangeForm.pdf
Nashville Relocation	http://www.nashvillechamber.com/Homepage/Relocation/RelocateFamily/GettingEstablished.aspx
National Commission on Certification of Physician Assistants	www.nccpa.net
National Provider Identifier Number (NPI)	https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart
Notice and Formulary – Nurse Practitioner Certificate of Fitness to Prescribe	https://tn.gov/assets/entities/health/attachments/PH-3625.pdf
Notice and Formulary – Physician Assistant	https://tn.gov/assets/entities/health/attachments/PH-3563.pdf
Online Compliance Training	https://medapps.mc.vanderbilt.edu/foto
Orientation for New Staff	http://hr.vanderbilt.edu/training/newstafforientation.php
Parking Permit	https://ww2.mc.vanderbilt.edu/medcenterparking/
Payroll and Payroll Schedule	https://hr.mc.vanderbilt.edu/payroll/

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Protocol Database	https://int.vanderbilt.edu/vumc/CAPNAH/APSC/APRNprotocolswarehouse/
Rapid Response Program	http://www.mc.vanderbilt.edu/rapidresponse
Resignation guidelines	http://vanderbilt.edu/faculty-manual/part-ii-appointment-and-tenure/ch2-general-principles-rules-and-procedures-for-appointment-reappointment-and-termination/
Situation, Background, Assessment, Recommendation (SBAR)	http://www.ihi.org/knowledge/Pages/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.aspx
Society of Critical Care Medicine	http://www.sccm.org/Pages/default.aspx
Tennessee Board of Health Physician Assistants	http://tn.gov/health/topic/PA-board
Tennessee Board of Medical Examiners Guidelines for Nurse Practitioners	http://share.tn.gov/sos/rules/0880/0880-06.pdf
Tennessee Board of Medical Examiners Guidelines for Physician Assistants	http://share.tn.gov/sos/rules/0880/0880-03.20160621.pdf
Tennessee Board of Medical Examiners Guidelines for Supervising Physicians	https://tn.gov/health/article/PA-statutes
Tennessee Board of Nursing Guidelines for APNs	http://share.tn.gov/sos/rules/1000/1000-04.20150622.pdf
Travel Policy	https://vanderbilt.policytech.com/dotNet/documents/?docid=5267
Vanderbilt Credo	https://www.mc.vanderbilt.edu/vunet/vumc.php?site=Elevatesite
VUnetID Activation	www.vanderbilt.edu/epassword
VUMC Nursing Bylaws	http://www.mc.vanderbilt.edu/documents/nursingoap/files/VUMC%20Nursing%20Bylaws.pdf
VUMC Medical Staff Bylaws	http://www.mc.vanderbilt.edu/documents/nursingoap/files/VUMC%20Medical%20Staff%20Bylaws.pdf

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Welcome to Vanderbilt!

This handbook was created to support a successful onboarding experience and to be an informal orientation guide for the use of Vanderbilt University Medical Center and all Advanced Practice Providers (APP): Advanced Practice Registered Nurses (APRN) Nurse Practitioners (NP), Certified Nurse Midwives (CNM), Certified Registered Nurse Anesthetists (CRNA), Clinical Nurse Specialists (CNS), and Physician Assistants (PA). This guide refers often to the University Faculty Manual, Human Resources, Medical Center Bylaws, Vanderbilt Medical Group Bylaws and VUMC Policies. For complete, up to date information, please refer directly to those resources as the items within this handbook are subject to change. This guide is to serve as a supplement to your area specific orientation manual.

Prior to Beginning Employment at Vanderbilt

Your work history, experience, education, licensure, certification, contributions to practice, references and interviews were all considered in your selection process. You were the ideal candidate for this role. With this role comes responsibility and integrity as an Advanced Practice Provider and in many cases, University Faculty member.

Your compensation was reviewed and recommended by our compensation department based on your experience as an RN and APRN or PA, current market and/or current salary. Once we agreed upon the details of this position and you verbally accepted the position, our Human Resources Department initiated a background check. Once your background check was cleared, an initial offer letter is sent from Vanderbilt verifying the terms of employment.

Vanderbilt University Medical Center APRN's or PA's may be faculty appointed as Assistants or Associates within the School of Medicine, within the Division and Department affiliated with their primary service area or they may be appointed as Instructors, Assistant Professors, Associate Professors, or Professors in the School of Nursing. A few weeks after you receive the Vanderbilt Human Resources offer letter, your respective Division and Department within Vanderbilt School of Medicine (VUSOM) or Vanderbilt School of Nursing (VUSN) will also send you an offer letter specifically outlining the terms of your academic appointment.

Vanderbilt Nursing, VUSOM and VUSN have a unique partnership and share oversight of the Advanced Practice Program. Vanderbilt Nursing provides Advanced Practice Nursing support (administrative support may vary based on area of practice); whereas the supervising physician, affiliated Division and Department provide clinical oversight for your practice.

Vanderbilt Credo

Vanderbilt University Medical Center Credo

We provide excellence in healthcare, research and education.
We treat others as we wish to be treated.
We continuously evaluate and improve our performance.

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Credo Behaviors

I make those I serve my highest priority
I respect privacy and confidentiality
I communicate effectively
I conduct myself professionally
I have a sense of ownership
I am committed to my colleagues

Meetings

Ask your preceptor about regular meetings that you should try to attend. Some examples include:

Grand Rounds
Morbidity and Mortality Conferences
Division Faculty Meetings

You are also welcome to attend the VUMC Advanced Practice meetings.

Vanderbilt University Medical Center
Advanced Practice Event Calendar 2017
Updated: 11/23/16

Event	*Date*	*Time*	*Location*	*Comments*
AP Council	1/25/17	12-1	LH 208	
	4/26/17	12-1	LH 208	
	7/26/17	12-1	TBD	
	10/25/17	12-1	TBD	
AP Grand Rounds	1/17/17	12-1	LH 202	Pulmonary Fibrosis: Considerations for the Advanced Practice Professional
	2/21/17	12-1	LH 202	Geriatric Trauma: Evolving Concepts in a Rapidly Growing Patient Population
	3/21/17	12-1	LH 202	Outcomes of Nurse Practitioner-Delivered Critical Care: A Prospective Cohort Study
	4/18/17	12-1	LH 202	Advanced Practice Providers' Perceptions of Patient-Workload: Results of a Multi-Institutional Survey
	5/16/17	12-1	LH 202	Pharmacotherapy Considerations for Lactating Patients
	6/20/17	12-1	LH 202	Malignant Hyperthermia: Adult and Pediatric Considerations
	7/18/17	12-1	TBD	Preventing Prescribing Pitfalls in Pediatrics

	8/15/17	12-1	TBD	Bugs and Drugs: A Review of Beta-Lactam Antibiotics
	9/19/17	12-1	TBD	Psychopharmacology: Precautions and Pitfalls
	10/17/17	12-1	TBD	Adult/Pediatric Delirium
AP Standards Committee	1/5/17	12-1	LH 412	
(1st Thursday of month)	2/2/17	12-1	LH 419 C-D	
	3/2/17	12-1	LH 419 C-D	
	4/6/17	12-1	LH 419 C-D	
	5/4/17	12-1	LH 419 C-D	
	6/1/17	12-1	LH 419 C-D	
	7/6/17	12-1	TBD	
	8/3/17	12-1	TBD	
	9/7/17	12-1	TBD	
	10/5/17	12-1	TBD	
	11/2/17	12-1	TBD	
	12/7/17	12-1	TBD	
PD/GR Planning Committee				
(3rd Friday of month)	1/5/17	3-3:30	LH 412	
	2/2/17	3-3:30	LH 419 C-D	
	3/7/17	3-3:30	Conference Call	
	4/4/17	3-3:30	Conference Call	
	5/2/17	3-3:30	Conference Call	
	6/6/17	3-3:30	Conference Call	
	7/5/17	3-3:30	Conference Call	
	8/1/17	3-3:30	Conference Call	
	9/5/17	3-3:30	Conference Call	
	10/3/17	3-3:30	Conference Call	
	11/7/17	3-3:30	Conference Call	
	12/5/17	3-3:30	Conference Call	
AP Professional				
Development Comm.	1/17/17	2-3	LH 306 A-B	
(3rd Tuesday of month)	2/21/17	2-3	LH 306 A-B	
	3/21/17	2-3	LH 306 A-B	
	4/18/17	2-3	LH 306 A-B	
	5/16/17	2-3	LH 306 A-B	
	6/20/17	2-3	TBD	
	7/18/17	2-3	TBD	
	8/15/17	2-3	TBD	
	9/19/17	2-3	TBD	
	10/17/17	2-3	TBD	
	11/21/17	2-3	TBD	
	12/19/17	2-3	TBD	

Your First Week at Vanderbilt

Your first week at Vanderbilt is comprised of New Staff, New Clinician and Advanced Practice Orientation.

Monday

New Staff Orientation *(some areas do not require APRNs or PAs to attend this session, check with your AP leader to verify)*

Wednesday

Vanderbilt Medical Group New Clinician Orientation Part I

Thursday

Vanderbilt Medical Group New Clinician Orientation Part II

Friday

Advanced Practice Orientation for all APRNs and PAs

New Staff Orientation

New Staff Orientation is Vanderbilt's way of welcoming you to a thriving cultural center that embraces and celebrates diverse talents and contributions. Designed with you in mind, New Staff Orientation teaches everything you need to know as you begin your Vanderbilt career. Information regarding this event can be found at: https://hr.mc.vanderbilt.edu/learning/newstafforientation.php

Some APRNs or PAs will not be required to attend New Staff Orientation, please check with your supervisor on whether you need to attend. New Medical Center staff will attend **Medical Center Orientation** as their first day of work.

Your manager will work with HR to register you for the necessary orientation session(s) and provide you with that information. If you have not received orientation information before your first day of work, please refer to the Who to Contact section below to find appropriate contact information for each orientation.

Where and When to Go
This orientation is offered most Mondays from 8 a.m. to 12:30 p.m. in Langford Auditorium. Check-in begins at 7:00 a.m. and the program starts promptly at 8:00 a.m. If you are going to be late, please contact your supervisor to reschedule.

Where to Park

Natchez Trace (N) Lot Parking Instructions:
Free parking for orientation is available in the **N Lot 73A**. Enter from Natchez Trace via West End Ave. or Blakemore Ave. or from Vanderbilt Place. See this parking map. Park in lot 73A on the corner of Vanderbilt Place and 31st Ave., near the red star on the map. See the lot entrances marked by the blue X's on the map. Please allow at least 15 minutes travel time between locations. There is a shuttle bus stop by lot 73A. Look for a bus stop shelter. There is a stop by the blue bus icon on the map. If you choose to shuttle, ride the **BLUE** shuttle to MCN (Medical Center North).

Orientation Location Directions:

Walk – Exit the parking lot via Natchez Trace or Vanderbilt Place. Head towards Jess Neely Dr. by the football stadium. Turn left on 24th Ave. Cross the street at Garland Ave. and turn right. Walk down Garland until in ends in front of Medical Center North and Eskind Biomedical Library. Turn right in front of the library. Orientation is in **Langford Auditorium,** next door on the right.

Shuttle – Take the **BLUE** shuttle from the N Lot 73A. Exit at Medical Center North by the Eskind Biomedical Library.
Langford Auditorium is next door past the red sculpture.
Taxi/Drop off address – 2209 Garland Ave. Nashville, TN 37232

MTA – Hillsboro 7 Bus get off at Medical Center Drive, walk up the sidewalk next to the hospital by the **€** on the map.

What to Expect

This orientation is divided into three main themes: Understanding Vanderbilt Culture, Meeting Your Basic Needs, and Preparing You for Success. During this orientation, you will learn the following:

- Vanderbilt's history and mission
- Benefits of being a Vanderbilt employee
- How Vanderbilt keeps its employees safe, healthy, and happy
- How to be a successful Vanderbilt employee
- How to complete new employee paperwork and get started in your Vanderbilt career

Employees who attend this orientation will also learn the following:

- VUMC mission and goals
- How the orientation process works: what to focus on during the first 30 days, 90-180 days, then annually and ongoing
- Credo behaviors and standards of conduct
- Customer service and service recovery

What to Bring

- Identification for I-9 employment eligibility verification (see https://hr.mc.vanderbilt.edu/i9/index.php)
- Social security numbers of dependents for benefits enrollment
- Supervisor name, department name, and department phone number

What to Wear

Business casual attire or work clothes/uniform are recommended for all orientations. The new staff orientation program is considered paid work time, so we ask that you dress as you would for a day at work. Clinical staff are welcome to wear unit-appropriate scrubs. Check with your supervisor for any other instructions.

Who to Contact

Ann Hudson - Human Resources Learning Operations Team
Phone: 615-343-8759
Email: vumcorientation@vanderbilt.edu

New Faculty Safety and Compliance Training Modules

You will be required to complete annual safety and compliance modules such as “conflict of interest disclosure”, fire safety, infection control, informed consent, universal safety, radiation safety, HIPPA training, managing fatigue and so forth.

If you are a School of Medicine Faculty member, your personalized class list with due dates can be found at: https://medapps.mc.vanderbilt.edu/foto

If you are a School of Nursing Faculty member, your personalized class list with due dates can be found at: https://webapp.mis.vanderbilt.edu/compliance/#/compliance

If you are a VUMC staff member, please see the following link regarding annual safety and compliance training: http://www.safety.vanderbilt.edu/training/vumc-staff-annual-requirements.php

Vanderbilt Medical Group – New Clinician Orientation

New Clinician Orientation (NCO) is a required orientation for all new providers joining Vanderbilt University Medical Center (VUMC). A provider must be an official employee of VUMC before they can attend this orientation. The recommended timeframe for completing the orientation is during the provider's first week of their hire date, but no later than 30 days after their hire date at VUMC in order to receive the necessary computer systems access and training, which is included in the orientation program. Physicians should be credentialed before they attend NCO.

New Clinician Orientation consists of informational sessions and hands-on systems training. It is split into two tracks. All incoming radiologists, pathologists, and anesthesiologists (including CRNAs) will complete the one day track, while all other new providers will complete the two day track.
The purpose of this orientation is to have all new providers:

- Understand the mission, values and goals of the organization
- Understand key responsibilities of their position and the impact it has on others
- Receive essential knowledge regarding professionalism, safety, documentation and quality that will help them be successful in their clinical practices
- Receive training on how to navigate through and use the basic clinical IT and EMR systems

To register for this orientation or for more information, please contact the NCO Program Coordinator at 875-3199 or newproviderorientation@vanderbilt.edu.

2017 New Clinician Orientation Dates

January 4 & 5
February 1 & 2
March 1 & 2
April 5 & 6
May 3 & 4
June 7 & 8
July 12 & 13
July 26 & 27
August 9 & 10
August 16 & 17
August 23 & 24
September 6 & 7
September 20 & 21
October 4 & 5
November 1 & 2
December 6 & 7

Please note that these dates are on Wednesdays and Thursdays. Advanced Practice Orientation for APRNs and PAs is offered once per month on Friday.   AP Orientation dates can be found in the AP Orientation section.

