VANDERBILT UNIVERSITY
MEDICAL CENTER

Welcome!

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  - FPPE/OPPE
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Advanced Practice Overview

VANDERBILT UNIVERSITY MEDICAL CENTER

History

- 2005: less than 100 APRNs at Vanderbilt
- Office of Advanced Practice began as virtual center within Vanderbilt School of Nursing
- Numbers continue to expand (935+)
  - NP/CNS: ~660
  - CRNAs: ~160
  - CNMs: ~48
  - CNS: ~20
  - PAs: ~47

HISTORICAL OVERVIEW OF ADVANCED PRACTICE

National Timeline

1950's

- 1955 — American College of Nurse Midwives established
- 1956 — CRNA credential officially recognized

1960's

- 1965 — Loretta Ford develops first NP program, University of Colorado
- 1967 — Rapid increase in CNS programs & jobs

1970's

- 1971 — One of first FNP programs, Primex, begins at University of Washington
- 1973 — 65 NP Programs in US; NAPNAP established
- 1979 — 15,000 US NP

1980's

- 1983 — 22,000 - 24,000 NPs
- 1985 — AANP established

1990's

- 1993 — AANP creates Certification program
- 1994 — NEJM article "Advance Practice Nursing– Good Medicine for Physicians"
- 1995 — National Association of CNS founded
- 1999 — 68,300 US NPs

2000's

- 2001 — 82,000 NPs
- 2003 — 97,000 NPs
- 2004 — 106,000 NPs; National NP Week Recognized
- 2007 — 120,000 NPs
- 2009 — 130,000 NPs
- 2010 — 140,000 NPs

2010's

- 2011 — 148,000 NPs
- 2012 — 157,000 NPs
- 2013 — 171,000 NPs; 90,000 US PAs
- 2014 — 192,000 NPs; 70,000 CNSs
- 2015 — 53,000 CRNAs; 11,000 CNMs

2020's

- 2025 — Anticipate 244,400 NPs in US

VUMC Timeline

- 1958 — First VUSN MSN degree awarded
- 1964 — First CRNA hired
- 1970 — First VUSN CNS graduates; CNSs join VUMC
- 1972 — First VUSN FNP graduates
- 1973 — First FNP in VUMC Internal Medicine Clinic
- 1974 — First FNP joins Occupational Health
- 1975 — More FNPs join Pediatrics & OB/GYN Practices
- 1976 – '80 — FNPs & CNSs increase in OP & IP settings
- 1982 — Estimated 35 APRNs in VUMC IP & OP settings
- 1995 — CNM Faculty Practice Established
- 1997 — First VUSN CNM graduates
- 2005 — 100 APRN's; Virtual CAPNAH created
- 2008 — Launch of Clinical Practice Grand Rounds
- 2009 — 479 Advanced Practice Professionals (APP)
- 2010 — 519 APPs
- 2011 — 569 APPs; DNP CC Fellowship launched
- 2012 — 627 APPs
- 2013 — 679 APPs
- 2014 — 699 APPs; LEAP! Mentoring Program launched
- 2015 — 750 APPs

Office of Advanced Practice
VANDERBILT UNIVERSITY MEDICAL CENTER

Magnet Hospital

" . . person, place, object, or situation that exert attraction"

- Commitment, quality, & excellence in nursing
- Awarded by American Nurses Credentialing Center (ANCC)
- 9% of US hospitals designated

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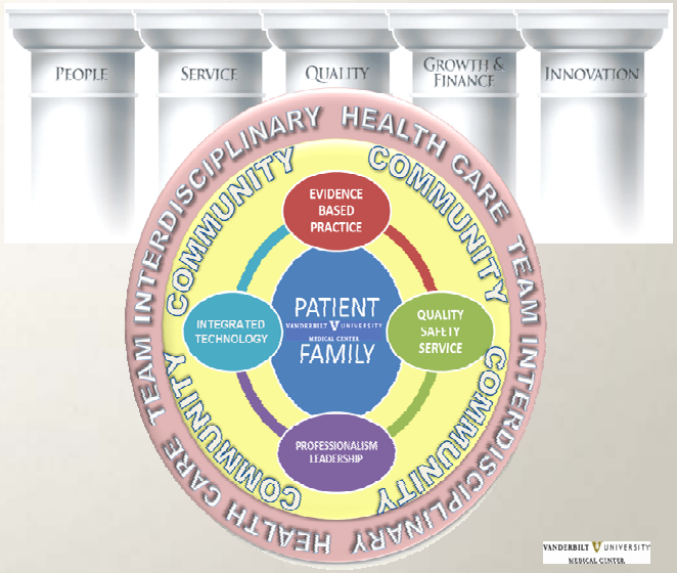
Professional Practice Model

- Evidence based practice
- Quality, safety, service
- Professionalism and Leadership
- Integrated Technology



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Essential Model Components

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations & Improvements
- Outcomes

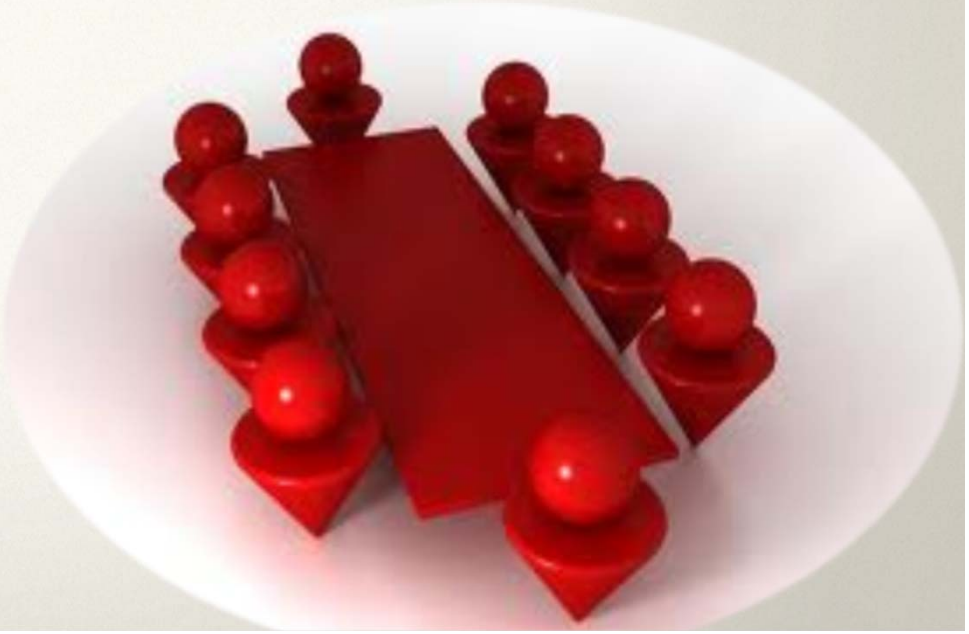
Shared Governance Model

"A commitment to others to have an active voice and participation in improving practice in collaboration leaders."

- Supports Principles of:
  - Decentralized decision making,
  - Shared accountability,
  - Partnerships to deliver.