New Clinician Orientation

VMG Training & Organizational Development https://ww2.mc.vanderbilt.edu/nursingoap/47573
New Clinician Orientation Sample Agenda

Day 1 (Wednesday)

Time	Topic
8:00–8:30	Welcome & Overview of Orientation
8:30-8:45	Introductions & Housekeeping Items
8:45–9:30	Compliance Training
9:30-9:55	HIPAA
9:55-10:05	Break
10:05-12:10	StarPanel Basics
12:10-12:50	Lunch
12:50-1:40	Faculty Benefits
1:40-2:25	Professionalism
2:25-2:40	Patient Compliments & Concerns, Patient Satisfaction & Clinical Service Excellence
2:40-2:50	Break
2:50-3:00	Template Management
3:00-3:45	Overview of Quality and Safety
3:45-4:15	Risk Management
4:15-4:30	Work/Life Connections & Provider Wellness
4:30-5:00	N-95 Compliance and Fit Testing

Day 2 (Thursday)

Time	Topic
7:00-8:00	Perioperative Services Orientation (for providers performing or assisting in OR only)
8:00-8:05	Specialty Pharmacy
8:05-8:45	Essentials of Billing and Coding
8:45-9:15	Documentation
9:15-9:30	Provider Leader on Importance of Documentation
9:30-9:50	Break
9:50-12:20	StarPanel Documentation, RX Star and Outpatient
12:20-12:50	Lunch
12:50-1:35	Impax
1:35-1:55	VUMC Overview of Patient Flow and EMTALA
1:55-2:10	LifeFlight
2:10-2:40	Role & Supervision of the Advanced Practice Provider
2:40-2:55	Provider Time Away and Review of CME Tool

Advanced Practice Orientation

Advanced Practice Orientation is held on Friday of your first week at Vanderbilt. Prior to your arrival, you will receive an email with instructions on time and location. **Friday** will be spent with Janet Myers, APRN, Director of Professional Development, the Program Coordinator for the Office of Advanced Practice, and several AP Nursing leaders to discuss several important topics:

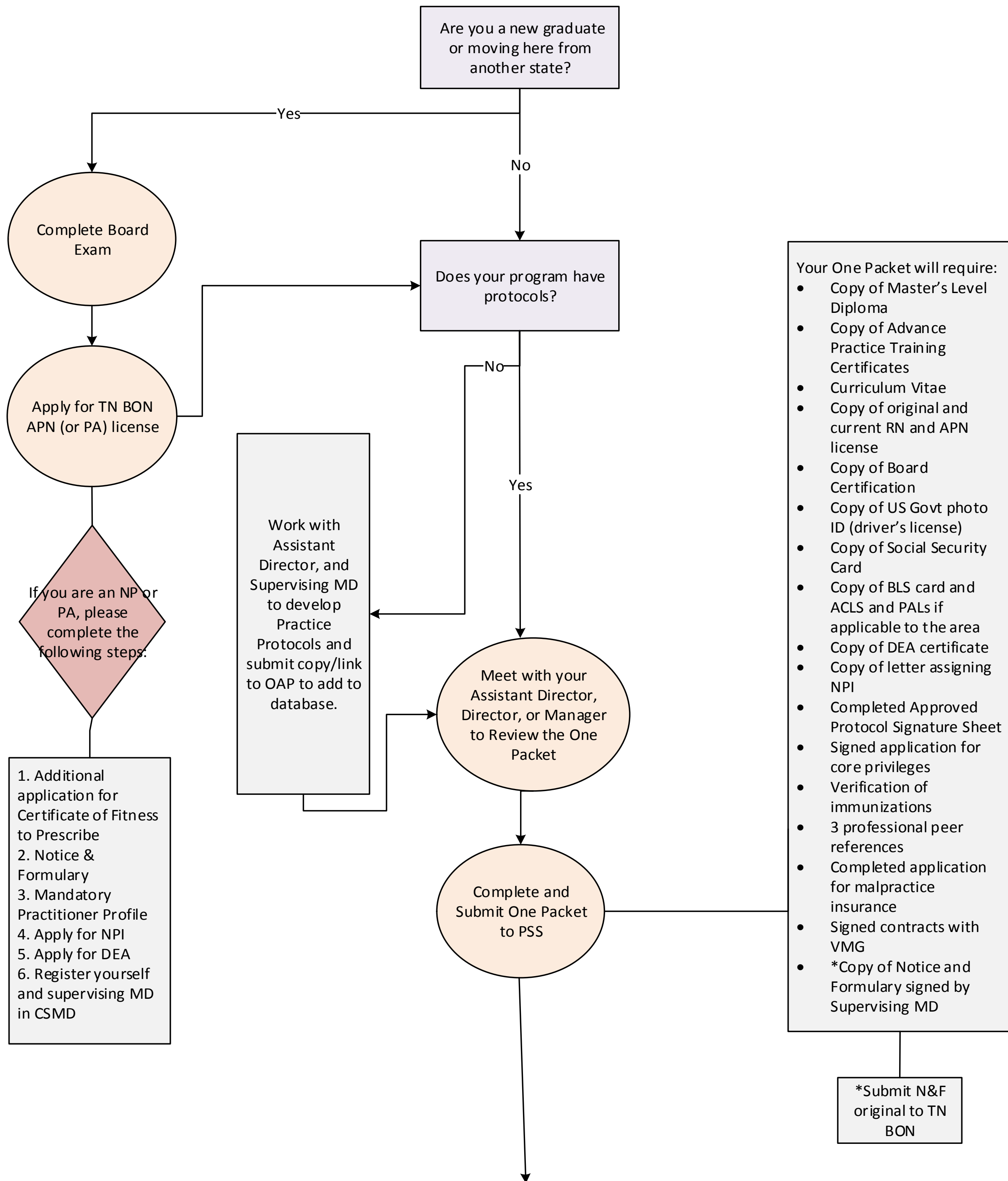
- Credentialing and Privileging
- Disclosure Training
- Tennessee Board of Nursing Guidelines
- Tennessee Board of Medical Examiners Guidelines
- Medical Center Bylaws
- Vanderbilt Medical Group Bylaws
- Protocol Guidelines & Database
- Controlled Substance Database
- Advanced Practice Councils and Committees
- Advanced Practice Website
- Credentialing and Privileging/One Packet Completion
- Tennessee APN License
- Tennessee Board of Nursing Guidelines
- Tennessee Board of Medical Examiners Guidelines
- VUH Compliance with Medical Center Bylaws
- Protocol Development

Event	Date	Time	Location
AP Orientation	1/6/17	8:30 - 12	MCE 8380A
	2/3/17	8:30 - 12	MCN C2209
	3/3/17	8:30 - 12	MCE 8380A
	4/7/17	8:30 - 12	LH 208
	5/5/17	8:30 - 12	MCE 8380A
	6/9/17	8:30 - 12	MCE 8380A
	7/14/17	8:30 - 12	TBD
	8/11/17	8:30 - 12	TBD
	9/8/17	8:30 - 12	TBD
	10/6/17	8:30 - 12	TBD
	11/3/17	8:30 - 12	TBD
	12/8/17	8:30 - 12	TBD

Please check with your AP leader to order the following items:

- Lab coat (form located in Appendix A)
- Pager/Phone or long distance code
- Secure ID token
- Keys
- Scrubs
- Business cards
- Prescription Pad

Advanced Practice Credentialing and Privileging Process



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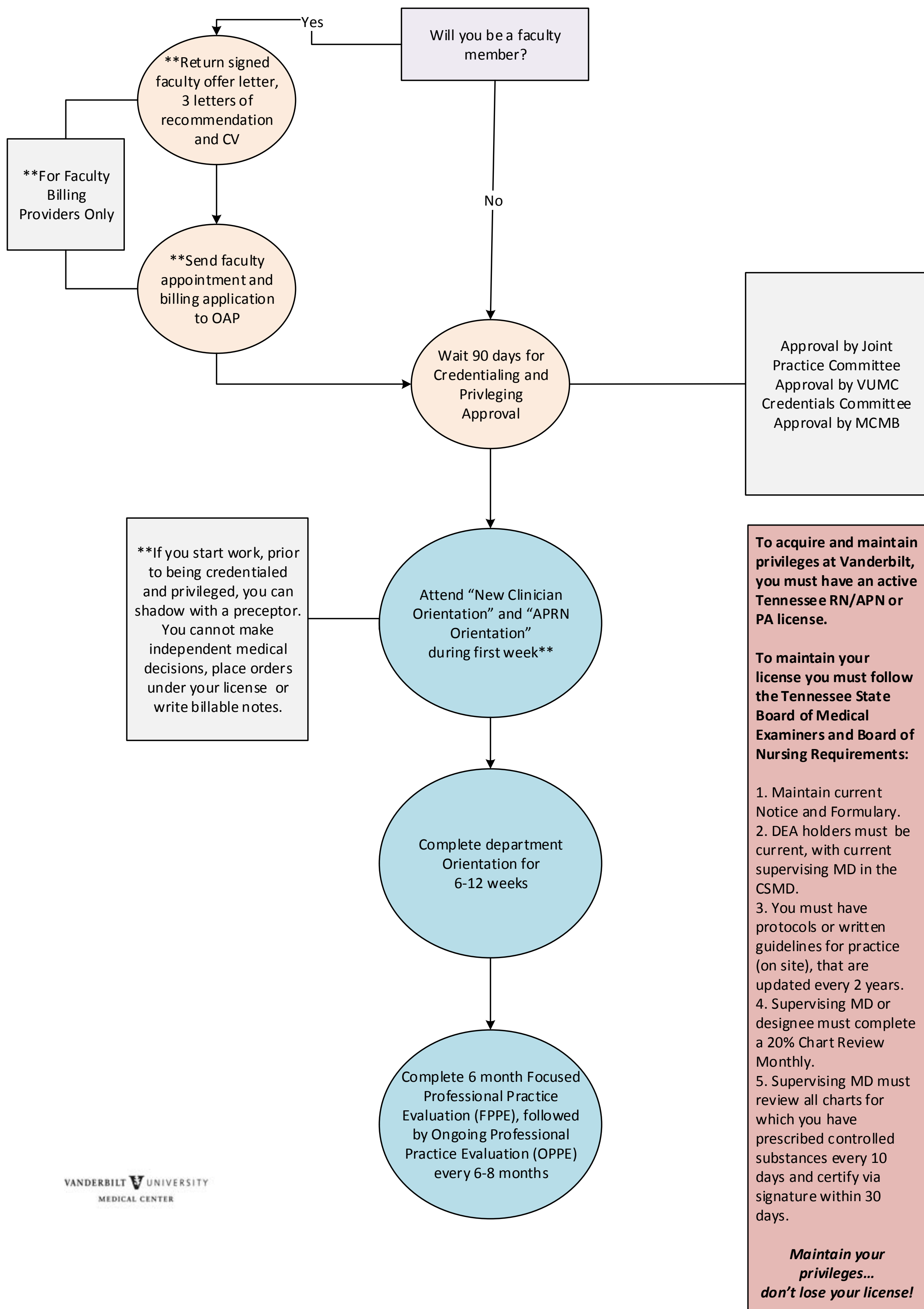
Will you be a faculty member?
Yes
No
**Return signed faculty offer letter, 3 letters of recommendation and CV
**For Faculty Billing Providers Only
**Send faculty appointment and billing application to OAP
Wait 90 days for Credentialing and Privleging Approval
Approval by Joint Practice Committee
Approval by VUMC Credentials Committee
Approval by MCMB
**If you start work, prior to being credentialed and privileged, you can shadow with a preceptor. You cannot make independent medical decisions, place orders under your license or write billable notes.
Attend "New Clinician Orientation" and "APRN Orientation" during first week**
Complete department Orientation for 6-12 weeks
Complete 6 month Focused Professional Practice Evaluation (FPPE), followed by Ongoing Professional Practice Evaluation (OPPE) every 6-8 months
VANDERBILT UNIVERSITY MEDICAL CENTER
To acquire and maintain privileges at Vanderbilt, you must have an active Tennessee RN/APN or PA license.
To maintain your license you must follow the Tennessee State Board of Medical Examiners and Board of Nursing Requirements:
1. Maintain current Notice and Formulary.
2. DEA holders must be current, with current supervising MD in the CSMD.
3. You must have protocols or written guidelines for practice (on site), that are updated every 2 years.
4. Supervising MD or designee must complete a 20% Chart Review Monthly.
5. Supervising MD must review all charts for which you have prescribed controlled substances every 10 days and certify via signature within 30 days.
Maintain your privileges… don't lose your license!

Credentialing & Privileging Continued…

The application for credentialing and privileging is termed “The One Packet” by Provider Support Services. We will discuss and provide you with your One Packet. When your One Packet is submitted, you will be assigned an agent within **Provider Support Services** who will work with you during the verification process which takes 90-120 days. A supervising physician must be identified prior to issuing a One Packet. The following documents will be submitted along with your One Packet:

- *Copy of Master’s Level Diploma*
- *Copy of original and current RN and APN license*
- *Copy of Board Certification*
- *Copy of Advance Practice Training Certificates*
- *Curriculum Vitae*
- *Copy of US Govt photo ID (driver’s license)*
- *Copy of Social Security Card*
- *Copy of ACLS, BLS cards*
- *Copy of DEA certificate*
  http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm
- *Copy of Notice and Formulary (requires supervising MD signature)*
  https://tn.gov/assets/entities/health/attachments/PH-3625.pdf
- *Copy of letter assigning NPI - https://nppes.cms.hhs.gov/*
- *Completed Protocol Signature Sheet (requires supervising MD signature)*
- *Completed Delineation of Privileges Form (requires supervising MD signature)*
- *Billing Application* -- Within your One Packet is a blank billing application, please submit this to your APN leader or the Office of Advanced Practice, Tabitha Horton, along with a copy of your Faculty Appointment Letter. These documents will be completed and submitted to the Billing Committee for approval. Once approval has been submitted to Payor Enrollment, you will receive a payor packet with several documents to review, sign and return to **Payor Enrollment**. Please stop by our office and we will mail this packet for you.

Provider Support Services
Vanderbilt University Medical Center
719 Thompson Lane, Suite 30330
Nashville, TN 37204
Phone: (615) 322-0223
Fax: (615) 936-6095

Payor Enrollment
VMG Business Office Payor Enrollment
719 Thompson Lane, Suite 30110
Nashville, TN 37204
Phone: (615) 322-0324
Fax: (615) 322-5048

Once the Joint Practice Credentials Committee and the Medical Center Medical Board have approved your credentials file, you will receive a letter of confirmation. **After you have completed orientation and received confirmation of credentialing, you will be able to practice as an APRN or PA at Vanderbilt**.

Reappointment: All providers are required to undergo a reappointment process every two years.

Applying for a Tennessee APN License

To apply for a Tennessee APN License, print and complete the Tennessee Board of Nursing Advanced Practice Licensure Application located at:

https://tn.gov/assets/entities/health/attachments/PH-3824.pdf

- The application will require a $210 fee paid by check. Please retain a copy of your check for your records.
- It will also require a form completed by your school, please send this form to your school as soon as possible with a self-addressed stamped envelope. Once you receive the form back, make a copy for your records and send the original (with school seal) to the state.
- There are at least 2 documents that require a notary. We have several notaries here at Vanderbilt that are free of charge. Call our office and we will help you arrange the notary.
- You will be asked to complete a "Mandatory Practitioner Profile" as part of your application process. It is important to complete this and keep it updated at all times.
- ** If you are going to prescribe, you must also apply for a **"Certificate of Fitness to Prescribe",** To do this, complete a Notice and Formulary. The Notice and Formulary is found at this site:
    - http://tn.gov/assets/entities/health/attachments/PH-3625.pdf The Notice and Formulary will require your supervising MD's signature and licensure information. Send the original to the State, keep a copy for your files and send a copy to Provider Support Services.
- Once you receive your APN License number, you may apply for your NPI and DEA.

Tennessee Board of Nursing/Board of Health
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243
Phone: (800) 778-4123
Phone: (615) 532-5166

More on the "Certificate of Fitness to Prescribe"

The board is authorized to issue a certificate of fitness to prescribe to certain advanced practice nurses (APNs). Qualifications include current registered nurse licensure, a master's degree in a nursing clinical specialty area, three (3) quarter hours or two (2) semester hours of pharmacology, national specialty nursing certification and evidence of specialized practitioner skills. The application for prescriptive authority is part IV of the APN application. The Certificate of Fitness designation will be denoted on the APRN certificate. There is no separate certificate number for prescribing privileges.

Applying for an National Provider Identifier Number (NPI)

All healthcare providers should have a unique identifier, known as a National Provider Identifier (NPI). Once you have a valid APN license number, you may apply for an NPI. Go to this site to apply:
https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart
They will send your NPI number via email within 1-2 days. Please save this email copy for your records and send a copy to Provider Support Services.