Advanced Practice Committees

- Advanced Practice Council – Meets quarterly
- Advanced Practice Standards
- Professional Development/Grand Rounds
- AP Leadership Board



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Professionalism, Collaboration & Teamwork

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Building Relationships: Nursing

- Invest in development
- Devote equal energy/time
- CREDO behaviors (Orientation Handbook p.5)
  - Service is highest priority
  - Communicate effectively
  - Professional self-conduct
  - Committed to my colleagues
- Maintain self-awareness

Building Relationships: Physician

- Promote trust & credibility
- Integrated into care
- Continuous presence
- Increase knowledge & expertise

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Collaboration

- ". . joint & cooperative, integrates individual perspectives & expertise of team members"
  (Resnick & Bonner, 2003, p. 344)
- Enhances empowerment
- Increases job effectiveness & satisfaction
- Associated with improvements in:
  - ➢Patient outcomes
  - ➢Healthcare costs
  - ➢Decision making

Good & Bad Teamwork

https://www.youtube.com/watch?v=ftPOy4yUGMQ

APRN/PA Patient Care Center (PCC), Hospital or Area	Name	Title
CRNA/VPEC	Brent Dunworth	Director/Chief CRNA
MEDICINE	Jane Case	Director
NEUROSCIENCES	Briana Witherspoon	Director
OBGYN - DEPT	Angela Wilson-Liverman	Division Director
SURGERY (and TRAUMA/OrthoTrauma/Pain)	Billy Cameron	Director
TRANSPLANT	Deonna Moore	Director
VCH Acute and Critical Care	Michelle Terrell	Director
VCH Acute and Outpatient Care	Jill Kinch	Director
VHVI	Tiffany Street	Director
VICC	Jennifer Mitchell	Director
OBGYN-SON MIDWIFERY & SON CLINICS	Pam Jones	Sr. Associate Dean Community Partnerships
PSYCHIATRY	Molly Butler	Team Lead
OCCUPATIONAL HEALTH	Catherine Qian	Clinical Manager
ORTHOPAEDICS	Mary Duvanich/Jonathan Riggs	Administrative Director/Team Lead

Which of the following does NOT describe a Magnet designated facility?

A. Committed to quality and excellence in nursing
B. Awarded by Centers for Medicare/Medicaid (CMS)
C. Only 9% of US hospitals have designation
D. Awarded by American Nurses Credentialing Center (ANCC)

Which of the following describes the culture of shared governance:

A. Advocacy of active voice
B. Commitment to active participation
C. Improving practice through collaboration
D. All of the above

All of the following are true regarding collaboration **except**:

A. Includes perspectives & expertise of team members
B. Enhances empowerment
C. Decreases job satisfaction
D. Is associated with improved patient outcomes

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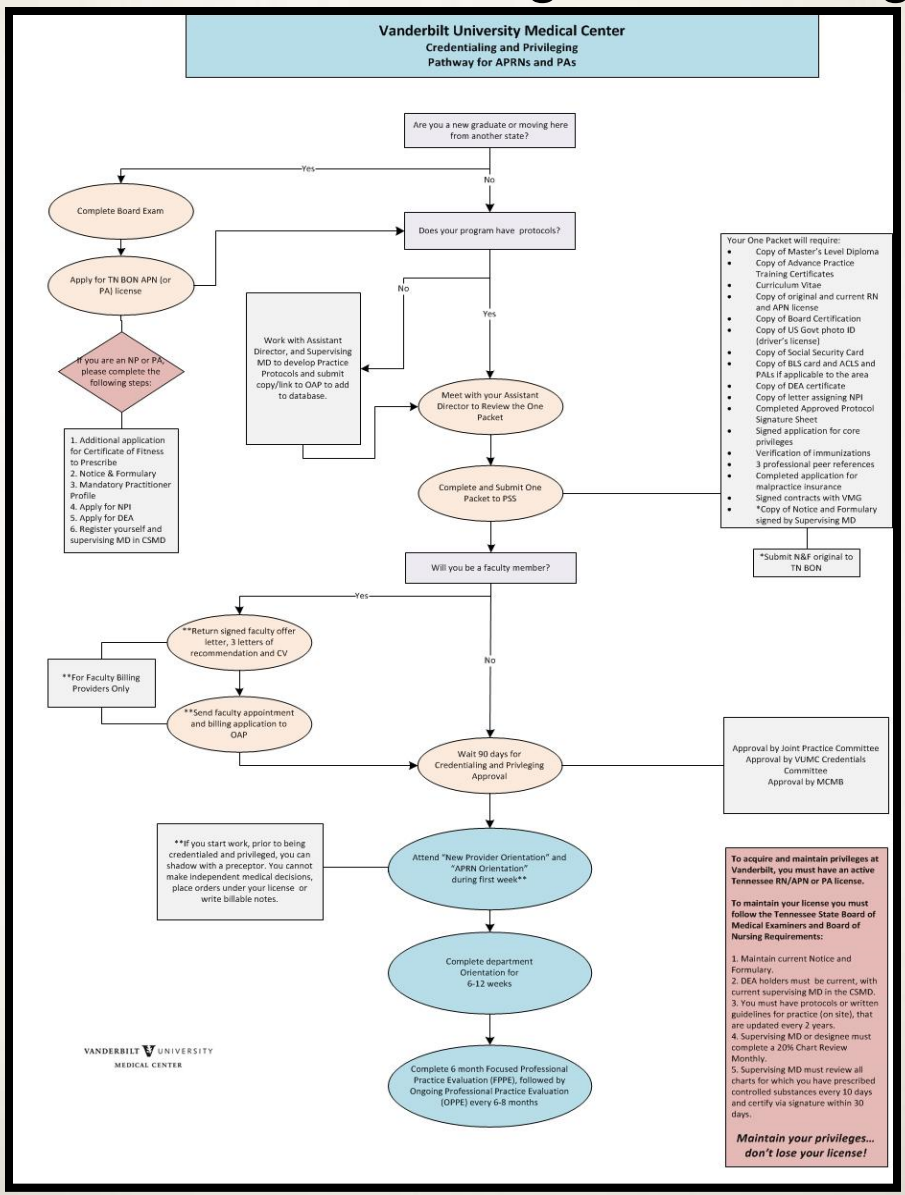
Credentialing & Privileging

VANDERBILT UNIVERSITY MEDICAL CENTER

Process Flow

Advanced Practice Credentialing and Privileging Process



Orientation Handbook
pp.14-15

VANDERBILT UNIVERSITY
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Credentialing & Privileging Forms

- One Packet
  - Core Privileges
  - 90-120 Days to prepare file for committee
- Reappointment Application
  - Every 2 years
- Advanced Practice Non-Core Privileges
  - When applying for procedural privileges

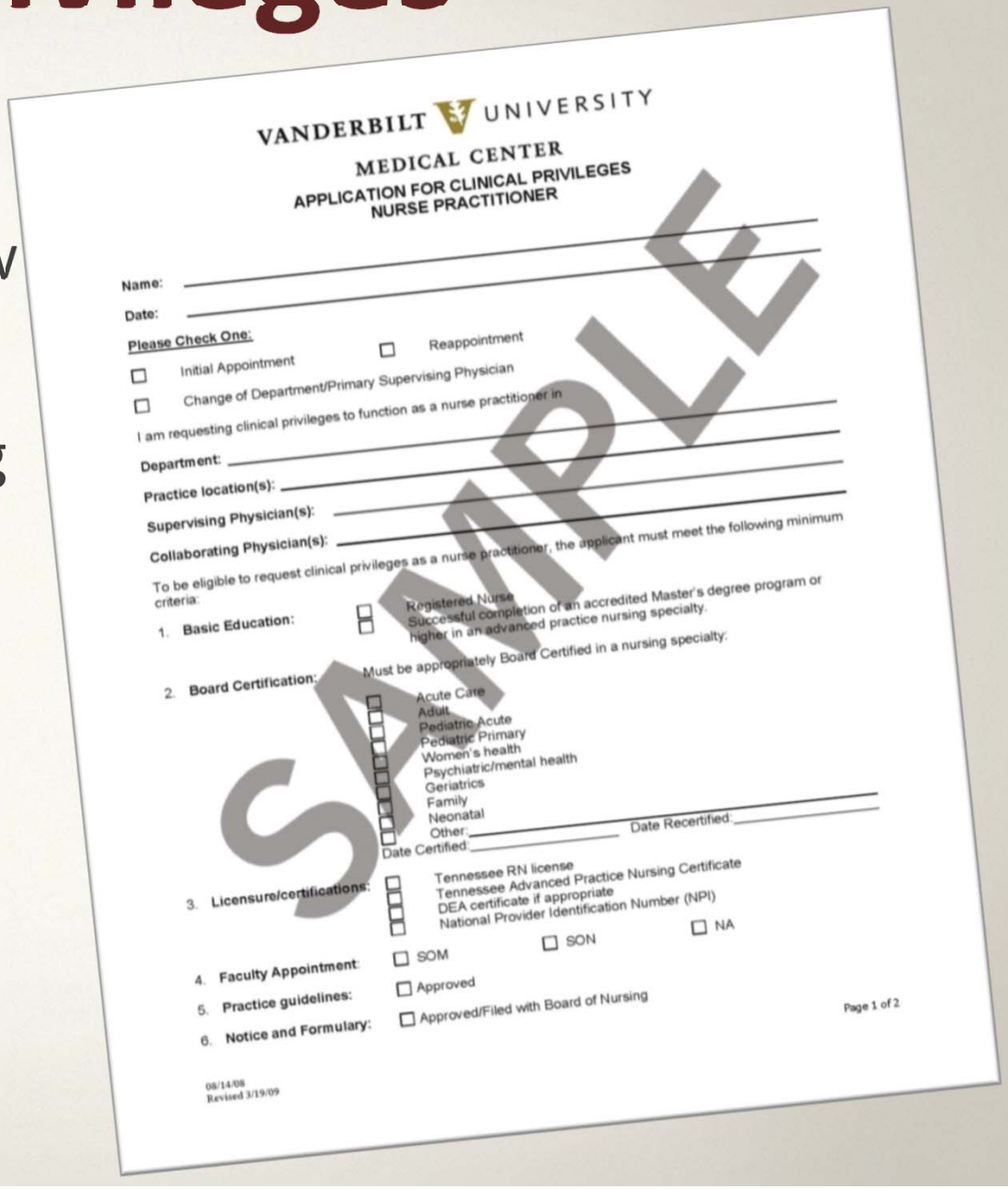
Orientation Handbook p.17-15

Credentialing & Privileging (cont'd)

- ***Delineation of Privileges (DOP)***: Clinical privileges granted based upon scope of practice and competencies
- Collaborative Request: (BON requirement) online submission, report changes within 30 days
- PA Supervising Physician Form (BME requirement) online submission, report changes within 30 days
- Process must be completed within 120 days
- Review Medical Staff Bylaws/Rules/Regulations

Privileges

- ***Core***: granted when competency verified after committee review
  - ➢Joint Practice
  - ➢VUMC Credentialing Committee
  - ➢Medical Center Medical Board



VANDERBILT UNIVERSITY
MEDICAL CENTER
APPLICATION FOR CLINICAL PRIVILEGES
NURSE PRACTITIONER

SAMPLE

Name: _____
Date: _____

Please Check One:
☐ Initial Appointment ☐ Reappointment
☐ Change of Department/Primary Supervising Physician

I am requesting clinical privileges to function as a nurse practitioner in

Department: _____
Practice location(s): _____
Supervising Physician(s): _____
Collaborating Physician(s): _____

To be eligible to request clinical privileges as a nurse practitioner, the applicant must meet the following minimum criteria:

1. **Basic Education:** ☐ Registered Nurse ☐ Successful completion of an accredited Master's degree program or higher in an advanced practice nursing specialty.

2. **Board Certification:** Must be appropriately Board Certified in a nursing specialty:
☐ Acute Care
☐ Adult
☐ Pediatric Acute
☐ Pediatric Primary
☐ Women's health
☐ Psychiatric/mental health
☐ Geriatrics
☐ Family
☐ Neonatal
☐ Other: _____
Date Certified: _____ Date Recertified: _____

3. **Licensure/certifications:**
☐ Tennessee RN license
☐ Tennessee Advanced Practice Nursing Certificate
☐ DEA certificate if appropriate
☐ National Provider Identification Number (NPI)

4. **Faculty Appointment:** ☐ SOM ☐ SON ☐ NA

5. **Practice guidelines:** ☐ Approved

6. **Notice and Formulary:** ☐ Approved/Filed with Board of Nursing

Page 1 of 2

08/14/08
Revised 3/19/09

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Core Privileges

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MEDICAL CENTER

APPLICATION FOR CLINICAL PRIVILEGES
NURSE PRACTITIONER

7. **Privileges requested for:**

- ☐ **Core:** Inpatient and outpatient specialty specific Evaluation and Management (E & M) of patients
- ☐ **Non-core Advanced Procedures**

Inpatient and Outpatient Evaluation and Management Core Privileges

- Obtain and document a health history;
- Perform and document complete, system-focused, or symptom-specific physical examination;
- Assess the need for and perform additional screening and diagnostic testing, based on initial assessment findings;
- Prioritize data collection;
- Perform daily rounds/clinic visits on assigned patient population;
- Document daily progress notes, plan of care, evaluation and discharge summary;
- Manage diagnostic tests through ordering and interpretation;
- Formulate differential diagnoses by priority;
- Prescribe appropriate pharmacologic and non-pharmacologic treatment modalities.
- Utilize evidence-based, approved practice protocols in planning and implementing care;
- Initiate appropriate referrals and consultations;
- Provide specialty specific consultation services upon request and within specialty scope of practice;
- Facilitate the patient's transition between and within health care settings, such as admitting, transferring, and discharging patients.