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Registration for a Drug Enforcement Administration (DEA) Number

All healthcare providers prescribing controlled substances are required to carry a valid DEA. You may go to this site to register: http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm call 1-800-882-9539. You will receive your DEA within 2-4 weeks of application. Use your home address as the contact address for your DEA. Send a copy of your DEA to Provider Support Services and to our office. The DEA number must be renewed every 3 years. Save a copy of your proof of payment for reimbursement purposes.

Once you hold a valid DEA, you must register with the Tennessee Controlled Substance Database. Go to this link to register: https://www.tncsmd.com

Licensure and Certification

All VUMC APRNs and PAs must hold a valid **Tennessee State APRN or PA license** as well as a current **board certification** in his/her respective specialty. Per Vanderbilt Policy, VUH health care providers are required to hold **BLS certification** (VUMC Policy Number CL 30-08.21). In addition, all VUH inpatient APRN/PA providers are required to hold **ACLS certification**. To sign up for BLS/ACLS classes, please go to this link: http://www.mc.vanderbilt.edu/root/vumc.php?site=resuscitation&doc=27327

Please renew licensure and certification prior to their due date. Fax a copy to your administrator or Advanced Practice Leader so that he/she can update the Credentials Application and Tracking (CATs) database; send a copy to Provider Support Services and to your respective academic Division/Department.

License/Certification	Renew every:	201 Cost
Board Certification	5 years	$350
APN License (initial)		$210
APN License (renewal)	2 years	$110
RN License	2 years	$110
DEA	3 years	$731
ACLS	2 years	Free for Vanderbilt Employees
BLS	2 years	Free for Vanderbilt Employees

Employee ID and ID Badge

You have been assigned an employee ID number. This ID number will be imbedded into the magnetic strip of your ID Badge. You may look up your **employee ID number** by going to the following link:

https://v4llogin.mis.vanderbilt.edu/v4l-cas/login?service=https%3A%2F%2Fwebapp.mis.vanderbilt.edu%2Fc2hr%2Fj_spring_cas_security_check

An ID Badge request form should be completed online for you (copy of this form also located in Appendix A). Take this form to the Medical Center North ID Card Office on the 2nd Floor. If you are not

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credentialed at the time of your initial badge receipt, you will need **a light blue RN badge**. Hours and location to the Medical Staff Card Office can be found here: http://hr.vanderbilt.edu/mc-cardservices/

Once you have been credentialed and privileged, obtain an ID Badge change form from MCN D2016E to update your ID badge to navy blue. Credentialed PAs and APRNs must obtain a navy blue identification card from the ID card office.

You badge should indicate the following:
First line: Name, highest degree, license, board certification
Second line: "Nurse Practitioner" or "Physician Assistant"
Third line: Division/Department

Parking

Access Parking information for new staff at https://ww2.mc.vanderbilt.edu/medcenterparking/

Obtain **parking permit** at Parking Permit Office, East Garage. You must have your ID Badge before you sign up for parking.

Parking Permit Office
1210 Medical Center Dr.
East Garage, Ground Level
Nashville, TN 37232-8800
615-936-1215 Option 3
Fax: **615-936-2127**
7:30 AM to 4:30 PM Mon.-Fri.
Closed the 3rd Wednesday of Each Month 12:00PM-1:30PM

For Questions or Comments Please Email VUMCParkingandTransportation@Vanderbilt.Edu

Reimbursements

Licensure and certifications may be reimbursable, please check with your APRN leader to verify. Please submit a copy of your license or certification along with proof of payment and submit through Concur. You must create a profile in Concur and submit for reimbursement. All reimbursements are automatically deposited into your checking account. Please allow 4 – 6 business days once approved for processing. Here is the link to Concur:
https://sso.vanderbilt.edu/idp/startSSO.ping?PartnerSpId=concur_vumc

Requesting a Faculty Appointment

Faculty Appointment Request and Approval Process for School of Medicine

To request a faculty appointment within the School of Medicine, you must provide the following documents:

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- Signed Faculty Offer Letter
- Curriculum Vitae
- 3 Letters of Recommendation addressed to the Chair of your department
- Advertisement for your position (completed and submitted by our office)
- Affirmative Action Form (completed and submitted by your office)

Once your request file has been submitted, it will be reviewed by the Dean of the School of Medicine. A faculty appointment letter will be sent to you from the Dean once your request has been approved.

Please submit a copy of your faculty appointment letter to Provider Support Services for your file and for your file to be submitted to the Billing Committee for approval as a Billing Provider. Once approval has been submitted to Payor Enrollment, you will receive a payer packet with several documents to review, sign and return to Payor Enrollment.

Faculty Appointment Request and Approval Process for School of Nursing

To request a faculty appointment within the School of Nursing, you must provide a letter requesting faculty appointment written by your Advanced Practice Leader, a recent Curriculum Vitae, copies of licensure, and references.

Once your request file has been submitted, it will be reviewed by the Dean of the School of Nursing. A faculty appointment letter will be sent to you from the Dean once your request has been approved.

Please submit a copy of your faculty appointment letter to Provider Support Services for your file and for your file to be submitted to the Billing Committee for approval as a Billing Provider. Once approval has been submitted to Payer Enrollment, you will receive a payer packet with several documents to review, sign and return to Payer Enrollment.

Documentation Guidelines for Non-Credentialed APRNs (Provisional Status)

Review the common documentation tools for your area. Most are through Star Panel and are found under “Star Notes” or “Star Forms”. Below are some common tools.

- History and Physical
- Admission note
- Daily Progress note
- Team Summary
- Resident Handover Tool
- Procedure note
- Discharge summary
- Death summary
- Star panel procedure log/file
- Consultation note

All admission and discharge documentation notes must be countersigned by the supervising physician or physician designee within 24 hours. Send all H&Ps and DCS to your attending’s message basket. Per the VUMC policy IM 10-20-13: ***“History and Physical. The History and Physical serves as the primary source***

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documentation that demonstrates the Attending physician's concurrence with the decision to care for the patient in the hospital. The Attending physician's signature serves as concurrence with the admission process, including the admitting order, the admitting diagnosis, and the initial treatment plan, regardless of whether the History and Physical has been completed by the Attending physician or Supervisee….Timeliness requirements are: I. Within 24 hours of admission or placement in observation status; or II. Within 30 days of admission, placement in observation status, procedure, or operation, provided that an update noting any changes in the patient condition is completed within 24 hours of admission; and III. Prior to any operation or procedure, and all of the elements noted above are included."

Practice utilization of EMR (Star Panel): Finding labs, reports, note templates, saving documents to a file, amending notes, accessing sign out tool/team summary, etc. You will receive computer training in the VMG provider orientation but you may sign up for additional training if needed.

***Important!* While in provisional status, all orientee notes are considered "student notes" and must be cosigned by the preceptor with a statement on the document that the preceptor has reviewed and approved the document. *Orientee's notes are not billable.* Therefore the billing preceptor will have to document a separate billable note each day.**

More information on Provisional Status (Non-credentialed APRNs/PAs in training)

Per VUMC Nursing Bylaws for Provisional Status, Provisional APRNs must: Have completed educational requirements; be board certified; be in process of state licensure; be in process of credentialing and privileging; not represent themselves as NP, CNM, CRNA; work under direct supervision; follow ANA, State, Specialty organization and practice/discipline specific guidelines.

VUMC additional requirements for Provisional Status: RN or staff badge (as opposed to the dark blue badge); RN access only to star panel; cannot diagnose, treat , prescribe, write billable notes; must sign documents as trainee (cannot indicate NP, PA, CRNA, CNM until C&P).

Creating your electronic signature in Star Panel

Log into Star Panel.
Go to "customize" on the left side, black panel.
Go to "preferences". Scroll down to the bottom of the page where it says "set/change your full name and role.
Update your name and role.

Rapid Response

Many APRNs and PAs respond to Rapid Response calls. To find out more information about the Rapid Response System, go to this link: www.mc.vanderbilt.edu/rapidresponse
To document a Rapid Response, you will use the "Rapid Response NP/PA Note" located in Star Forms. You will also be prompted to complete a short Rapid Response REDCap Survey at the end.

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Prescriptions

Per Tennessee State Law, APRNs may only prescribe to established patients. Controlled substances must be co-signed by a physician. Most Vanderbilt prescriptions are written using the RX Star program through WIZ/HEO; however, paper prescriptions are written on occasion. Prescription pads on watermarked paper can be ordered through Vanderbilt printing services. Following are the requirements for the prescription:

- *Prescriber's full name, address, telephone number*
- *Supervising physician name, address, telephone number*
- *Patient's full name, address and DOB*
- *Date of issuance*
- *Drug name, dose, dosage form, and amount*
- *When prescribing a controlled substance, DEA number*
- *Directions for use*
- *Refill instructions*
- *Signature of prescriber*

Tennessee State Board of Nursing Guidelines on APRN Prescription Writing, more information can be found at: http://share.tn.gov/sos/rules/1000/1000-04.20150622.pdf

- *Certification by the Tennessee Board of Nursing to prescribe and/or issue legend drugs, pursuant to T.C.A. § 63-7-123, shall authorize a nurse practitioner to prescribe and/or issue such drugs. Any nurse who prescribes and/or issues drugs without proper certification by the Tennessee Board of Nursing shall be subject to disciplinary action by the Board of Nursing in accordance with the provisions of T.C.A. § 63-7-115.*
- *In order to be issued a certificate of fitness as a nurse practitioner with privileges to write and sign prescriptions and/or issue legend drugs, a nurse must meet all of the following requirements:*
    - *A current, unencumbered license as a registered nurse under T.C.A. Title 63, Chapter 7;*
    - *Preparation in specialized practitioner skills at the master's, post-master's, doctoral, or postdoctoral level, including, but not limited to, at least three (3) quarter hours of pharmacology instruction or its equivalent;*
    - *A current national certification in the appropriate nursing specialty area; and*
    - *Graduation from a program conferring a master's or doctoral degree in nursing.*
- *Those applicants intending to prescribe, issue or administer controlled substances pursuant to T.C.A. § 63-7-123(b)(2) shall maintain their Drug Enforcement Administration Certificate to Prescribe Controlled Substances at their practice location to be inspected by the Board or its authorized representative.*
    - *A nurse who has been issued a certificate of fitness shall file a notice with the Board of Nursing containing:*
    - *The nurse's full name;*
    - *a copy of the formulary describing the categories of legend drugs to be prescribed and/or issued by the nurse; and*
    - *the name of the licensed physician having supervision, control and responsibility for prescriptive services rendered by the nurse.*

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- *Every nurse who has been issued a certificate of fitness shall be responsible for updating the information within thirty (30) days of the change."*

Tennessee Board of Medical Examiners Guidelines on APRN Prescription Writing, more information can be found at: http://share.tn.gov/sos/rules/1000/1000-04.20150622.pdf

- *"Once every ten (10) business days the supervising physician shall make a personal review of the historical, physical and therapeutic data and shall so certify by signature on any patient within thirty (30) days:*
    - *When medically indicated;*
    - *When requested by the patient;*
    - *When prescriptions written by the certified nurse practitioner fall outside the protocols;*
    - *When prescriptions are written by a nurse practitioner who possesses a temporary certificate of fitness; and*
    - *when a controlled drug has been prescribed.*
- *In any event, a supervising physician shall personally review at least twenty percent (20%) of charts monitored or written by the certified nurse practitioner every thirty (30) days.*
- *Any prescription written and signed or drug issued by a nurse practitioner under the supervision and control of a supervising physician shall be deemed to be that of the nurse practitioner.*
- *The supervising physician shall make provision for preprinted prescription pads bearing the name, address and telephone number of the supervising physician and that of the nurse practitioner. The nurse practitioner shall sign his or her own name on each prescription so written. Where the preprinted prescription pad contains the names of more than one (1) physician, the nurse practitioner shall indicate on the prescription which of those physicians is the nurse practitioner's primary supervising physician by placing a checkmark beside or a circle around the name of that physician."*

Key Guidelines from the VUMC Medical Staff Bylaws Manual

The following are excerpts from VUMC Medical Staff Bylaws, Rules and Regulations as they pertain to NPs and PAs. The manual in its entirety can be reviewed by going to this link: https://vanderbilt.policytech.com/

Physician Assistants

"A physician assistant ("PA") is authorized to perform selected medical services only under the supervision of a member of the Medical Staff. The following rules apply to services performed by a PA:
a. Physicians who have accepted the responsibility for supervising a PA shall be available for consultation with the PA at all times or shall make arrangements for a covering physician to be available. Supervision of a PA requires active and continuous oversight by the supervising physician to see that his/her directions and advice are implemented.
b. The nature and scope of services (including prescribing medications) that may be provided by each PA are set forth in written protocols developed by the PA and the supervising physician.
c. A PA may perform only those tasks that are within the PA's range of skill and competence and are within the supervising physician's usual scope of practice."

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Advanced Practice Nurses

"An advanced practice registered nurse ("APRN") is authorized to perform selected medical services only under the supervision of a member of the Medical Staff who is designated as a Supervising Physician of the APN ("Supervising Physician"). The rules pertaining to supervision of services performed by an APN are as follows:

a. Physicians who have accepted the responsibility of serving as a supervising physician for an APN shall be available for consultation with the APN at all times or shall make arrangements for coverage by another Supervising Physician.

b. APRNs who manage the medical aspects of a patient's care must have written protocols, jointly developed by the APRN and the Supervision Physician(s).

c. Only ARPNs who hold required certification may prescribe and/or issue non-controlled legend drugs.

d. Only APRNs who hold the required certification to prescribe and/or issue controlled substances and who have jointly with the Supervising Physician developed supervisory rules concerning controlled substance prescription as required by Tennessee law, may prescribe and/or issue controlled substances.

e. The Supervising Physician must also personally conduct a review of the APRNs medical records for quality pursuant to TCA Rule 0880-6-02. Review guidelines are as follows: review a minimum of twenty percent (20%) of all charts every (thirty) 30 days. In addition, once every ten (10) days, a review of the history, physical, and therapeutic data and certified by supervising physician's signature within thirty (30) days when:

(a) medically necessary
(b) requested by the patient
(c) prescriptions written by the nurse practitioner fall outside of the approved protocols
(d) a controlled drug has been prescribed"

Professional Staff with Privileges (NP, PA, and CNS) who are members of the admitting/attending service in the Inpatient Setting (excluding Certified Nurse Midwives)

"a. A member of the Professional Staff with Privileges does not admit or serve as the attending provider for any patient, but may care for patients admitted by physicians who are members of the Active Medical Staff and who are designated as supervising physicians for the member of the Professional Staff with Privileges.

b. Members of the Professional Staff with Privileges may perform admission evaluations, daily visits, and discharge functions within their scope of practice and approved protocol guidelines. They must enter admission notes, daily progress notes, and discharge summaries into the medical record on the day of the service.

c. ***The Attending Physician must visit the patient within 24 hours of admission, review the admission note (which must include the plan of care), and so indicate this visit by a countersignature of the admission note. The Attending Physician must visit the patient on the day of discharge, review discharge note and so indicate this visit by a countersignature of the discharge summary.***

d. Inpatient services provided by Midlevel Provider members of other consultative services Midlevel Providers may provide consultative services as billing provider members of a consultative service in the inpatient setting at VUMC provided that a supervising physician consultant reviews and, via a countersignature, documents concurrence with the recommended plan of care within twenty-four (24) hours."

Death:

"In the event of an inpatient death, ***the attending physician or physician designee shall make the official pronouncement of death*** *within two (2) hours of learning of the patient's death, and shall*

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document the patient's death in the medical record. It is the responsibility of the attending physician or physician designee to inform the decedent's next of kin.