Requesting Nurse Practitioner:_____ Date: _____

Privileges (cont'd)

- ***Non-Core/Specialized/Procedural***:
  - ➢ Given only after procedural competency demonstrated
  - ➢ After competency threshold met, MD/preceptor presence not necessary
- Medical necessary
- Volume supported

Privileges (cont'd)

- ***Master Procedural List***: used for DOP; can only be altered upon committee review
- ***Procedural Log***
  - ➢Assures ongoing competency
  - ➢Tracks & validates procedures completed
  - ➢Star Panel's Procedural Notes
  - ➢Submit w application to PSS q 2 yrs for reappointment

Advanced Procedural Privileges

Application for Advanced Procedure Privileges

- requested by AP Leader
- obtained from Provider Support Services (PSS)
- collaboratively completed w/ AP leader and/or collaborating physician
- returned to PSS

Orientation Handbook pp.39-40

- Can submit for additional privileges in January, July & October
- Documentation of procedural competency must verify successful completion w/o complications
- High Risk requiring separate application
  - Colposcopy Privileges
  - Moderate Sedation Privileges
  - Neonatal Circumcision Privileges
  - Nitrous Oxide Administration

Additional Privileges

VANDERBILT UNIVERSITY MEDICAL CENTER
APPLICATION FOR
ADVANCED PROCEDURE PRIVILEGES
ADVANCED PROFESSIONAL STAFF WITH PRIVILEGES (PSP)

INSTRUCTIONS

1. **Advanced Procedure Privileges:** Approved procedural privileges requiring additional education and training and may be granted only upon evidence of initial and ongoing competency.

2. **Form Requirement:** Professional Staff Privileged providers requesting advanced procedure privileges must do so using this form. Requests with supporting documentation are submitted to Provider Support Services and thereafter reviewed by the Joint Practice Committee.
   - Colposcopy, Moderate Sedation, Circumcision, and Nitrous Oxide Administration privileges require a separate application available through Provider Support Services.
   -

3. **Supporting Documentation:** Requests for advanced procedure privileges at initial appointment, reappointment and additional privilege additions must be supported by the following:
   a. Log of procedures performed indicating MR #, date, proceduralist, preceptor, and name of procedure; **and/or** *simulation/animal lab certificate of completion as appropriate.
   b. Current procedural protocols are accessible from the practitioner's worksite and on file with the Office of Advanced Practice.
   c. Required forms must be signed by supervising physician.
   d.

4. **Supervision:** Initial procedures must be proctored by a privileged provider, under direct, personal instruction and supervision. Once required initial procedures have been completed and competency verified and documented by proctor, the practitioner may perform the procedures under direct supervision with a privileged provider on-site and immediately available. Supervision would continue until privileges are approved through the privileging process.

5. **Scope:** Advanced procedures will only be approved if medically necessary as an integral part of the provider's scope of practice.

6. **Competency**:** The initial and continued competency requirements are subject to validation and attestation of competency and requirements may be increased based on national standards or at the supervising physician's discretion.

7. **FPPE/OPPE:** All providers privileged to perform advanced procedures are subject to the mandates of focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE).

8. If a procedure is not listed on this form, please refer to the ***"Application for Adding Advanced Procedures to the Advanced Procedure Privileges Form"***. Formal review and approval of this application by the Joint Practice Committee is necessary **before** a provider may be privileged to perform the procedure.

Additional Privileges

VANDERBILT UNIVERSITY MEDICAL CENTER
APPLICATION FOR
ADVANCED PROCEDURE PRIVILEGES
ADVANCED PROFESSIONAL STAFF WITH PRIVILEGES (PSP)

Practitioner Name: _____ Department: _____

Primary Supervising Physician: _____

The initial and continued competency requirements are subject to validation and attestation of competency and requirements may be increased based on national standards or at the supervising physician's discretion.

Advanced Procedures ☐ Initial ☐ Adding ☐ Reappointment

	MARK THE PRIVILEGE TO REQUEST	FOR REFERENCE ONLY: SCOPE OF PRACTICE GUIDE: Use as reference when selecting for competency thresholds and approval to perform			PRIVILEGE	INITIAL COMPETENCY (TO BE OBTAINED UNDER SUPERVISION)	CONTINUED COMPETENCY (DOCUMENTED OVER AN APPOINTMENT PERIOD AND RESULTS REVIEWED BY SUPERVISING PHYSICIAN)
		PEDIATRIC	NEONATAL	ADULT			
1		n/a	n/a		Acupuncture for detoxification (requires certification)	3	4
2			n/a	n/a	Appendicostomy & cecostomy tube & management	3	2
3					Arterial line, insertion	3	2
4			n/a		Arterial sheath, removal	4	3
5		n/a	n/a		Arteriotomy closures- femoral	5	4
6		n/a	n/a		Arthrocentesis	4	3
7			n/a		Biopsy: Bone marrow biopsy / aspiration	5	4
8		n/a	n/a		Biopsy: Cervical biopsy	5	4
9		n/a	n/a		Biopsy: Endometrial biopsy	5	4
10		n/a	n/a		Biopsy: FNA/core/percutaneous needle biopsy	10	5

Credentialing Committee Process

- Joint Practice Committee
  - ➢Peer Review
- VUMC Credentials Committee
- Medical Center Medical Board
  - ➢Final approval
  - ➢Privileges activated as provider

Billing Providers

- Must be member of Vanderbilt Medical Group (VMG) Professional Staff
- Faculty status required for membership with certain exceptions
- Credentialing & Privileging process permits payer enrollment
  - Exceptions: Cigna, United & Aetna
- After successful VUMC credentialing, VMG billing providers will may receive an ***Initial*** Appointment Application for Vanderbilt Affiliated Health Network (VHAN)
  - prepopulated application
  - review to validate accuracy of info
  - reappointment applications encompass both VUMC & VHAN

Privileges (cont'd)

- ***Professional Insurance***
  - Coverage thru Vanderbilt self-insured trust
  - 5.5 aggregate
  - PSS reviews malpractice history (NPDB, carrier)
  - Evidence of previous coverage
  - Collaborative practice critical
  - Claims:
    - failure to diagnose
    - consult/refer

Provisional Status

- To be in provisional status you must:
  - Have completed educational requirements
  - Be board certified
  - Be in process of state licensure
  - Be in process of credentialing and privileging
  - Not represent yourself as NP, CNM, CRNA
  - Work under direct supervision
  - Follow ANA, State, Specialty organization and practice/discipline specific guidelines

Exception for CRNAs: While in provisional status, national certification must be completed within 90 days of hire date

Provisional Status

- VUMC Guidelines
  - RN or staff badge (as opposed to the dark blue badge)
  - RN access to star panel
  - Cannot diagnose, treat, prescribe
  - Sign documents as trainee (cannot indicate NP, PA, CRNA, CNM until C&P)

Until Privileges Received

- 100% chart review by supervising physician/preceptor
- No prescribing
- Input orders under supervision
- Direct care appropriate with physician/preceptor's presence

Until Privileges Received (cont'd)

- Perform procedures under supervision
- May not render independent clinical decisions, diagnoses, or prescriptions
- May not bill for services
- May not enroll with payers

Reporting Changes in Status to the Board of Nursing

- According to the **Nurse Practice Act**, any nurse who knows of any health care provider's incompetent, unethical or illegal practice MUST report that information through proper channels. The only two (2) proper channels to report nurses are:

The Board of Nursing, via Health Related Boards Investigations, or

The Tennessee Nurses Professional Assistance Program.

Source: NURSING TENNESSEE CODE UNANNOTATED TITLE 63, CHAPTER 7 Current as of January

Credentialed Providers are Required to Report Change in Status to Credentials Committee

ACKNOWLEDGEMENT AND SIGNATURE

I attest that the information provided in or attached to this application is accurate and complete. I understand that a condition of this application is that any misrepresentation, misstatement, or omission from the application, whether intentional or not, may be cause for automatic and immediate rejection of this application and may result in the denial of membership and privileges and/or termination of any contract with any institution upon subsequent discovery of such misrepresentations, misstatements or omissions, and the hospital(s) or any other participation organization may immediately terminate my appointment, privileges, and/or membership. By my signature below, I further acknowledge and agree that I will promptly and fully report all information to the Credentials Committee(s) of each institution to which I am applying should any of the following occur: (1) any of the answers in the application change, (2) any situation arises which affects my ability to treat patients at any time after I have signed and dated this form, while my application is pending, or if I am appointed to the Medical Staff, Network or Foundation while I maintain membership.

Update the Conflict Disclosure System

- Abide by the conflict of interest and commitment policies and standards;
- Fully disclose any professional & relevant personal activities, at least annually, or when a potential conflict arises;
- Remedy conflict situations or comply with any management or monitoring plan prescribed;
- Remain aware of the potential for conflicts;
- Take the initiative to manage, disclose, or resolve conflict situations as appropriate.

The One Packet has how many days to be prepared for committee review?

A. 30 days

B. 60 days

C. 90-120 days

D. 180 days

Until privileges are received, the APP must:

A. Have 100% of charts reviewed by supervising MD/preceptor
B. Perform all procedures under supervision
C. Not render independent clinical decisions, diagnoses, or prescriptions
D. All of above

After receiving an initial C&P appointment, APPs are reviewed for reappointment every:

A. 1 year
B. 2 years
C. 3 years
D. 4 years

After receiving an initial faculty appointment, APPs are reviewed for reappointment every:

A. 1 year
B. 2 years
C. 3 years
D. 4 years

Back to Agenda

State of Tennessee Guidelines

VANDERBILT UNIVERSITY MEDICAL CENTER

Governing Rules and Regulations

- Practice governed by:
  - ***NPs***: BME and B of N
  - ***PAs***: BME
  - Critical to review Board R & R
  - Note regulatory/legislative climate (state/national)

State Guidelines

- Tennessee Board of Nursing
  - *Review BON handout in packet*
- Tennessee Department of Health – Physician Assistants
- Tennessee Board of Medical Examiners Rules and Regulations
  - *Review BME handout in packet*

Clinical Supervision Requirements

0880-6-.02 CLINICAL SUPERVISION REQUIREMENTS. It is the intent of these rules to maximize the collaborative practice of certified nurse practitioners and supervising physicians in a manner consistent with quality health care delivery.

(1) A supervising physician, certified nurse practitioner or a substitute supervising physician must possess a current, unencumbered license to practice in the state of Tennessee.

(2) Supervision does not require the continuous and constant presence of the supervising physician; however, the supervising physician must be available for consultation at all times or shall make arrangements for a substitute physician to be available.

(3) A supervising physician and/or substitute supervising physician shall have experience and/or expertise in the same area of medicine as the certified nurse practitioner.

Supervision Requirements – Chart Review

- 20% chart review by supervising MD
  - BME does not specify chart content
  - IP Admission and discharge notes w/ countersignature
  - OP process practice-designated

Protocols

- Protocols are mandated by the Tennessee Board of Medical Examiners (Chapter 0880-6-.02, Tennessee Board of Medical Examiners Rules and Regulations) and are defined as written guidelines for medical management. (http://state.tn.us/sos/rules/0880/0880-06.pdf)
  - Shall be jointly developed and approved by the supervising physician and nurse practitioner;
  - Shall outline and cover the applicable standard of care;
  - Shall be reviewed and updated biennially;
  - Shall be maintained at the practice site;
  - Shall account for all protocol drugs by appropriate formulary;
  - Shall be specific to the population seen;
  - Shall be dated and signed; and
  - 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.

Protocol Overview

- Protocol Warehouse https://int.vanderbilt.edu/vumc/CAPNAH/APSC/APRNprotocolswarehouse/default.aspx
- Access provided by Office of Advanced Practice
- Attaches to service line's protocols
- Template for compilation: protocol, procedure, and reference

Orientation Handbook pp.36-38

Protocols

- Protocols are maintained in OAP Protocol Warehouse at: https://int.vanderbilt.edu/vumc/CAPNAH/APSC/APRNprotocolswarehouse/default.aspx
  - Protocol Learning Module
  - Protocol Template
  - Procedure Template
  - Protocol/Procedure Template for Reference Text
  - Writing Guidelines
  - EBM Resource Toolbox

Orientation Handbook pp.36-38

Practice Template

VANDERBILT UNIVERSITY MEDICAL CENTER ADVANCED PRACTICE PROTOCOLS	Protocol Number	PL xx-xxx-xxx (assigned by OAP personnel)
PRACTICE PROTOCOL	Effective Date	<insert month/year of revision>
Service Line: <insert name of service line here>	Joint Development of Protocols Verified by:	<insert name of advanced practice leader verifying protocols>
Practice Protocol: <insert name of practice here>		

Practice Site Location(s)						
☐ VUH	☐ Children's	☐ DOT	☐ VMG Off-site locations	☐ VMG	☐ VPH	☐ Other
Developed & Approved by:						
Name: <insert name of primary supervising physician here> Title: Supervising Physician						
<insert team name here> APRNs/PAs assigned to this protocol in the VUMC Protocol Warehouse						

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Inquiries: Center for Advanced Practice Nursing (615) 322-4664

VANDERBILT UNIVERSITY MEDICAL CENTER

Procedure Template

VANDERBILT UNIVERSITY MEDICAL CENTER ADVANCED PRACTICE PROTOCOLS	Protocol Number	PL xx-xxx-xxx (assigned by OAP personnel)
PROCEDURE PROTOCOL	Effective Date	<insert month/year of revision>
Service Line: <insert name of service line here>	Joint Development of Protocols Verified by:	<insert name of advanced practice leader verifying protocols>
Practice Protocol: <insert name of practice here>		

Practice Site Location(s)						
☐ VUH	☐ Children's	☐ DOT	☐ VMG Off-site locations	☐ VMG	☐ VPH	☐ Other
Developed & Approved by:						
Name: <insert name of primary supervising physician here> Title: Supervising Physician						
<insert team name here> APRNs/PAs assigned to this protocol in the VUMC Protocol Warehouse						

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Inquiries: Office of Advance Practice (615) 322-8917