A decedent's body shall not be released from the patient unit until the ***attending physician or physician designee has documented the death in the medical record and signed it.*** *Exceptions can be made in those instances of incontrovertible and irreversible terminal disease wherein the patient's course has been adequately documented within a few hours of death. VUMC complies with all applicable state and local law regarding certification of death, release of dead bodies from VUMC, and the reporting of deaths to the medical examiner under circumstances required by state law to facilitate the performance of inquests. (see MR 07-12)*

A Report of Death form is completed in Star panel by the physician or designee in charge of the patient's care for the illness or condition that resulted in death within forty-eight (48) hours of the patient's death*. The Medical Examiner will assume the responsibility for signing the Death Certificate when the case has been accepted by their office."*

Billing

As a faculty appointed billing provider, your documentation will be reviewed by our inpatient coding and billing team and when appropriate, a bill will be submitted under your provider number. Most governmental insurances reimburse APRNs and PAs at 85%; however, several private insurances reimburse APRNs and PAs at 100%. You may request regular billing reports of your billing activity.

APRN and PA documentation is billed under the NP's name/provider number. Rules on teaching physicians do not apply to NPs/PAs. NPs/PAs and Residents cannot combine their documentation for billing purposes.

Two types of billing include Evaluation and Management and Critical Care Billing.

Evaluation and Management Billing

You may bill for your evaluation and management (E&M). You must indicate the HPI, ROS, PE, A and P. Each E&M will be coded and billed based on the complexity of the encounter.

Common codes include:

- 99231, low complexity – includes 1-3 HPI elements, examination of at least 1 system and at least 1-2 diagnoses with plan.
- 99232, medium complexity – includes 1-3 HPI elements, 1 ROS, examination of 2 or more systems and at least 3 or more diagnoses with plan.
- 99233, high complexity – includes 4+ HPI elements, 2-9 ROS, examination of 2 or more areas and 4+ diagnoses with plans.

You may also bill for consultation services. Be sure to include where service takes place and the complexity of service performed.

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Critical Care Billing

You may bill for critical care time. This is time spent in direct management of a critical illness or injury that acutely impairs one or more vital organ systems such that there is a high probability of imminent or life threatening deterioration in the patient's condition (CMS Transmittal 1530, June 6, 2008 and Transmittal 1548, July 9, 2009). You must document critical care appropriately and indicate your time spent in direct care on your documentation.

Here are a few guidelines regarding Critical Care billing:

- The life and organ supporting interventions you are providing require frequent assessment and intervention.
- Withdrawal or failure to initiate these interventions on urgent basis would likely result in sudden, clinically significant or life threatening deterioration in the patient's condition.
- Critical care is high complexity medical decision-making delivered to a critically ill or injured patient.
- Documentation tips:
    - Document time is time spent in assessment, manipulating and supporting vital systems functions to treat single or multiple vital organ system failure
    - Document the clinical condition/diagnosis that supports critical care
    - Document the treatment that was provided to treat the critical care condition
    - Document the total time in minutes spent providing critical care on a given calendar day
    - Document the need for intubation, higher oxygen requirements, IV pressors and blood products
    - Document co-morbidities that inhibit the patient's ability to be weaned
    - Explain the status of problems you are managing by using such terms as "acute," "severe," "worsening," and "the patient continues to require support"
- Examples of critical care:
    - Severe sepsis
    - Shock
    - Circulatory failure
    - Respiratory failure
    - Renal failure
    - Hepatic failure
- Time documented
    - Should be independent of procedures.
    - Should be the actual date of service.
    - May also include discussions with family regarding treatment options, if patient is unable to contribute effectively.
    - May not include time spent off unit or time not directly affecting patients.
- Be prepared to substantiate the critical care time you provided if ever necessary (i.e. carriers requesting supporting documentation)
- Ask questions of your coders, billers and compliance department if you are unsure about the documentation.
- Critical Care Codes:
    - 99291 – Evaluation and management of the critically ill or critically injured patient, first 30-74 minutes
    - 99292 – Each additional 30 minutes
- Example of time segments with appropriate codes

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Time < 30 minutes	99232-3 (or other appropriate E/M code)
30-74 minutes	99291x1
75-104 minutes	99291x1 and 99292x1
105-134 minutes	99291x1 and 99292x2
135-164 minutes	99291x1 and 99292x3
165-194 minutes	99291x1 and 99292x4

- Coding guidelines:
  - Only ONE 99291 per 24 hour period, beginning at midnight.
  - The 99291 can be a cumulative total of minutes for one or more MDs OR one or more NPs, but not both.
  - NPs and MDs cannot combine minutes for a 99291.
  - Only one provider can bill for a given time frame, even if more than one providers are providing care in that same time frame.
  - Multiple 99292 modules can be billed.
  - Each 99292 module can be billed by either MD or NP.

Continuing Education

APRNs and PAs may receive a continuing education stipend, check with your APN leader to verify. The amount is allotted per fiscal year (July 1 – June 30). This fund can be used for approved travel, textbooks or other items related to professional development (excludes hardware). Up to 3 days of time away can be taken for continuing education; but this is on a case by case basis and must not interfere with the unit/area's work schedule.

Typical guidelines for Continuing Education Funding for NPs/PAs with academic appointments. Guidelines may vary by department. Please check with your local area for exact guidelines.

I. Continuing Education Credits

1. All practicing APRN and PA faculty are required by VUMC to earn 40 contact hours of continuing education (CME or CE) every two years (between the beginning and ending dates of most recent appointment to Active Medical Staff). Additional contact hours may be required by the practitioner's academic department.
2. Faculty NPs and PAs are expected to maintain and track their contact hours; in addition, they are expected to provide evidence of continuing education with evaluation and per request.
3. Certificates or letters confirming contact hours are required in order to be credited with contact hours.

II. Continuing Education Funding

1. After the first year of employment, the continuing education supplement provided to each member will be determined annually based upon the member's % FTE and available funds.
2. Continuing education funding during the first year is limited and subject to approval.
3. Members with effort of 50% or greater will receive 100% of the current fiscal year's designated continuing education funding for a full-time employee.
4. Members with effort of 49% or less will receive 50% of the current fiscal year's designated continuing education funding for a full-time employee.
5. Unspent funds are not carried forward to the next fiscal year.
6. Only regularly scheduled NPs and PAs are eligible. *Per diem* employees are not eligible for continuing education funding.

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7. Once a member has given notice of termination, (s)he will no longer have access to continuing education funds.
8. Additional requirements for eligibility for continuing education funding:
   - Participation in grand rounds, interdisciplinary QMMI (Quality, Morbidity and Mortality, & Improvement), staff meetings and where applicable, journal club.
   - Compliance with all standard operating procedures and participation in annual in-services.
   - Compliance with above policy on continuing education credits.

III. Continuing Education Funds – Acceptable Continuing Education Expenses are restricted to the following items and conditions:

1. All continuing education expenses must directly or indirectly contribute to the pursuit of continuing education credits, and relative to clinical responsibilities.
2. Continuing education training (can be online).
3. Approved travel and related expenses for academic conferences.
4. Continuing education-related books, periodicals, magazines (can be electronic versions).
5. In-state professional license, board certification and DEA.
6. Approved professional memberships and dues.
7. There is a limit of one portable electronic device per year (laptop, iPad, cell phone, etc). However, associated service fees, plans and maintenance are not covered.
8. All purchased items are the property of Vanderbilt University Hospital and must be returned to the department upon termination or the depreciated value will be attributed to the employee as taxable income.
9. Member must repay reimbursement for professional licensure, certification, subscriptions, dues, and/or DEA if resignation submitted within 365 days of reimbursement.

IV. ***Continuing Education Funds – Process***

1. All expenses will be purchased by the employee and reimbursed either through check or travel reimbursement request. Prepayment of expenses can be considered if requested at least 60 days in advanced of travel.
2. Employees must provide original receipts for all purchases and any purchase that exceeds $25 must be itemized. Alcohol is not reimbursable.
3. Travel and related expenses may be processed through the Vanderbilt travel portal if available.
4. Approval for travel must be made prior to any travel purchases and proper travel authorizations forms must be completed for insurance purposes.
5. Employees are expected to know and adhere to the Vanderbilt travel policy and will not be reimbursed for any expenses not allowed in the policy. The policy is found at the following link: http://www.vanderbilt.edu/procurement/travel/forms/VU%20Travel%20Policy.pdf
6. Vanderbilt University Hospital's designated staff assistant will be responsible for tracking continuing education funds to ensure employees do not file for reimbursement above their allowable amounts.

V. Continuing Education Fund Audits – Vanderbilt University Hospital will audit continuing education transactions based on the following guidelines:

1. Transactions for new employees may be audited for the first six (6) months of employment.
2. 100% of all requests that exceed supplement amount will be audited.
3. All transactions may be randomly audited.

Travel

Effective July 30, 2013, Vanderbilt has moved to a new travel process. Below are the instructions for accessing and using the new travel system.

1. Read the new Vanderbilt Travel Policy
https://vanderbilt.policytech.com/dotNet/documents/?docid=5267&mode=view

2. Go to this web address to access the Concur travel system:
https://sso.vanderbilt.edu/idp/startSSO.ping?PartnerSpId=concur_vumc

3. Update personal profile in Concur and verify bank account information to receive reimbursement. Paper checks will no longer be sent for reimbursement. Instead, the funds will be electronically deposited into the specified bank account in Concur. Contact your administrative support assistant regarding reimbursement for your travel expenses prior to your trip.

4. Have the Adult Enterprise Travel Request Form https://www.mc.vanderbilt.edu/documents/pulse/files/8_13/Travel%20Request%20Form_rev8_8_2013.pdf signed by supervisor if you need to request travel. You must receive authorize to travel before you make travel arrangements. This travel request form must be completed for each trip. Once signed, scan and save this form to a place that it will be easy to retrieve in the future.

5. Submit expense report in Concur to be reimbursed for travel expenses. The signed approval form must be included with the travel expense report to receive reimbursement. Once the Department Approver authorizes the reimbursement request in Concur, funds should appear in the specified bank account in 3-5 days.

6. Other important tips:

- A completed profile will be required to book travel and receive reimbursements for travel expenses. The process is easy, and access to a 10-minute online training module is available in The Learning Exchange for those needing further support. The federal Transportation Security Authority requires the date of birth and gender profile information.
- Travelers will need to be sure that the name on the profile matches the name on their travel documents (driver's license or passport). This is very important to ensure airline tickets are accurately fulfilled.

Information needed to populate profiles include:

•Date of birth
•Gender
•Default cost center
•Routing number and account number for personal checking account to support direct deposit of reimbursements
•Personal credit card for booking hotels and rental cars

- With the new travel system, faculty and staff can view all flight, hotel and ground transportation options when making travel plans. The flight options presented will include Southwest Airlines, a

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favorite of many travelers. The expense reimbursement process is simplified, as the Concur tool provides a list of all travel plans and expenses. Reimbursements will be direct-deposited into the traveler's bank account within days of the electronic approval of their expense report.

Vacation / Time Away

Most VUMC Faculty Appointed NPs and PAs have 4 weeks of vacation (based on a 40 hour work week), 7 holidays (8 hour days) and 2 personal days (8 hour days). For example, NPs/PAs who work three shifts per week, vacation, holiday and personal days equate to 19 shifts per fiscal year. Vacation is not accrued. Please check with your department for the specifics of your allotted vacation/time away.

Staff are allotted flexPTO hours, beginning with 192 hours, increasing with years of employment. Eligible Medical Center employees will receive their full annual flexPTO allotment in a single lump sum deposit on July 1, at the beginning of each fiscal year. Medical Center employees hired after the first day of the fiscal year (July 1) will receive a prorated allotment of time on the first day of the quarter following their hire dates. Click this link for the allotment schedule: https://hr.mc.vanderbilt.edu/secure/flexpto-medicalcenter/MedCtr-AllotmentSchedule-flexPTO.pdf

FMLA / Parental / Sick Leave / Faculty Leave

If you are requesting leave for parental leave, nonacademic leave with pay (such as sick leave), you must apply for FMLA concurrently. Vanderbilt guidelines and application for FMLA are located at this site: https://hr.mc.vanderbilt.edu/fmla/. Please list our office as your primary contact. Your administrative department number is 201052 "VUH Nurse Practitioners".

In addition advance notice must be given in writing to the NP/PA's respective academic department, which in turn will be submitted to the Dean of the School of Medicine for review and approval if granted. Parental leave requires at least 90 days advanced notice and sick leave requires at least 30 days advanced notice whenever possible.

The Vanderbilt University guidelines for parental leave, sick leave and other leaves of absences are located in the University Faculty Manual, Part VI, Chapter 4, Section B, C, D or by going to this site: http://vanderbilt.edu/faculty-manual/part-vi-faculty-benefits/ch4-leaves-of-absence/

The following information is directly from the University Faculty Manual:

Parental Leave

"A full-time faculty member who becomes the parent of a child, or whose spouse or domestic partner becomes the parent of a child, either by childbirth or through adoption of a minor child, shall be entitled to a leave of up to twelve weeks. If a faculty member and his or her spouse or domestic partner would otherwise both be eligible for parental leave under this policy, both may take this parental leave, but not simultaneously and not for more than a combined total of twelve (12) weeks.

The request for this leave should be in writing to his or her department chair or, in the School of Nursing, the program director and appropriate associate dean. A copy of the ***agreement*** *shall be submitted to the*

dean of the school. The agreement shall include a letter from the faculty member indicating that the purpose of the leave will be to serve as a primary caregiver for that child during the period of leave. The request should be made as soon as reasonably possible after the need for a leave becomes known in order to minimize the administrative burden of ensuring adequate coverage. The parental leave will ordinarily be taken in the perinatal period or near the time the child is placed for adoption. Special circumstances may be agreed upon with the approval of the department chair or, in the School of Nursing, the program director and appropriate dean. Such special circumstances must also receive endorsement from the dean of the school. The faculty member will be relieved of his or her normal duties and responsibilities during the period of leave. A faculty member who takes a parental leave is expected to return to active status.

The benefits afforded faculty under this policy are intended to be consistent and not in conflict with the rights afforded under the federal Family and Medical Leave Act (FMLA). Any leave taken under this policy is intended to count as and run concurrent with FMLA leave, and the written agreement should clearly state that intention. Under the Tennessee Maternity Leave Act (TMLA), faculty who give birth may request up to four weeks of additional leave beyond the twelve weeks defined by this policy.

A faculty member who takes parental leave under this policy shall receive salary and benefits for up to six (6) weeks. For faculty on variable or performance salaries, the salary to be paid will be the average of the salary paid during the four months prior to the effective date of the leave. If additional weeks of leave are requested, full benefits but not salary will be maintained for up to a maximum of an additional ten weeks.

For purposes of this policy, parental leave in the case of multiple birth or simultaneous placement for adoption of multiple children counts as one leave event.

Agreement

"Any agreement for a parental leave under this policy shall be in writing. The agreement shall include each of the following:

1. certification by the faculty member that the purpose of the leave will be to serve as the primary caregiver for that child during the period of leave;;

2. certification that the leave period will not be used to actively pursue other employment opportunities or to work full- or part time for another employer;

3. the anticipated start and end of the leave period;

4. a commitment to return to active status for at least an equivalent period immediately following the paid parental leave;"

Furthermore, Section C of Chapter 4, refers to the *Federal statute known as the Family and Medical Leave Act (FMLA) and the Tennessee Maternity Leave Act, as amended (TMLA) provide for leaves of absence for periods of time on account of adoption, pregnancy, childbirth, and nursing of an infant.[3]. Because conditions of eligibility and lengths of leaves of absence are different under these laws, they will be discussed separately in this section. Neither FMLA nor TMLA requires that the person taking leave for infant care be the primary caregiver."* For more details, go to this link https://medschool.vanderbilt.edu/faculty/faculty-parental-leave-policy

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Short term non-academic leave with pay (such as medical leave)

"When a faculty member must be absent from his or her duties because of his or her own illness or incapacity of short duration (six months or less), other members of the faculty, with knowledge of the department chair or division director and the dean, customarily assume his or her duties on a temporary basis. If the illness becomes extended so that this is no longer feasible, other arrangements are made by the department chair in consultation with the dean and the provost or the vice chancellor for health affairs. Like family leave, the period of illness or incapacity runs concurrently with leave under FMLA, and Occupational Health must receive a Certification of Health Care Provider form.