VANDERBILT UNIVERSITY MEDICAL CENTER

Reference Text Template

VANDERBILT UNIVERSITY MEDICAL CENTER ADVANCED PRACTICE PROTOCOLS	Protocol Number	PL xx-xxx-xxx (assigned by OAP personnel)
REFERENCE TEXT PROTOCOL This reference text will guide: (check all that apply) ☐ Practice ☐ Procedure(s)	Effective Date	<insert month/year of revision>
Service Line: <insert name of service line here>	Joint Development of Protocols Verified by:	<insert name of advanced practice leader verifying protocols>
Practice Protocol: <insert name of practice here>		

Practice Site Location(s)						
☐ VUH	☐ Children's	☐ DOT	☐ VMG Off-site locations	☐ VMG	☐ VPH	☐ Other
Developed & Approved by:						
Name: <insert name of primary supervising physician here> Title: Supervising Physician						
<insert team name here> APRNs/PAs assigned to this protocol in the VUMC Protocol Warehouse						

The Supervising Physician and the Advanced Practice Group have reviewed the following reference text and agreed to utilize for the management of:

<List indications for use of the text>

<Insert reference text using APA Format.>
(For assistance, visit http://owl.english.purdue.edu/owl/resource/560/01/)

Inquiries: Office of Advanced Practice 615-322-8917

VANDERBILT UNIVERSITY MEDICAL CENTER

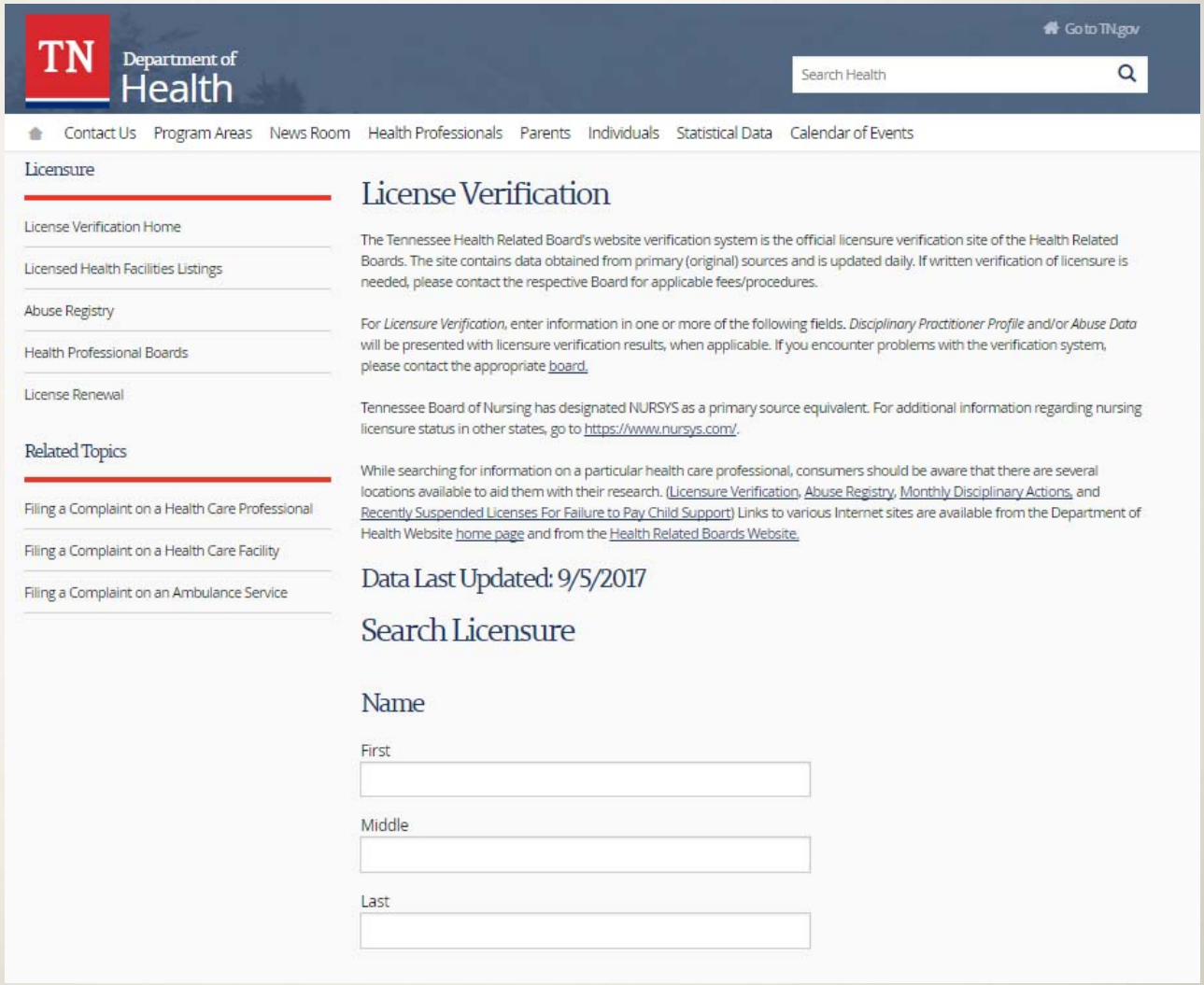
State Guidelines

- Tennessee Rules and Regulations for Physician Assistants
- Licensure Verification
- Mandatory Practitioner Profile

License Verification/Status & Update Practitioner Profile

https://health.state.tn.us/Licensure/default.aspx

APRN Contact: 615-741-1398 / Nursing : 615-532-5166 Fax: 615-741-7899



VANDERBILT UNIVERSITY MEDICAL CENTER

State Guidelines

- Application for APRN License

  https://tn.gov/assets/entities/health/attachments/Nursing_-_How_to_Expedite_APRN_App.pdf