Intermittent Leave
In certain cases, FLMA may be taken on an intermittent basis rather than all at once, or the faculty member may be entitled to work a part-time schedule. Intermittent leave requires Occupational Health to determine from a Certification of Health Care Provider form that a qualifying medical condition necessitates the requested schedule. The faculty member must provide medical certification and advance leave notice. Leave may be denied if these requirements are not met. The faculty member ordinarily must provide thirty days' advance notice when the leave is foreseeable. Additional information is available from Occupational Health or the dean's office.

Jury Duty
A faculty member is asked to notify the department chair (or dean, in schools without departments) as soon as he or she is called by a court of law for jury duty to determine whether arrangements can be made to handle academic responsibilities during this absence."

Leaves of absence without pay

Personal Reasons
"Requests for leave for personal reasons (including family-related matters) are considered on an individual basis, and should be submitted to the department chair (or dean, in schools without departments) as far in advance of the proposed absence as possible, so that neither instruction nor research programs will be unnecessarily interrupted. Specific dates for the leave should be stated in the request. Such leaves usually do not extend beyond one year. If approved by the dean, the request for leave for personal reasons is handled in the same way as academic leave, going to the provost or the vice chancellor for health affairs for review. Faculty members must confirm with Human Resource Services in advance of the leave whether they want benefits to continue, and, if so, make arrangements to pay for them."

Military Duty
"Certain faculty members may have rights under the Uniformed Services Employment and Reemployment Rights Act ("USSERA"). USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment to undertake military service or certain types of service in the National Disaster Medical System. USERRA prohibits employers from discriminating against past and present members of the uniformed services and applicants to the uniformed services. If a faculty member has questions about his or her rights relating to military obligations, he or she should communicate with the dean of his or her school."

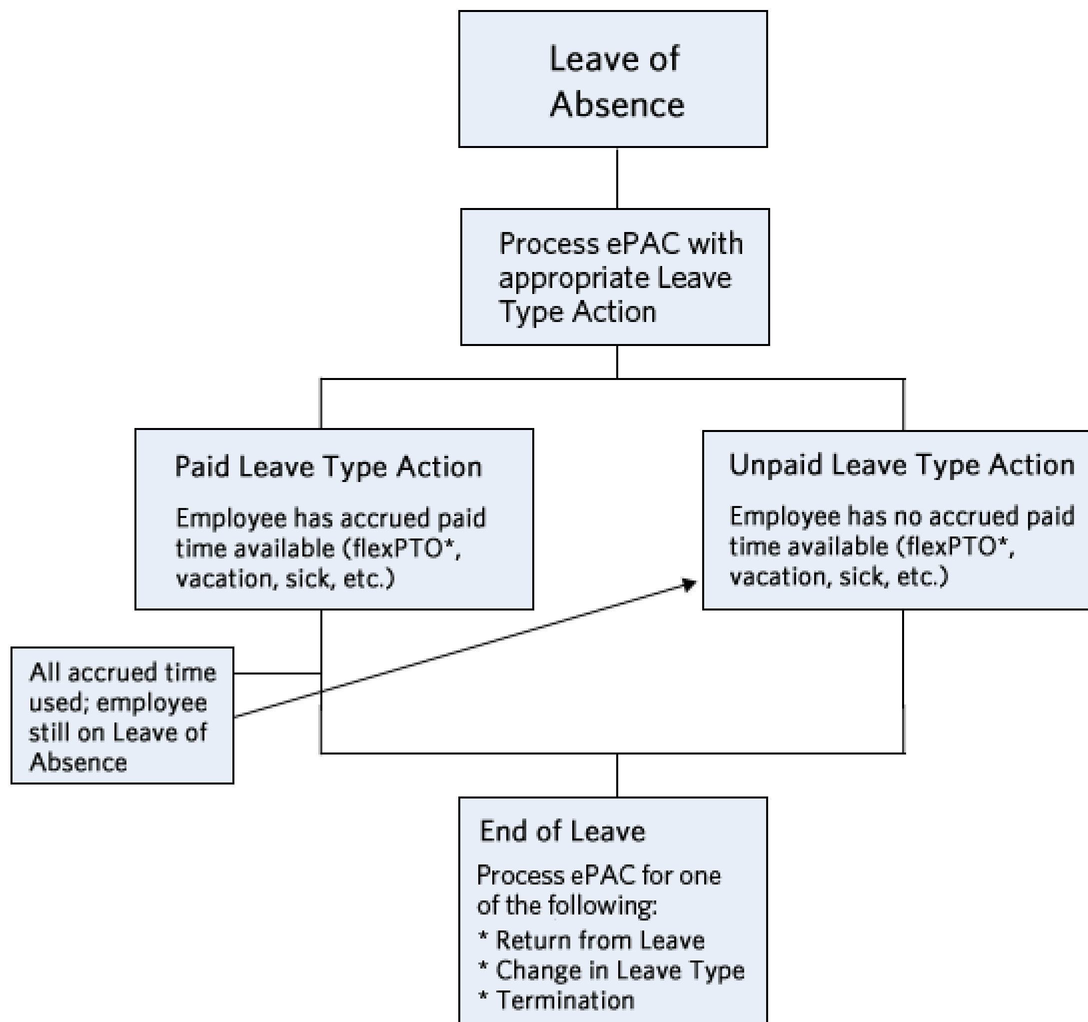
Medical Leave for Care of Family Members

"As required by the Family and Medical Leave Act (FMLA), Vanderbilt provides up to twelve weeks of unpaid,[5] job-protected leave to eligible faculty members for care of a faculty member's seriously ill spouse, dependent child, or parent.[6] Faculty members are eligible if they have worked for the university for at least one year and for 1,250 hours during the previous twelve months. Unpaid leave is granted for any of the following reasons: to care for the faculty member's newborn child after birth or placement for adoption or foster care, and to care for the faculty member's spouse, son or daughter, or parent who has a serious health condition, as documented by a Certification of Health Care Provider form submitted to Occupational Health."

FMLA Leave Relating to Military Obligations

"A faculty member may be entitled to take up to twenty-six (26) weeks of leave to care for a service member injured in the line of duty. Occupational Health assists in determining if this leave applies. In addition, a faculty member may be entitled to up to twelve (12) weeks of unpaid leave because of a qualifying exigency arising out of the fact that the faculty member's spouse, child, or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty) in support of a contingency operation."

Paid vs. Unpaid Leave of Absence



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Please see the following link for more information regarding leave:
https://hr.mc.vanderbilt.edu/payroll/leaves-of-absence.php

Resignation

If the employee is in a Focused Professional Practice Evaluation for poor performance, he or she may also be subject to Vanderbilt University's Disciplinary Policy which is located in Part V of the University Faculty Manual or at this link: http://vanderbilt.edu/faculty-manual/part-iv-disciplinary-actions-and-grievances/ch1-disciplinary-actions/

In accordance with your signed faculty offer letter, you are required to give 120 days' notice of resignation in writing. These guidelines are also outlined in the University Faculty Manual, Part II, Chapter 2, Section L or at this link: http://vanderbilt.edu/faculty-manual/part-ii-appointment-and-tenure/ch2-general-principles-rules-and-procedures-for-appointment-reappointment-and-termination/

Hourly employees should give notice to their supervisor, depending on their status. Non-exempt employees should give two-weeks' notice and exempt employees should give 30 days' notice.

Please see the following link for additional information regarding faculty and staff resignation:
https://hr.mc.vanderbilt.edu/payroll/end-of-employment.php

Name Change

1. If you are changing your name, please go to the following link and complete this form:
https://hr.mc.vanderbilt.edu/forms/documents/PersonalInfoChangeForm.pdf

Bring the Vanderbilt name change form to our office or mail form to: Vanderbilt HR Processing, PMB #407718, 2301 Vanderbilt Place, Nashville, TN 37235-7718 or Deliver form to: HR Processing, 1000 Baker Building, Nashville, TN 37203

2. Please notify faculty affairs of your name change at 615-322-3165.
3. You will also need to change your board certification, APN/RN licensure, social security card and driver's license.

ANCC Name Change address: http://www.nursecredentialing.org/ApplicationSubmissionPolicies.aspx

TN Board of Nursing Name Change address: https://www.tn.gov/assets/entities/health/attachments/PH-3619.pdf

Please contact Provider Support Services at Provider.Support.Services@vanderbilt.edu to inform them of your name change.

Additional Shifts

When there is a staffing deficit, you may be asked to work additional shifts. These shifts are paid but may require a supplemental timesheet. If you are asked to work in a different clinical area, you will be required to provide proof of expertise in that area, orient to the area and submit an agreement with the area's supervising physician that you can work in that area.

Protocols

On Friday of your first week of orientation, you will be granted access to the Advanced Practice Protocol Warehouse located at the following link. Please contact Katie Sweeney at 615-322-8917 or kathleen.sweeney@vandebilt.edu with questions regarding the Protocol Warehouse. https://int.vanderbilt.edu/vumc/CAPNAH/APSC/APRNprotocolswarehouse/default.aspx

If your area has established protocols, your name will be added to the existing protocols. You must take an active role in reviewing and working with your group to establish, review and if necessary, revise your group's protocols at least every two years. A reference text can be used although ideally the protocols should be jointly developed with your supervising MD and be practice specific. Following are the Tennessee Board of Medical Examiners' guidelines regarding protocols.

Tennessee Board of Medical Examiners

In accordance with Rule 0880-6-02, protocols are required for Advanced Practice Providers. The TN BOM defines protocols as "written guidelines for medical management developed jointly by the supervising physician and the certified nurse practitioner." Specifically protocols should be:

(a) Shall be jointly developed and approved by the supervising physician and nurse practitioner;
(b) Shall outline and cover the applicable standard of care;
(c) Shall be reviewed and updated biennially;
(d) Shall be maintained at the practice site;
(e) Shall account for all protocol drugs by appropriate formulary;
(f) Shall be specific to the population seen;
(g) Shall be dated and signed; and
(h) Copies of protocols and formularies shall be maintained at the practice site and shall be made available upon request for inspection by the respective boards.

The Joint Commission Accreditation Program: Hospital National Patient Safety Goals (effective January 1, 2011).

Target the inclusion of these goals within Advanced Practice protocols. Below are two of the guidelines related to but not exclusive to Advanced Practice proceduralists:

- **NPSG.07.04.01** Implement evidence-based practices to prevent central line–associated bloodstream infections. Note: This requirement covers short- and long-term central venous catheters and peripherally inserted central catheter (PICC) lines.
  - **Elements of Performance**
  - Educate staff and licensed independent practitioners who are involved in managing central lines about central line–associated bloodstream infections and the importance of prevention.

Education occurs upon hire, annually thereafter, and when involvement in these procedures is added to an individual's job responsibilities.

- Prior to insertion of a central venous catheter, educate patients and, as needed, their families about central line–associated bloodstream infection prevention.
- Implement policies and practices aimed at reducing the risk of central line–associated bloodstream infections. These policies and practices meet regulatory requirements and are aligned with evidence-based standards (for example, the Centers for Disease Control and Prevention (CDC) and/or professional organization guidelines).
- Conduct periodic risk assessments for central line–associated bloodstream infections, monitor compliance with evidence-based practices, and evaluate the effectiveness of prevention efforts. The risk assessments are conducted in time frames defined by the hospital, and this infection surveillance activity is hospital-wide, not targeted.
- Provide central line–associated bloodstream infection rate data and prevention outcome measures to key stakeholders, including leaders, licensed independent practitioners, nursing staff, and other clinicians.
- Use a catheter checklist and a standardized protocol for central venous catheter insertion.
- Perform hand hygiene prior to catheter insertion or manipulation.
- For adult patients, do not insert catheters into the femoral vein unless other sites are unavailable.
- Use a standardized supply cart or kit that contains all necessary components for the insertion of central venous catheters.
- Use a standardized protocol for sterile barrier precautions during central venous catheter insertion.
- Use an antiseptic for skin preparation during central venous catheter insertion that is cited in scientific literature or endorsed by professional organizations. *Footnote *: A limited number of National Patient Safety Goals contain requirements for practices that reflect current science and medical knowledge. In these cases, the element of performance refers to a practice that is cited in scientific literature or endorsed by professional organizations. This means that the practice used by the hospital must be validated by an authoritative source. The authoritative source may be a study published in a peer-reviewed journal that clearly demonstrates the efficacy of that practice or endorsement of the practice by a professional organization(s) and/or a government agency(ies). It is not acceptable to follow a practice that is not supported by evidence or wide-spread consensus. During the on-site survey, surveyors will explore the source of the practices the hospital follows.
- Use a standardized protocol to disinfect catheter hubs and injection ports before accessing the ports.
- Evaluate all central venous catheters routinely and remove nonessential catheters.

- **Introduction to the Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™** The Universal Protocol applies to all surgical and nonsurgical invasive procedures. Evidence indicates that procedures that place the patient at the most risk include those that involve general anesthesia or deep sedation, although other procedures may also affect patient safety. Hospitals can enhance safety by correctly identifying the patient, the appropriate procedure, and the correct site of the procedure. The Universal Protocol is based on the following principles:
  - Wrong-person, wrong-site, and wrong-procedure surgery can and must be prevented.
  - A robust approach using multiple, complementary strategies is necessary to achieve the goal of always conducting the correct procedure on the correct person, at the correct site.
  - Active involvement and use of effective methods to improve communication among all members of the procedure team are important for success.
  - To the extent possible, the patient and, as needed, the family is involved in the process.
  - Consistent implementation of a standardized protocol is most effective in achieving safety.

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The Universal Protocol is implemented most successfully in hospitals with a culture that promotes teamwork and where all individuals feel empowered to protect patient safety. A hospital should consider its culture when designing processes to meet the Universal Protocol. In some hospitals, it may be necessary to be more prescriptive on certain elements of the Universal Protocol or to create processes that are not specifically addressed within these requirements. Hospitals should identify the timing and location of the preprocedure verification and site marking based on what works best for their own unique circumstances. The frequency and scope of the preprocedure verification will depend on the type and complexity of the procedure. The three components of the Universal Protocol are not necessarily presented in chronological order (although the preprocedure verification and site marking precede the final verification in the time-out). Preprocedure verification, site marking, and the time-out procedures should be as consistent as possible throughout the hospital. Note: Site marking is not required when the individual doing the procedure is continuously with the patient from the time of the decision to do the procedure through to the performance of the procedure.

- **UP.01.03.01** A time-out is performed before the procedure. The purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. This requirement focuses on those minimum features of the time-out. Some believe that it is important to conduct the time-out before anesthesia for several reasons, including involvement of the patient. A hospital may conduct the time-out before anesthesia or may add another time-out at that time. During a timeout, activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure. A designated member of the team initiates the time-out and it includes active communication among all relevant members of the procedure team. The procedure is not started until all questions or concerns are resolved. The time-out is most effective when it is conducted consistently across the hospital.
  - **Elements of Performance for UP.01.03.01**
  - Conduct a time-out immediately before starting the invasive procedure or making the incision.
  - The time-out has the following characteristics:
    - It is standardized, as defined by the hospital.
    - It is initiated by a designated member of the team.
    - It involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, the operating room technician, and other active participants who will be participating in the procedure from the beginning.
  - When two or more procedures are being performed on the same patient, and the person performing the procedure changes perform a time-out before each procedure is initiated.
  - During the time-out, the team members agree, at a minimum, on the following:
    - Correct patient identity
    - The correct site
    - The procedure to be done
  - Document the completion of the time-out. Note: The hospital determines the amount and type of documentation.

Advanced Procedural Privileges

Discuss and review with your supervising MD or preceptor the **Advanced Practice Procedures** which you will be performing in your area.

- Most ICU areas will require moderate sedation and central line insertion. Other Advanced Procedures are dependent on area requirements.

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- Each procedure must have an approved protocol and checklist for performance.
- The advanced practice provider must request specific privileges to perform advanced procedures independently. The applicant is required to maintain a procedural log as evidence of performance. A procedure log contains the MR#, procedure name, date and preceptor who supervised your procedures. You may be asked to submit copies of your procedure notes in addition to a log.
- The supervising MD and preceptor observing the applicant performing the procedure must attest that the applicant is competent to perform the procedure independently.
- Once an applicant has successfully performed the required amount of procedures under supervision, the application for Advanced Practice Procedures is completed and submitted to Provider Support Services for review.
- You will receive a letter of confirmation of privileges once been approved

Example of Area Specific Privileges (Adult Critical Care)

Advanced Practice Privileged Procedures for Critical Care	*Number of supervised procedures required for initial privileging. Save copies of procedure notes.	**Number of required procedures annually for maintenance of privileging
Arterial line, insertion	3	2
Arterial sheath, removal	4	3
Cardiac Ventricular assist device optimization	4	3
Chemical or talc pleurodesis, bedside	4	3
Central venous line, insertion	3	2
Chest tube, insertion (for fluid or air)	3	2
Chest tube, removal	4	3
Intraaortic balloon pump, removal	5	4
Lumbar puncture with drain insertion	5	4
Pulmonary Artery Catheter, insertion	5	5
Percutaneous drain insertion - superficial	5	5
Thoracentesis	5	4
Tracheostomy, decannulation	4	3

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Tracheostomy downsize/exchange/upsize	4	3
Tunneled Catheter removal/repair	4	3
Moderate Sedation – see separate application	1	N/A
Complex wound management with or without negative pressure dressing	3	2
endotracheal intubation – PEDIATRIC/ADULT	5	3
Epicardial pacing wires, removal	4	3

**This is the number of procedures required for initial competency. To apply for initial competency, you must submit a change in status form (from Provider Support Services), an application for Advanced Procedures form (from Provider Support Services) and a procedure log indicating the date, medical record number, procedure name, accordance with protocol and evidence of supervision.*

***This is the number of procedures required to maintain existing advanced procedural privileges. To provide evidence of maintenance of competency, you must **submit a procedure log and in some cases the actual procedure notes** indicating the required amount of procedures for the past year. Each entry must indicate the date, medical record number, procedure name and accordance with protocol.*

Procedure Log

You can keep a procedure log directly on Star Panel. Log into Star Panel. Click on "worklists" in the black left panel. Click on "folders". Create a folder. Once you have created a folder, you can choose to place your notes in this folder by clicking on "send to folder" in the yellow pull down "actions" menu on your note.

You can also keep a log on KM Portfolio. KM pulls procedure notes automatically. To register for KM Portfolio, click on "KM Portfolio" on your clinical workstation desktop. Instructions for registration will follow. After about 24 hours, you can log in and view your procedure notes.

Moderate Sedation Privileges

Some APRNs and PAs may require moderate sedation privileges. NPs and PAs who may deliver moderate sedation to patients <u>with an unsecured airway</u> on a regular basis (i.e. procedure, diagnostics…), are required to hold this privilege.

To apply for moderate sedation privileges:

1. Complete the Application for Advanced Procedures form (from Provider Support Services)
2. Complete the change of status form if you are not submitting this request with a one packet already (from Provider Support Services).

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3. Complete the Moderate Sedation application form (from Provider Support Services). The form states that you are certified in BLS, ACLS.
4. Complete the training modules for moderate sedation and print out the verification/certificate that you have completed the modules. Go to this link, sign in and then type "**moderate sedation"** in the search bar on the upper left side of the page, then select: " Moderate Sedation Learning Program -- This program consists of eight separate learning modules regarding moderate sedation".

https://login.mis.vanderbilt.edu/login?service=https%3A%2F%2Fwebapp.mis.vanderbilt.edu%2Fmzingalms%2Fj_spring_cas_security_check

5. Submit everything to Provider Support Services (save copies for your records). Submission months are July, October and January.

Please note that as sedation occurs along a dose related continuum, is variable and depends on patient response; therefore having the proper equipment available, the ability to contact an anesthesiologist and your own training in airway management is important. Airway training along with other advanced procedural training is offered at regular times throughout the year.
From the CMS guidelines:
Topical/local anesthetics, minimal sedation, moderate sedation
The requirements of §482.52(a) concerning who may administer anesthesia do not apply to the administration of topical or local anesthetics, minimal sedation, or moderate sedation. However, the hospital must have policies and procedures, consistent with State scope of practice law, governing the provision of these types of anesthesia services. Further, hospitals must assure that all anesthesia services are provided in a safe, well-organized manner by qualified personnel.

From our **hospital policy**
Minimal Sedation (Anxiolysis):
A drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilatory and cardiovascular functions are unaffected.

Moderate Sedation/Analgesia:
A drug induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

Sedation and analgesia for diagnostic, therapeutic, and invasive procedures is practiced throughout VUMC in accordance with this policy.

Sedation privileges are not transferable and are limited to sites on the main campus where an in-house code team can respond in the event of an emergency.

This policy applies to the use of sedation and analgesia in all areas except as stated below:
- Patients who have an anesthesiologist providing sedation, including patients receiving monitored anesthesia care, deep sedation, and general anesthesia.
- Care involving continuous sedation in an acute or intensive care setting with a secure airway in place as part of ongoing treatment plan

- Patients not undergoing a diagnostic or therapeutic procedure (e.g., post-operative analgesia, sedation for treatment of insomnia).
- Patients who receive anxiolytic or analgesic agents which are administered routinely to alleviate agitation and pain.

Colposcopy, Circumcision, and Nitrous Oxide Administration Privileges

Providers requesting these privileges require a separate application available through Provider Support Services and should collaborate with their AP leaders to facilitate.

Professional Practice Evaluation

Focused Professional Practice Evaluation (FPPE)

During your first 6 months and with every new privilege for which you apply, you will be in a Focused Professional Practice Evaluation Period (FPPE). At the end of the focused review, your proctor/preceptors will assist with paperwork necessary to submit to Provider Support Services to verify that you have met the competency standard for core privileges and/or the advanced procedural privilege(s).

Use one of the following "Orientation Evaluation" Forms (*Choose one: Orientation Evaluation A, Orientation Evaluation B or your unit specific orientation evaluation*) to verify completion of your initial FPPE. A copy of your evaluation should be placed in your file signifying successful completion of orientation.

Ongoing Professional Practice Evaluation (OPPE)

After you have completed your FPPE period, you will move into an Ongoing Professional Practice Evaluation process. Every 6 months, you, a peer, your supervising MD and/or other members of the healthcare team will complete a review of competency. The fall OPPE is a short form whereas the spring OPPE is longer, requiring updates to your professional portfolio, verification of safety training modules and so forth. This is an electronic survey for which an email link to the secure, confidential survey will be sent to each evaluator. You will receive a copy of your OPPE and a copy will be maintained in your credentialing file.

In addition to the OPPE survey, there should be NP/PA associated quality metrics for each area. Please discuss what your quality measures are for your area with your coworkers. These are important core measures that reflect the quality and safety of your NP/PA practice.

If the employee is in a Focused Professional Practice Evaluation for poor performance, he or she may also be subject to Vanderbilt University's Disciplinary Policy which is located in Part V of the University Faculty Manual or at this link: http://vanderbilt.edu/faculty-manual/part-iv-disciplinary-actions-and-grievances/ch1-disciplinary-actions/

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All APRNs and PAs are also subject as Professional Privileged Providers to the rules and guidelines within the VUMC Medical Staff Bylaws, Article VI, pages 28-32, found at this link:
http://www.mc.vanderbilt.edu/documents/nursingoap/files/VUMC%20Medical%20Staff%20Bylaws.pdf

<table>
<tr><td colspan="1">Orientation Evaluation (option A)

Successful competency in each area is required prior to practicing independently as an NP / PA</td><td colspan="2">1 – Poor
2 – Novice
3 – Proficient
4 -- Advanced
**Please include comments if giving a 1 (poor)</td></tr>
<tr><td>The NP systematically assesses the patient’s health status and develops a plan of care.
— Completes physical examination of the patient in a comprehensive and timely manner.
— Documents assessment data appropriately for progress notes, using appropriate terminology and format.
— Uses and incorporates the assessment as well as multiple sources of data into the development of the plan of care and can prioritize this plan based on the information.
— Demonstrates basic knowledge of anatomy, physiology and pathology in assessment and plan of care.
— Selects and orders appropriate diagnostic tests to aid in diagnosis based on the assessment and history.
— Correctly interprets diagnostic data gathered from the patient and incorporates these findings into the plan of care.
— Demonstrates a basic understanding of normal and abnormal values.
— Demonstrates the ability to make independent judgments when developing the plan of care.
— Writes progress notes that contain the assessment and comprehensive plan of care.</td><td>Self-Evaluation
1 2 3 4 N/A

Orientee’s comments:</td><td>Preceptor Rating
1 2 3 4 N/A

Preceptor’s comments:</td></tr>
<tr><td>The NP demonstrates competency in the admission and initial management of the patient.
— Obtains a complete health history.
— Recognizes important variables from the history and includes them in the plan of care.
— Initiates appropriate admission orders.
— Identifies specific potential and actual problems based on knowledge of pathophysiology.</td><td>Self-Evaluation
1 2 3 4 N/A

Orientee’s comments:</td><td>Preceptor Rating
1 2 3 4 N/A

Preceptor’s comments:</td></tr>
</table>

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— Initiates proper diagnostic studies based on assessment and history. — Exhibits ability to identify common abnormalities and diseases, describes pathophysiology and matches symptoms to disease processes. — Reports abnormal findings in a timely manner and documents response in progress notes. — Prioritizes problems appropriately and incorporates the assessment in the plan of care. — Responds rapidly and appropriately to immediate problems or signs of clinical deterioration. — Documents relevant problems and management appropriately in the progress note.		
The NP develops an individualized plan of care for patient. — Provides direct care management and treatment within the scope of the NP role. — Promotes optimal care through multidisciplinary collaboration. — Initiates appropriate consultations and documents in progress note. — Uses appropriate clinical evaluation and laboratory tests. — Understands the uses of different ventilator modalities and plans appropriate ventilator management. — Initiates individualized and appropriate phamacotherapeutics. — Inputs orders in a timely manner.	**Self-Evaluation** **1 2 3 4 N/A** **Orientee's comments:**	**Preceptor Rating** **1 2 3 4 N/A** **Preceptor's comments:**
The NP evaluates the patient's response to the plan of care. — Periodically evaluates the patient's therapeutic response to interventions and documents in progress notes. — Evaluates drug therapy. Demonstrates knowledge of commonly used drugs. — Revises plan of care based on diagnostic studies, assessment, and consultation and documents these changes.	**Self-Evaluation** **1 2 3 4 N/A** **Orientee's comments:**	**Preceptor Rating** **1 2 3 4 N/A** **Preceptor's comments:**
The NP demonstrates proficiency in technical skills. — Identifies risks and benefits of procedural interventions and list pertinent clinical indicators for the procedure. — Correctly carries out technical skills and procedures according to protocols. — Demonstrates sterile technique.	**Self-Evaluation** **1 2 3 4 N/A** **Orientee's comments:**	**Preceptor Rating** **1 2 3 4 N/A** **Preceptor's comments:**

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— Monitors and evaluates patient's clinical status prior to, during and after procedure. — Documents completed procedure in a note that includes rationale, procedure and evaluation.		
The NP communicates data that reflects the patient's status. — Writes orders that are clear and concise. — Presents patient's data in clinical rounds. Report is organized, clear and succinct. All relevant data are reported. — Documents the assessment, plan, and evaluation of care in the progress note. — Provides clear verbal and written reports of changes in patient's condition to all appropriate healthcare team members. — Communicates verbally with clarity and attention to detail pertinent to continuity during sign-out.	**Self-Evaluation** **1 2 3 4 N/A** **Orientee's comments:**	**Preceptor Rating** **1 2 3 4 N/A** **Preceptor's comments:**
The NP demonstrates responsibility for own practice. — Manages an appropriate caseload and completes work in clinical time allotted. — Brings appropriate questions to preceptor. — Takes responsibility for correcting knowledge deficits, using multiple resources to answer questions and augment team members' knowledge. — Takes responsibility for finding opportunities to work on skill requirements. — Accepts guidance and constructive criticism in a professional manner, recognizing the need for help.	**Self-Evaluation** **1 2 3 4 N/A** **Orientee's comments:**	**Preceptor Rating** **1 2 3 4 N/A** **Preceptor's comments:**
The NP shows leadership in the NP role. — Demonstrates self-reliance by attempting to find answers on own. — Takes responsibility for expanding knowledge base and experiences. — Actively participates in clinical rounds by asking questions, commenting, and bringing up ideas regarding the condition or management of patients under discussion. — Discusses new treatment options and research, demonstrating a basic knowledge of research design, measurement techniques, and statistical methods. — Demonstrates awareness of own strengths, identifies areas of growth in developing the NP role identity, and progresses toward goal. — Demonstrates modeling of NP role and is beginning to establish credibility.	**Self-Evaluation** **1 2 3 4 N/A** **Orientee's comments:**	**Preceptor Rating** **1 2 3 4 N/A** **Preceptor's comments:**

— Is courteous and respectful to all team members. — Develops relationships with multidisciplinary team members promoting mutual respect and trust.		
Comments:		
Orientee Signature:	**Date:**	
Preceptor Signature:	**Date:**	

Orientation Evaluation (Option B)

Orientee Comments	*Preceptor Comments*
Please indicate whether the orientee --- Does not meet, Meets, or Exceeds Expectations	
Professionalism	***Professionalism***
Interprofessional Communication	***Interprofessional Communication***
Medical/Clinical Knowledge	***Medical/Clinical Knowledge***
Patient Care	***Patient Care***
Practice Based Learning and Improvement	***Practice Based Learning and Improvement***
Systems Based Practice	***Systems Based Practice***
Please indicate the following:	
Professional Strengths	***Professional Strengths***

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Opportunities for Growth	***Opportunities for Growth***
Goals going forward	***Goals going forward***
Orientee signature/date:	***Preceptor signature/date:***

Every 6 months, you, a peer, your supervising MD and/or other members of the healthcare team will complete a review of competency. The fall OPPE is a short form whereas the spring OPPE is longer, requiring updates to your professional portfolio, verification of safety training modules and so forth. This is an electronic survey for which an email link to the secure, confidential survey will be sent to each evaluator. You will receive a copy of your OPPE and a copy will be maintained in your credentialing file.

Sample VUH NP/PA OPPE Form

NOTE: This page is for preview purposes only. Any data entered below will NOT be saved. Go to the real survey [X] HIDE

Ongoing Professional Practice Evaluation

Please take a couple of minutes to complete this survey regarding your Nurse Practitioner.