- Application for PA License &

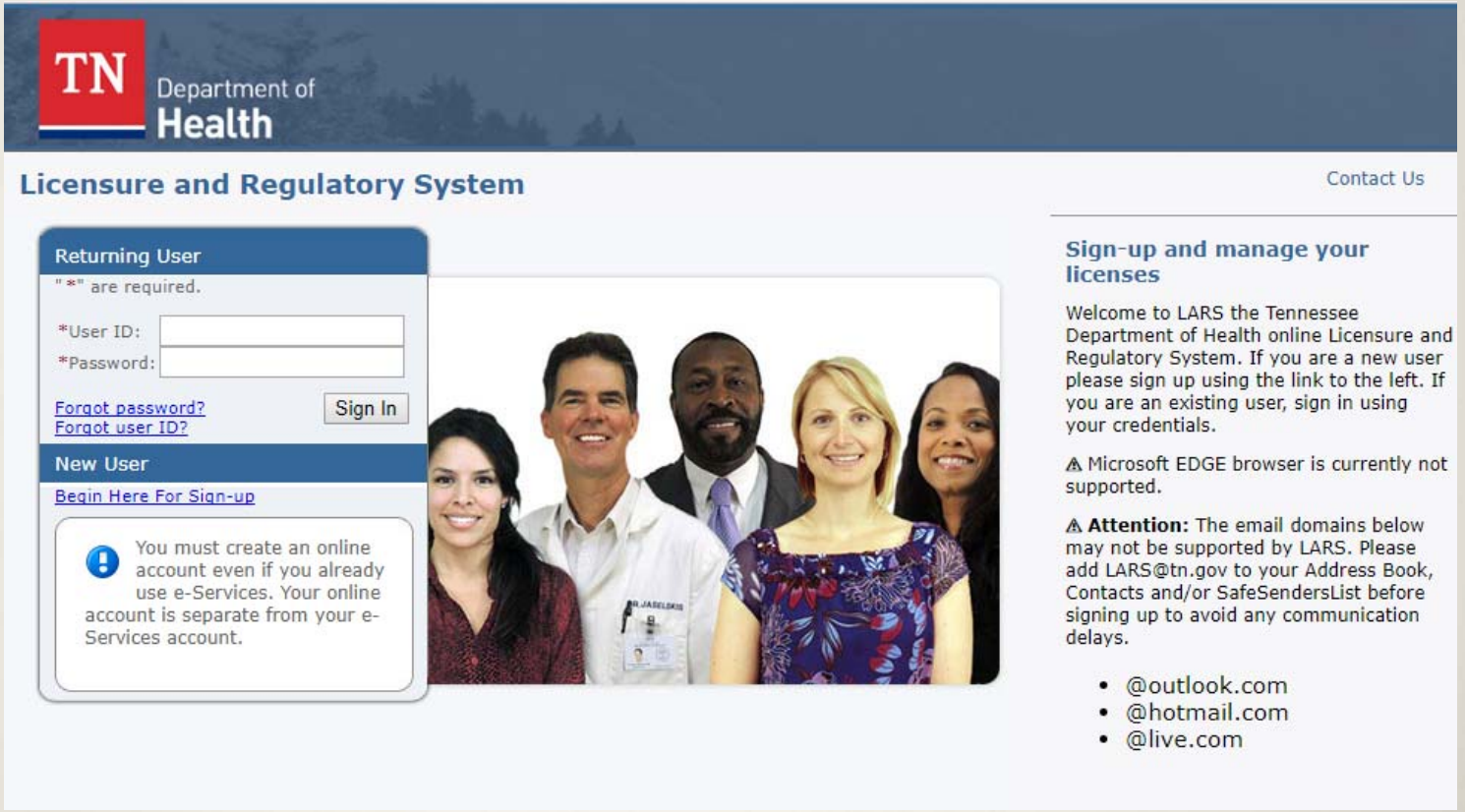
  PA Supervising Physician Form

  https://lars.tn.gov/datamart/mainMenu.do

- Mandatory Practitioner Profile APRN & PA

  https://lars.tn.gov/datamart/mainMenu.do

APRN Collaborative Request & PA Supervising Physician



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Drug Enforcement Administration (DEA)

https:///www.deadiversion.usdoj.gov/webforms/validateLogin.jsp

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National Provider Identification (NPI)

https://nppes.cms.hhs.gov/NPPES/Welcome.do

NPPES
National Plan & Provider Enumeration System

National Provider Identifier

News & Announcements

This is VDC PROD Environment as of September 1, 2014.

The Administrative Simplification provisions of the *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission o health information. The Centers for Medicare & Medicaid Services (CMS) has developed the **National Plan and Provider Enumeration System (NPPES)** to assign these unique identifiers.

How to apply for an NPI

Individual Providers:

As an Individual Provider, you may only have a single NPI, which will be associated with your unique, individual information. Once you login to NPPES, you will be able to complete your NPI application.

1. Create a Login through the Identity & Access Management System (I&A).
2. Login to NPPES with your I&A Username and password.
3. Complete the NPI application. *Estimated time to complete the NPI application form is 20 minutes.*

Healthcare Provider Organizations:

Healthcare Organizations are currently required to have a separate Username and password for each NPI associated with the organization.

1. Create an NPPES ONLY Username and password for the NPI you are applying for.
2. Complete the NPI application. *Estimated time to complete the NPI application form is 20 minutes.*

DIFFERENT LOOK, SAME INFORMATION: If you have accessed NPPES before, your existing account information has not changed.

Manage or Apply for your personal NPI Record

An NPI assigned to you, an Individual who renders health care services.

User ID:

Password:

Login

Forgot User ID or Password?

New Individual Provider in need of an NPI or have never accessed NPPES to view/update your NPI record? Create a Login.

Manage your Individual Provider Login Account Information.

Manage or Apply for NPI Records for an Organization

NPI associated with your Healthcare Organization

User ID:

Password:

Login

Forgot Password?

Create Login for NPPES Only and Apply for an NPI for a Healthcare Organization.

If you need to access PECOS or HITECH on behalf of your Healthcare Organization, you must Create a Login in the Identity & Access System (I&A).

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TN Prescription Safety Act

- APRN/PA Notice and Formulary
  - Tennessehttp://tn.gov/assets/entities/health/attachments/PH-3625.pdf
  - http://health.state.tn.us/boards/PA/PDFs/PA_Supervising_Physician_Application.pdf
- e Prescription Safety Act 2012
- TN BON CS Continuing Education Requirement
- Chronic Pain Guidelines

- BON Reminder
  - At each renewal must present 2 continuing education credits on controlled substance
  - Reminder of supervising MD in CSMD
- SB 676
  - 2 hours of continuing education bienally
  - Must include education on opioids, benzodiazepines, barbiturates, carisoprodol
- Tennessee Bill 396
  - No more than 30-day non-refillable
  - Must write from formulary

State Guidelines

- Controlled Substance Monitoring Database
  - https://www.tncsmd.com/Login.aspx?ReturnUrl=%2fdefault.aspx
- Entering Physician Driver's License
- Controlled Substance Monitoring Database FAQ
  - http://tn.gov/health/article/CSMD-faq

Controlled Substance Monitoring Database (CSMD)

- **Register with CSMD** www.tncsmd.com
  - All providers with DEA who prescribe CS
  - Provide direct care to TN patients > 15 days/year
  - Register w/in 30 days of initial DEA registration
  - Check CSMD before prescribing:
    - new course of opioids and/or benzodiazepines &
    - at least annually for ongoing treatment
  - **FAQs** https://www.tn.gov/health/article/CSMD-faq
  - Delegated access: a licensed HCP & 2 other persons per practitioner
  - Report variances with actual knowledge