First and last name of Nurse Practitioner
* must provide value

What is the primary service for this Nurse Practitioner?
○ Neuro ICU ○ Surgical ICU ○ Medical ICU ○ CVICU ○ Burn Unit ○ Trauma ○ Neurosurgery ○ Neurology ○ Endovascular Surgical Neuroradiology ○ Glucose Management Service ○ Riven Inpatient Medicine ○ Geriatrics Inpatient Medicine

What is your clinical affiliation with this Nurse Practitioner?
* must provide value
○ Supervising Physician or Attending Physician
○ Peer Nurse Practitioner or Physician Assistant
○ I am the Nurse Practitioner (self evaluation)
○ Other, please specify in comments section

Professionalism
Demonstrates behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity and a responsible attitude towards patients, profession and society.
* must provide value
○ Poor ○ Needs Improvement ○ Proficient, meets expectations ○ Advanced, experienced ○ Expert, consultant

Patient Care
Provides patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life.
* must provide value
○ Poor ○ Needs Improvement ○ Proficient, meets expectations ○ Advanced, experienced ○ Expert, consultant

Medical/Clinical Knowledge
Demonstrates knowledge of established and evolving biomedical, clinical and social sciences and the application of knowledge to patient care and the education of others.
* must provide value
○ Poor ○ Needs Improvement ○ Proficient, meets expectations ○ Advanced, experienced ○ Expert, consultant

Interpersonal Communications
Demonstrates interpersonal and communication skills that establish and maintain professional relationships with patients, families, co workers and other members of the healthcare team.
* must provide value
○ Poor ○ Needs Improvement ○ Proficient, meets expectations ○ Advanced, experienced ○ Expert, consultant

Systems-Based Practice
Demonstrates both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.
* must provide value
○ Poor ○ Needs Improvement ○ Proficient, meets expectations ○ Advanced, experienced ○ Expert, consultant

Practice-Based Learning and Improvement
Able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.
* must provide value
○ Poor ○ Needs Improvement ○ Proficient, meets expectations ○ Advanced, experienced ○ Expert, consultant

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Quality Metrics for NPs and PAs

In addition to the OPPE survey, there should be APRN and PA associated quality metrics for each area. Please discuss what your quality measures are for your area with your coworkers. These are important core measures that reflect the quality and safety of your NP/PA practice.

We currently have 2 main methods for prospective data collection: REDCap Secure Data Entry and Star Form Progress note.

Advanced Practice Provider Professional Practice Evaluation
Frequently Asked Questions - FAQ

What is the purpose of Professional Practice Evaluation?
To assure that all advanced practice providers undergo professional practice evaluation, provide guidelines as to what is required for professional practice evaluation and ensure that the results of such evaluations are used to improve professional competency, practice and quality patient care.

What is our policy on Professional Practice Evaluation for Advanced Practice Providers?
All privileged advanced practice providers continuously undergo ongoing professional practice evaluation (OPPE) and when the situation warrants, focused professional practice evaluation.

Where the term "FPPE" come from and what does it mean?
Focused Professional Practice Evaluation (FPPE) is defined in The Joint Commission standard MS.08.01.01. The standard states that the organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner's performance. The first element of performance was initiated in January 1, 2008. Elements 2-9 are derived from another standard and were previously termed "peer review". The nine elements of performance of this standard are as follows:

Elements of Performance:

1. *FPPE is implemented for all initially requested privileges. This includes practitioners new to the organization and practitioners already on staff requesting new privileges. The period of focused review can be time limited or volume/activity limited.*
2. *The organized medical staff develops criteria to be used for evaluating the performance of practitioners when issues affecting the provision of safe, high-quality patient care are identified.*
3. *The performance monitoring process is clearly defined and includes each of the following elements:*
    a. *Criteria for conducting performance monitoring*
    b. *Method for establishing a monitoring plan specific to the requested privilege*
    c. *Method for determining the duration of performance monitoring*
    d. *Circumstances under which monitoring by an external source is required*
4. *FPPE is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.*
5. *The triggers that indicate the need for performance monitoring are clearly defined (triggers can be single incidents or evidence of a clinical practice trend).*

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6. *The decision to assign and FPPE to further assess current competence is based on the evaluation of a practitioner's current clinical competence, practice behavior and ability to perform the requested privilege (other existing privileges in good standing should not be affected by this decision).*
7. *Criteria are developed that determine the type of monitoring to be conducted.*
8. *The measures employed to resolve performance issues are clearly defined.*

What is a Focused Professional Practice Evaluation (FPPE)?

- A period of focused review with an assigned proctor, usually a peer
    - A peer is an individual practicing in the same profession and who has expertise in the appropriate subject matter. Peers may include physicians or other advanced practice providers who are clinically familiar with the practitioners performance.
    - The proctor must have an understanding of the practitioner's delineation of privileges.
- Must be time limited or activity/volume limited (in cases where activity is performed infrequently)
- Must be consistently implemented
- Must include detailed plan for improvement
- Affects only the privilege in question
- Performance monitoring process must be clearly defined
    - Could include:
    - Chart review
    - Monitoring clinical practice patterns
    - Simulation
    - Peer review
    - Discussions with other individuals involve in the care of each patient

Why do we perform Focused Professional Practice Evaluations (FPPE)?

When a practitioner has the credentials to suggest competence, but additional information or a period of evaluation is needed to confirm competence in the organization's setting.
If questions arise (triggers) regarding a practitioner's professional practice.

When is an FPPE required?

When an practitioner is newly hired and is applying for initial privileges
With each new privilege
When performance/competence is in question
-- Can be triggered from an OPPE
-- Sentinel events
-- Persistent staff or patient complaints
Where is the practitioner's FPPE record kept?
In credentials file or must be accessible for review by Medical Staff.
Personnel file kept in administrative area.

Where the term "OPPE" come from and what does it mean?

Ongoing Professional Practice Evaluation (OPPE) refers to The Joint Commission standard MS.08.01.03. The standard states that OPPE is factored into the decision to maintain existing privileges, to revise existing privileges or to revoke an existing privilege prior to or at the time of renewal. There are 3 key elements of performance for this standard.

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1. *The process for the OPPE includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.*
2. *The process for the OPPE includes the following: The type of data to be collected is determined by individual departments and approved by the organized medical staff.*
3. *The process for the OPPE evaluation includes the following: Information resulting from the OPPE is used to determine whether to continue, limit or revoke any existing privileges.*

What is Ongoing Professional Practice Evaluation (OPPE)?

- Clearly defined quality review process to evaluate each practitioner's practice.
- Type of data collected must be determined by *individual departments and be individual practice specific.* Examples:
  - Review of clinical procedures performed and outcomes
  - Chart review
  - Direct observation
  - Monitoring of diagnostic and treatment patterns
  - Adherence to clinical practice guidelines
  - Discussion with other individuals involved in the care of each patient (i.e. nursing, peers, physicians, case managers)
  - Methods similar to physician's criteria
  - Pattern of blood and pharmaceutical usage
  - Requests for tests and procedures
  - Length of stay patterns
  - Morbidity and mortality data
  - Practitioner's use of consultants

Are there general competencies?

Yes, competencies can be drawn from different sources as long as they are broad and can be made practice specific. The National NP Competencies are listed in the next section. The Joint Commission recommends the following six areas of "general competencies" developed by ACGME as a framework.

1. Patient Care

Practitioners are expected to provide patient care that is compassionate, appropriate and effective for the promotion of health, prevention of illness, treatment of disease and care at the end of life.

2. Medical/Clinical Knowledge

Practitioners are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences, and the application of their knowledge to patient care and the education of others.

3. Practice-based Learning and Improvement

Practitioners are expected to be able to use scientific evidence and methods to investigate, evaluate and improve patient care practices.

4. Interpersonal and Communication Skills

Practitioners are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.

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5. Professionalism

Practitioners are expected to demonstrate behaviors that reflect a commitment to continuous professional development, ethical practice, an understanding and sensitivity to diversity* and a responsible attitude toward their patients, their profession and society. **The Joint Commission considers diversity to include race, culture, gender, religion, ethnic background, sexual preference, language, mental capacity and physical disability. (p. MS-16*)

6. Systems-based Practice

Practitioners are expected to demonstrate both an understanding of the contexts and systems in which health care is provided, and the ability to apply this knowledge to improve and optimize health care.

Why perform OPPE?

- To *continuously* evaluate a practitioner's performance
- To identify professional practice trends that impact on quality of care and patient safety.
- To decide whether a practitioner is competent to maintain existing privileges or needs referral for FPPE

Where is the practitioner's OPPE record kept?

- In credentials file or must be accessible for review by Medical Staff.
- Personnel file kept in administrative area.

When is an OPPE performed?

- More than once a year (every year considered periodic, not ongoing)
- At minimum every 8 months (3x in 2 years)
- Usually every 6-8 months

What are some specific examples of OPPE that can be implemented institutionally?

- Risk management events
- Recorded complications
- Patient satisfaction scores
- 20% Chart review
- Spring/Fall OPPE Survey – MD, Self, Peer
- Total consults
- Total new patient visits
- Total follow-up
- Total procedures
- Total E/M, subdivided by complexity
- Credentialing and privileging
- Resource utilization
- Prescriptive practices
- Handwashing

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What are some specific examples of OPPE that are guided by practice? *(Example: Adult Critical Care)*

- LOS in ICU
- Readmission rates to hospital and ICU
- Blood transfusion rates
- Central line device days
- Foley days
- Stress ulcer prop for mech vent patients
- DVT prop
- Early mobility
- Early nutrition
- Rapid response/Stroke alert data
- Procedures performed, frequency, complications
- Total critical care bills, subdivided into 99291, 99292
- Spring/Fall OPPE survey – MD, Self, Peer
- Nurse satisfaction surveys
- MD satisfaction surveys
- Special privileges
- Committee involvement
- Project development
- Research accomplishments
- Presentations/publications

Nurse Practitioner Core Competencies

THE NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES' (NONPF) 2011 Nurse Practitioner Core Competencies

1. Scientific Foundation Competencies

- Critically analyzes data and evidence for improving advanced nursing practice.
- *Integrates knowledge from the humanities and sciences within the context of nursing science.*
- *Translates research and other forms of knowledge to improve practice processes and outcomes.*
- *Develops new practice approaches based on the integration of research, theory and practice knowledge.*

2. Leadership Competencies

- Assumes complex and advanced leadership roles to initiate and guide change.
- *Provides leadership to foster collaboration with multiple stakeholders to improve health care.*
- *Demonstrates leadership that uses critical and reflective thinking.*
- *Advocates for improved access, quality and cost effective healthcare.*
- *Advances practice through the development and implementation of innovations incorporating principles of change.*
- *Communicates practice knowledge effectively both orally and in writing.*

3. Quality Competencies

- Uses best available evidence to continuously improve quality of clinical practice.
- *Evaluates the relationships among access, cost, quality, and safety and their influence on healthcare.*

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- *Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of care.*
- *Applies skills in peer review to promote a culture of excellence.*
- *Anticipates variations in practice and is proactive in implementing interventions to ensure quality.*

4. Practice Inquiry Competencies

- Provides leadership in the translation of new knowledge into practice.
- *Generates knowledge from clinical practice to improve practice and patient outcomes.*
- *Applies clinical investigative skills to improve health outcomes.*
- *Leads practice inquiry, individually or in partnership with others.*
- *Disseminates evidence from inquiry to diverse audiences using multiple modalities.*

5. Technology and Information Literacy Competencies

- Integrates appropriate technologies for knowledge management to improve health care.
- *Translates technical and scientific health information appropriate for various users' needs.*
    - *Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.*
    - *Coaches the patient and caregiver for positive behavioral change.*
- *Demonstrates information literacy skills in complex decision making.*
- *Contributes to the design of clinical information systems that promote safe, quality and cost effective care.*
- *Uses technology systems that capture data on variables for the evaluation of nursing care.*

6. Policy Competencies

- Demonstrates an understanding of the interdependence of policy and practice.
- *Advocates for ethical policies that promote access, equity, quality and cost.*
- *Analyzes ethical, legal and social factors influencing policy development.*
- *Contributes in the development of health policy.*
- *Analyzes the implications of health policy across disciplines.*
- *Evaluates the impact of globalization on health care policy development.*

7. Health Delivery Systems Competencies

- Applies knowledge of organizational practices and complex systems to improve health care delivery.
- *Effects health care change using broad based skills including negotiating, consensus-building and partnering.*
- *Minimizes risk to patients and providers at the individual and systems level.*
- *Facilitates the development of health care systems that address the needs of culturally diverse populations, providers and other stakeholders.*
- *Evaluates the impact of health care delivery on patients, providers, other stakeholders and the environment.*
- *Analyzes organizational structure, functions and resources to improve the delivery of care.*

8. Ethics Competencies

- Integrates ethical principles in decision making.
- *Evaluates the ethical consequences of decisions.*
- *Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.*

9. Independent Practice Competencies

- Functions as a licensed independent practitioner.

- *Demonstrates the highest level of accountability for professional practice.*
- *Practices independently managing previously diagnosed and undiagnosed patients.*
    - *Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end of life care.*
    - *Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.*
    - *Employs screening and diagnostic strategies in the development of diagnoses.*
    - *Prescribes medications within the scope of practice.*
    - *Manages the health/illness status of patients and families over time.*
- *Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.*
- *Works to establish a relationship with the patient characterized by mutual respect, empathy and collaboration.*
- *Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect.*
- *Incorporates the patient's cultural and spiritual preferences, values and beliefs into health care.*
- *Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.*

ACGME Core Competencies

Accreditation Council for Graduate Medical Education (ACGME) Core Competencies – Required for all Licensed Healthcare Providers – must be tailored to profession and practice

ACGME Competency 1: ***Medical Knowledge***
Competency statement: Providers must understand established and evolving biological, clinical, epidemiological and social-behavioral sciences and must be able to apply this knowledge to patient care. Learners will be able to demonstrate the following at a developmentally appropriate level:

1. *Understanding of the biological, behavioral and social factors that promote health or predispose individuals to illness, and how these may be used in partnership with patients to predict, prevent or mitigate the onset of disease.*
2. *Understanding of the sciences essential for one's chosen field of practice.*
3. *Knowledge of the sciences that support other specialty fields as they relate to one's own practice.*
4. *Knowledge of the sciences underlying the common and important health and wellness issues affecting our society and other societies around the globe.*
5. *An appreciation for the importance of the sciences that underlie the effective practice of medicine and a resulting commitment to maintain an up-to-date fund of knowledge through continuous learning.*
6. *Knowledge of the scientific method, reproducible research, and experimental designs that are valid for the question of interest, and an understanding of how to collect, analyze, and interpret new information to enhance knowledge in the various disciplines related to medicine.*

ACGME Competency 2: ***Patient Care***

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Competency statement: Providers must consistently provide care that is compassionate, culturally competent, safe, efficient, cost sensitive, appropriate, and effective for the treatment of illness and the promotion of health. Learners will be able to demonstrate at their developmentally appropriate level the following:

1. *Ability to perform a problem-focused or complete history and physical examination as indicated, and to obtain necessary diagnostic studies, including imaging, laboratory and procedural tests.*
2. *Ability to interpret clinical information and formulate a prioritized differential diagnosis that reflects the use of medical knowledge in a probabilistic reasoning process.*
3. *Ability to formulate a management plan based on evaluation of the scientific evidence as well as on the patient's values, cultural background, beliefs and behaviors. This requires the ability to critically review the literature with an understanding of the levels of evidence provided by typical experimental or study designs, measurement techniques, and analyses. Learners should be able to recognize common forms of bias.*
4. *Ability to implement a comprehensive management plan that would include performing indicated procedures within the scope of one's training.*
5. *Ability to use knowledge support tools such as evidence-based diagnostic criteria, management guidelines and point-of-care information resources.*
6. *Ability to use informatics and health information technology in support of patient care in a manner that reflects understanding of their capabilities, limitations, benefits, and risks. Examples include the electronic health record, computerized physician order entry, decision support systems and messaging systems.*
7. *Ability to exercise clinical judgment that is safe and commensurate for the level of training.*
8. *Ability to re-examine and address prior decisions when desired outcomes are not achieved and/or the patient is dissatisfied.*

ACGME Competency 3: ***Interpersonal and Communication Skills***

Competency statement: Providers must be able to communicate in ways that result in safe, culturally sensitive, effective and respectful information exchange and create beneficial partnerships with patients, their families, and other health professionals. Learners will be able to demonstrate the following at a developmentally appropriate level:

1. *Understanding of the enduring value of effective relationships and the factors that can facilitate or impede their formation, including power imbalances and social, economic and cultural differences.*
2. *Sensitivity to the diversity with which people perceive, think, learn, communicate, and make decisions, both individually and in groups, and an understanding of how these processes might be impacted by illness.*
3. *Understanding of the elements of a validated provider-patient communication model, and the ability to demonstrate appropriate components of the model during patient interaction.*
4. *Understanding of the strengths, limitations and appropriate applications of various communication modalities, including verbal, non-verbal, written, electronic, graphic, synchronous, and asynchronous modalities.*
5. *Understanding of the challenges and opportunities created by cross-cultural communications and their potential impact on patient care, health disparities and health outcomes, and the ability to engage support systems that facilitate cross-cultural communication.*
6. *Understanding of the elements of effective team building and the ability to use appropriate techniques to create, participate in, and lead effective teams.*

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7. *The ability to establish and utilize effective communication strategies with patients, families, and healthcare colleagues, regardless of their cultural background.*
8. *The ability to build and sustain effective relationships in a wide variety of settings and with persons from diverse backgrounds.*
9. *The ability to effectively manage interpersonal conflict and to provide and receive constructive feedback.*
10. *The ability to disclose medical error to patients, families and health care providers in a manner that is truthful, sensitive, responsible, constructive and supportive.*

ACGME Competency 4: ***Professionalism***
Competency Statement: Providers must possess the knowledge, skills and attitudes necessary to carry out professional responsibilities, adhere to ethical standards and establish and maintain productive, respectful relationships with patients and colleagues. Professionalism applies to formal and informal interactions in education systems, in health care practice settings, and in the wider community. Learners will be able to demonstrate the following at a level appropriate to their educational attainment:

1. *Understanding of the duties and obligations of the nursing/medical profession, its health care institutions and its individual practitioners to patients, communities and society.*
2. *Commitment to the primacy of the patient in all health care endeavors.*
3. *Commitment to work for a more just health care system, including the ability to advocate effectively on behalf of individual patients and patient populations.*
4. *Understanding of the principles of biomedical ethics and skill in applying these principles in practical contexts.*
5. *Commitment to honesty and transparency in all dealings with patients, learners, and colleagues.*
6. *Commitment to the professional and legal standards that safeguard patient confidentiality.*
7. *Understanding of the concepts surrounding conflict of interest and competing priorities, and the ability to identify and manage these in ways that maintain the primacy of patient interests and the health of the public.*
8. *Compassion and respect for all persons regardless of differences in values, beliefs and experiences.*
9. *Awareness of the vulnerability of patients and the inherent power differentials in organizational and interpersonal relationships including especially understanding of the boundaries that define therapeutic relationships.*
10. *Commitment to excellence in all professional endeavors.*

ACGME Competency 5: ***Practice-Based Learning and Improvement***
Competency statement: Providers must be able to continuously improve patient care by investigating and evaluating outcomes of care and by engaging in learning activities which involve critical appraisal and assimilation of scientific evidence and application of relevant knowledge to individual patients and populations. To demonstrate competence in practice-based learning and improvement, each learner must demonstrate:

1. *Ability to systematically collect, monitor, and analyze data describing current performance at the individual, team and/or systems levels in an effort to achieve the highest possible quality of care.*
2. *Continuous pursuit of knowledge regarding best practices and optimal patient outcomes.*
3. *Ability to compare data about current performance at the individual, team, and/or systems level with expected outcomes, and identify and implement the learning strategies needed to improve performance.*

4. *Ability to develop and implement improvement projects using a systematic approach that employs the principles of improvement science.*
5. *Ability to recognize, acknowledge and analyze medical errors and devise system-based strategies that would prevent similar errors in the future.*

ACGME Competency 6: ***Systems-Based Practice***
Competency statement: Providers must understand and respond to the larger context and system of healthcare and effectively call on system resources to provide care that is of optimal value. Learners will be able to demonstrate the following at a developmentally appropriate level:

1. *Understanding that healthcare of optimal value is safe, effective, patient-centered, culturally sensitive, timely, efficient, and equitable.*
2. *Understanding of the principles of systems science and the ways in which people, processes, technology and policy combine to form systems.*
3. *Understanding of the basic organization of health care systems, including the various relationships between patients, providers, practices, institutions, insurers and benefits managers, community health organizations, federal and state regulators, accrediting bodies, professional organizations, licensing boards, the pharmaceutical and biotechnology industries, and legislators.*
4. *Understanding of the local systems in which acute patient care and health maintenance are provided, such as emergency departments, outpatient clinics, hospitals, mental health clinics, public health clinics, pharmacies, etc., and the ability to coordinate patient care within these systems.*
5. *Understanding of different health professionals' roles and responsibilities within the health care delivery system and the ability to maximally utilize the capabilities of all healthcare team members to achieve optimal patient outcomes.*
6. *Understanding of the key elements of leadership, management and organizational behavior and how these elements apply in teams, healthcare organizations, and society.*
7. *Understanding of how public health and health policy shape the nature of our healthcare system and how and when clinicians must interact with public health officials and policymakers.*
8. *Understanding of risk, complexity, resilience and related concepts that influence the performance of humans and the systems in which they work.*
9. *Ability to design, analyze and evaluate healthcare microsystems and propose interventions that will improve quality, safety and cost-effectiveness.*

Posters

Are you working on a poster for a quality project or presentation? The following links may be helpful:
BRET Poster Printing Service and Templates: https://medschool.vanderbilt.edu/bret/poster-printing

Here's a good article: Christenbery, T., & Latham, T. (2012). **Creating effective scholarly posters**: A guide for DNP students. Journal of the American Academy of Nurse Practitioners
http://onlinelibrary.wiley.com/doi/10.1111/j.1745-7599.2012.00790.x/abstract

Publications

Many of our APRNs/PAs have published articles and texts regarding clinical topics and NP/PA practice. If

you are interested in writing/publishing your work, our Evidence Based Practice and Nursing Research office offers a class at least every year. We also provide APRN and PA specific classes; you will be notified of these via email.

Presentations

Do you have a presentation coming up? The key to a successful presentation is preparation! Brush up on your presentation and PowerPoint skills. Know your subject well and know your target audience. Below are two helpful books for preparing for presentations:

Davis, M., Davis, K., & Dunagan, M. (2012). **Scientific papers and presentations**. 3rd edition. Acad.Press.
Wilkinson, Ian. (1998) **Super seminars, legendary lectures, and perfect posters: the science of presenting well**. AACC Press.

DNP Fellowship at Vanderbilt University Hospital

Vanderbilt University Hospital offers a unique opportunity to work as a full-time ACNP in one or more of Vanderbilt's adult ICUs while pursuing a DNP Critical Care Fellowship offered through the Vanderbilt University School of Nursing in collaboration with the Division of Critical Care, Department of Anesthesiology.

This DNP-intensivist fellowship program combines a 2-year post Masters DNP curriculum, which focuses on the preparation of practice scholars, with a 2-year critical care clinical fellowship in the Vanderbilt ICUs. Application and acceptance into the DNP program is required along with approval for hire as a Vanderbilt University ICU ACNP.

This fellowship is completed concurrently with the DNP coursework, and acts to strengthen the clinical portion of the DNP program through mentored clinical practice and educational opportunities. Daily patient care provides critical care NP fellows with the opportunity to advance their hands-on skills and intellectual background in the care of critically ill surgical patients. The educational program, co-taught and facilitated by a physician and NP intensivist, broadly covers the clinical, cognitive, and evidenced based practice components essential to the multidisciplinary practice of critical care. During the fellowship curriculum each session focuses on a particular clinical problem through focused analysis in the evidence based practice literature. The critical care NP fellow provides care for assigned ICU patients, attends didactic conferences, leads academic case discussions, and presents at clinical conferences.

For more information, contact Dr. Terri Donaldson, DNP Director, terri.allison@vanderbilt.edu.

Unit Specific Training

Each area offers up to 6 months of unit and population specific training. Prior to or during your first week at Vanderbilt you will need to meet with your preceptor to review curriculum, schedule, protocols, shadowing experiences and helpful resources such as videos, online training, workshops, books, etc. You will also need to review and set weekly learning objectives. **Be proactive.** Write down topics to discuss

with your preceptor or supervising MD. Seek learning opportunities as much as possible for a complete and robust orientation.

Student and Observer Requests

All student placement requests go to the "Student Placement Office".
studentplacement@vanderbilt.edu Susan Bosworth.

All observational experience requests go to the "Observational experience" Office.
https://ww2.mc.vanderbilt.edu/voe/

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As a quick reference, this flyer highlights APRN compliance requirements mandated by institution, state and national credentialing, and board certifying entities.

At time of Hire —

Disclosure Training provided by Office of Advanced Practice (OAP)

Each Quarter—

Aim for 4 hrs of continuing education (CE) to meet annual goals

Yearly—

- ***Departmental training modules:***
  - Check Faculty Compliance Portals applicable to your home department
  - School of Nursing Faculty Appointment: https://webapp.mis.vanderbilt.edu/compliance
  - School of Medicine Faculty Appointment: https://wag.mc.vanderbilt.edu/compliance
- 15 hrs of CNE/year (meets 5 year board re-certification minimum)

Other CNE resources available:

AANP https://cecenter.aanp.org/

Pri-med http://www.pri-med.com/online-education.aspx

CME and CNE trackers are available through VUMC's Office for Continuous Professional Development, UpToDate, and credentialing bodies such as ANCC.

VUMC:

https://cme.mc.vanderbilt.edu/home

- Log in with **VUnetID** and **ePassword**
- Fill out the **Profile** page
- Confirm **cell phone** number
- **Save** Profile
- Save phone (SMS/TXT) number **855-776-6263** (CME Attendance)

UptoDate: Create a profile and accrue CME for all topics searched.

ANCC and other credentialing bodies: As a registered user, you can track continuing education which is easily accessed at time of board re-certification.

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OAP Grand Rounds, Department Grand Rounds, and Office of Continuous Professional Development (CPD)

Every 2 years—

- RN and Advanced practice license renewals at http://tn.gov/health/article/nursing-licensure
  - 2 hours of CE/year related to controlled substance prescribing and ***must include content specific to Tennessee Chronic Pain Guidelines***

  (On-line modules available to help meet this requirement– Inquire with OAP or CPD.)

- TN continued competence detailed requirements: https://tn.gov/assets/entities/health/attachments/ContinuedCompetenceRequirements.pdf
- Practice protocols and procedure protocols need to be updated at practice site and with OAP
- VMUC credentialing/privileging (initial & re-appointment) facilitated by Provider Support Services
- BCLS/ACLS/PALS renewal (expiration will result in suspension of privileges contingent upon certifications)

Every 3 years—

- DEA renewal at https://apps.deadiversion.usdoj.gov/webforms/jsp/regapps/common/renewalAppLogin.jsp (expiration results in suspension of privileges)

- 2 hours of CE related to prescribing of controlled substances (also required for license renewal)

Every 5 years—

- Board Certification renewal
- a minimum 75 hrs CE required by most boards
- additional requirements dependent upon certification

ANCC http://www.nursecredentialing.org/default.aspx

AANP http://www.aanpcert.org/index

Pediatric Nursing Certification Board https://www.pncb.org/ptistore/control/index

National Certification Corporation http://www.nccwebsite.org/

National Board of Certification & Recertification for Nurse Anesthetists

http://www.nbcrna.com/Pages/default.aspx

American Midwifery Certification Board http://www.amcbmidwife.org/

<u>For a comprehensive list of accredited specialty certifications, visit:</u>

American Board of Nursing Specialties

http://www.nursingcertification.org/

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Appendix A: Forms – Labcoat Order Form

LAB COAT ORDER FORM

Your name: ____

Please return completed form to: linen.services@vanderbilt.edu When you are notified that your lab coat is ready, please pick up an 1180 form from your administrator or AP leader and take with you to Linen Services (Basement B-705, TVC).

Style	Description	Size	QTY	Price
# 437	100% Cotton, Fabric Buttons, Adjustable belt (sizes XS - XL)			$23.00
# 499	White-Poly/Cotton Blend with Plastic Buttons, stitched down back belt (sizes 32-50)			$18.50
# 6499	(Long Sizes – same as style #499 - longer length & 1 ½" longer sleeves - meant for a person taller than 6') Sizes 38 – 50 Long			$19.75
# 7690	Choice of Color Scrub Jacket, Snap Closure (sizes XS - 5XL)			$10.60

Additional styles & larger sizes are also available at an additional cost. For additional information please call 615.724.3963

Monogramming will be entered exactly as it is typed in the spaces below. Case sensitive. ADD any periods needed with the abbreviations. Price is $2.00 PER LINE. **PLEASE NOTE:** There is an additional $0.50 handling charge from the mill that will be added to your order.

Line 1:

____

Line 2:

____

Line 3:

____

Font: Block ____ Script ____

Color: Black _____ Blue ___

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Appendix A: Forms – ID Badge Form -- *** NOW SHOULD BE COMPLETED ONLINE***

MEDICAL CENTER BADGE OFFICE

ID Badge-Authorization Form

Office Location: Medical Center North- Round Wing (S-2311)
Phone: 615-936-3350; Fax: 615-936-3351

Office Hours: Monday – Friday
8:30am -4:30pm
closed daily: *1:00pm -2:00pm (lunch)*

Reason for Badge: *(check one)* **New Hire** ☐ **Status Change** ☐ **Replacement** ☐ **Student** ☐ **Visitor** ☐ **Volunteer** ☐

Social Security Number XXX– XXX-_______ (last 4 digits) Birth Date: _____/_____/_____

Legal Name: First ________________________ Middle ________________ Last ______________________

Preferred Name on Badge: ____

Department: ____

Job Title: ____

Certification(s)/Credentials: ____ (limit 3)

Design Your Badge
(Please check all that apply)

Logo: VUMC ☐ VCH ☐

Access: Magnetic strip on back ☐ Non-Magnetic strip on back ☐

Quantity: One (1) badge ☐ Two (2) badges ☐ *(for Clinical Staff)*

Infant Handler (IH): No ☐ Yes ☐ *(for Clinical Staff)*

(IF YES, approval required by department Supervisor):________________________________ Date__________

Badge Type

Staff:
☐ Staff- Regular/Faculty — White
☐ Vanderbilt Temporary Service — White

Badge Color Designation

Other- Non VU Employees
☐ Affiliate
☐ Visitor
☐ Volunteer

Clinical Staff:
☐ Registered Nurse-RN — Light Blue
☐ Licensed Practical Nurse-LPN — Titan Blue
☐ Nurse Practitioner- CRNA — Dark Blue
☐ Clinical Fellow — Light Green
☐ Clinical Physician-MD — Dark Green
☐ Respiratory — Gold

Affiliate-Non VU Employees
☐ Registered Nurse
☐ Licensed Practical Nurse
☐ Nurse Practitioner
☐ Clinical Fellow
☐ Clinical Physician

Student Programs:
☐ Vanderbilt Student — White *(non-magnetic)*
☐ Visiting Student Special Program — White
☐ Clinical Instructor — White

Expiration Date: ___________

BADGE HOLDER Signature: ____ Date___________

DEPARTMENT Authorized Signature: ______________________________ Phone # ________ Date___________

The ID Badge(s) received above are the property of Vanderbilt University and must be returned to University officials upon request.

Office USE ONLY PIK #______________________________ revised 10/2012

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Appendix A: Forms – Business Cards and Prescription Pads

Email this information to your department administrator or AP Leader

Business Cards

Name, Credentials	
Title	
Address (you can use our office address or a clinic address)	
Telephone (optional)	
Pager (optional)	
Fax (you can use our office fax or one closer to you)	
Email	

Tamper-resistant Prescription Pads (Minimum order of 4)

Supervising physician name	
Supervising physician address and phone number	
Your name, credentials	
NPI	
Your address (if different from supervising MD) and phone number	
You will have a blank for which to write your DEA number at the time of prescription.	

SPECIAL NOTE ON CERTIFIED NURSE PRACTITIONERS: Pursuant to Tennessee law and recommendations by the VUMC Pharmacy, pads for these employees must meet the following guidelines:

- the name, address, and phone number of the supervising physician and the nurse practitioner;
- the nurse practitioner must sign both his/her name and the name of the supervising physician;
- space must be provided for DEA numbers assigned to the nurse practitioner to be shown.

Language outlining these requirements must be printed on each nurse practitioner's prescription pads.

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For more information go to:

VanderbiltOAP.com

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