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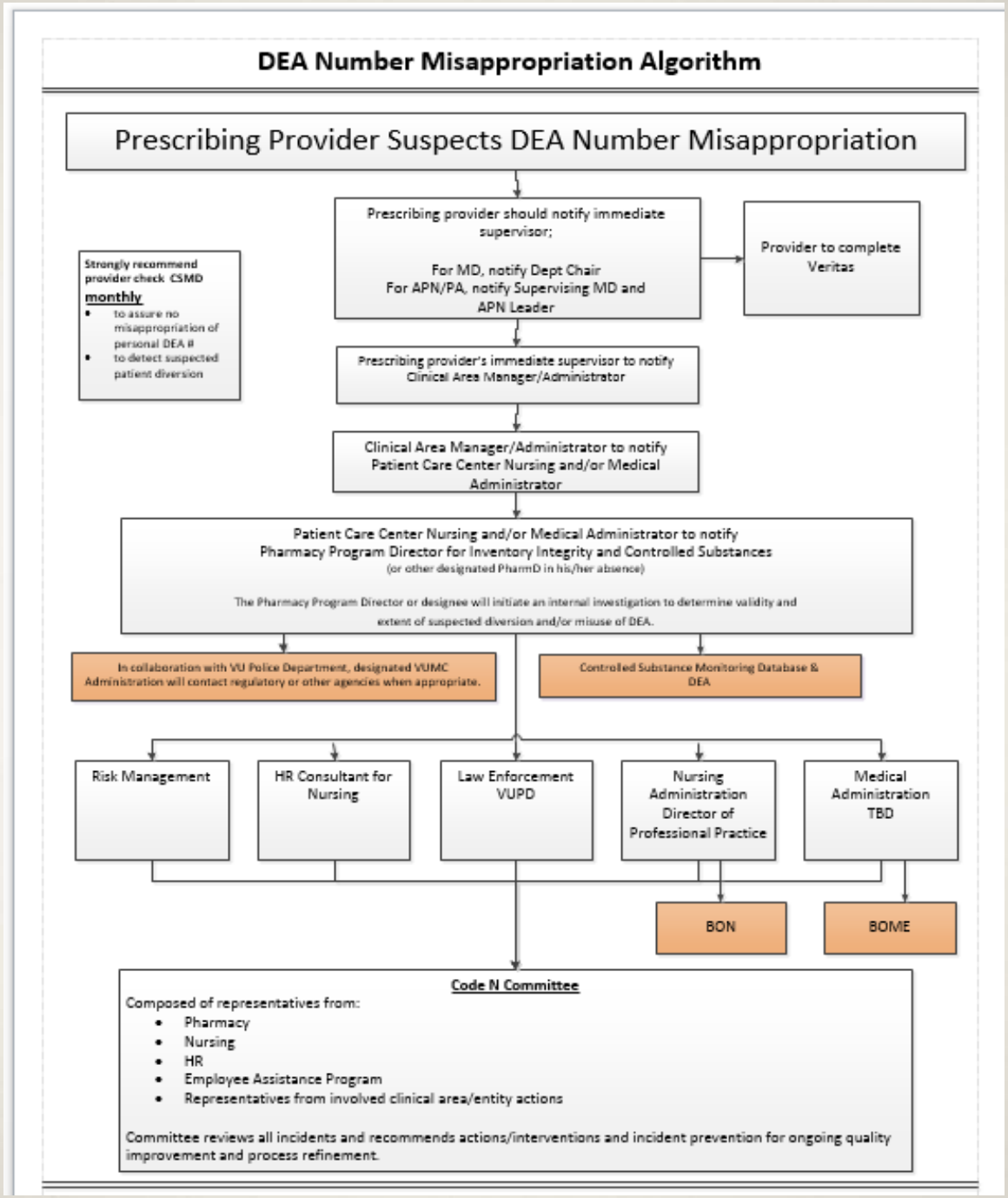
CSMD Checking Exceptions for Prescribing Providers

- Hospice patient
- Quantity prescribed/dispensed doesn't exceed amount needed for single, 7 day treatment w/o RF
- Medical specialty patients deemed low abuse potential
- Direct administration to hospital/NH patients
- Licensed veterinarians for non-humans



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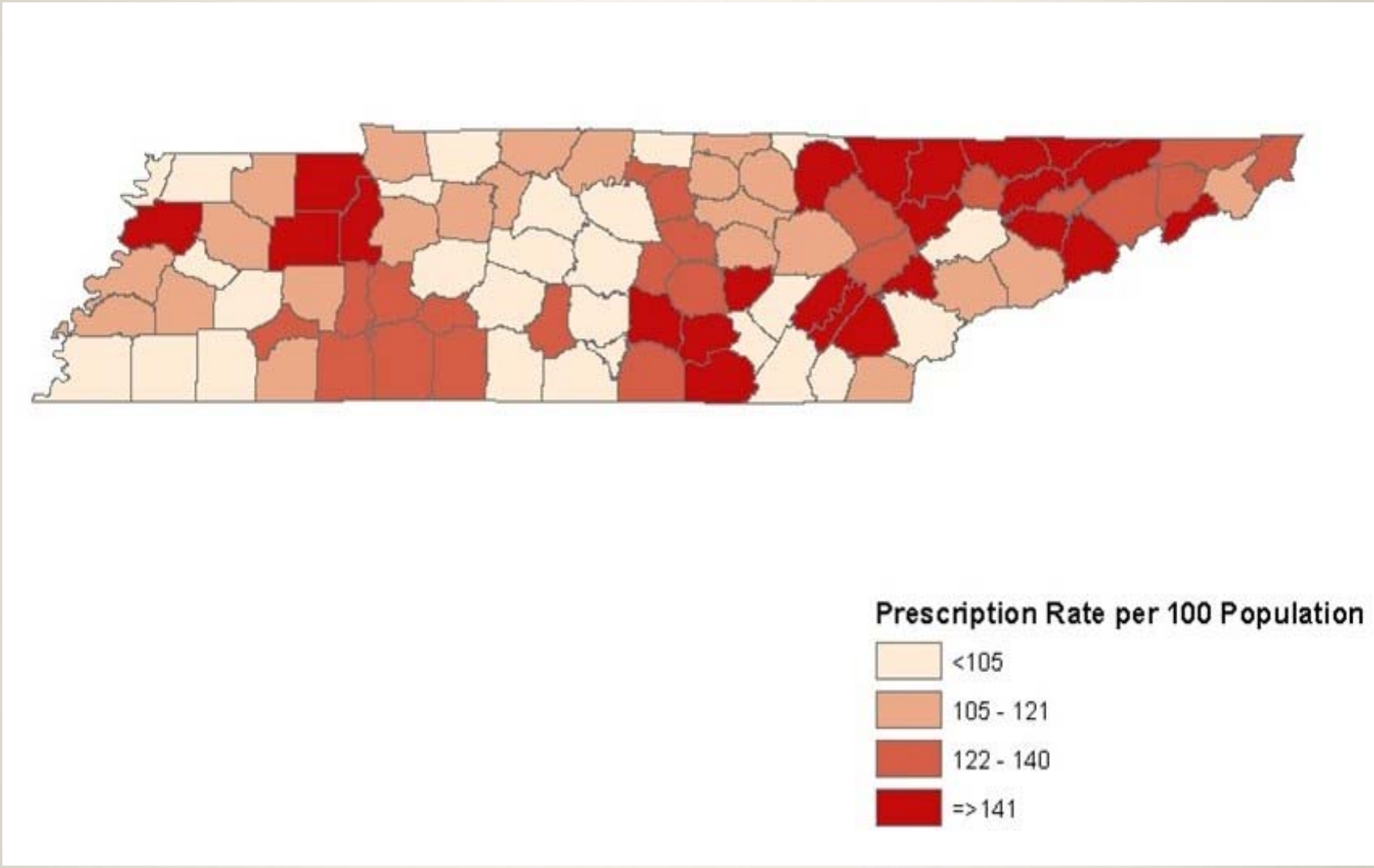
More on Prescribing in Tennessee

Opioid Prescription Rates by County- TN, 2007



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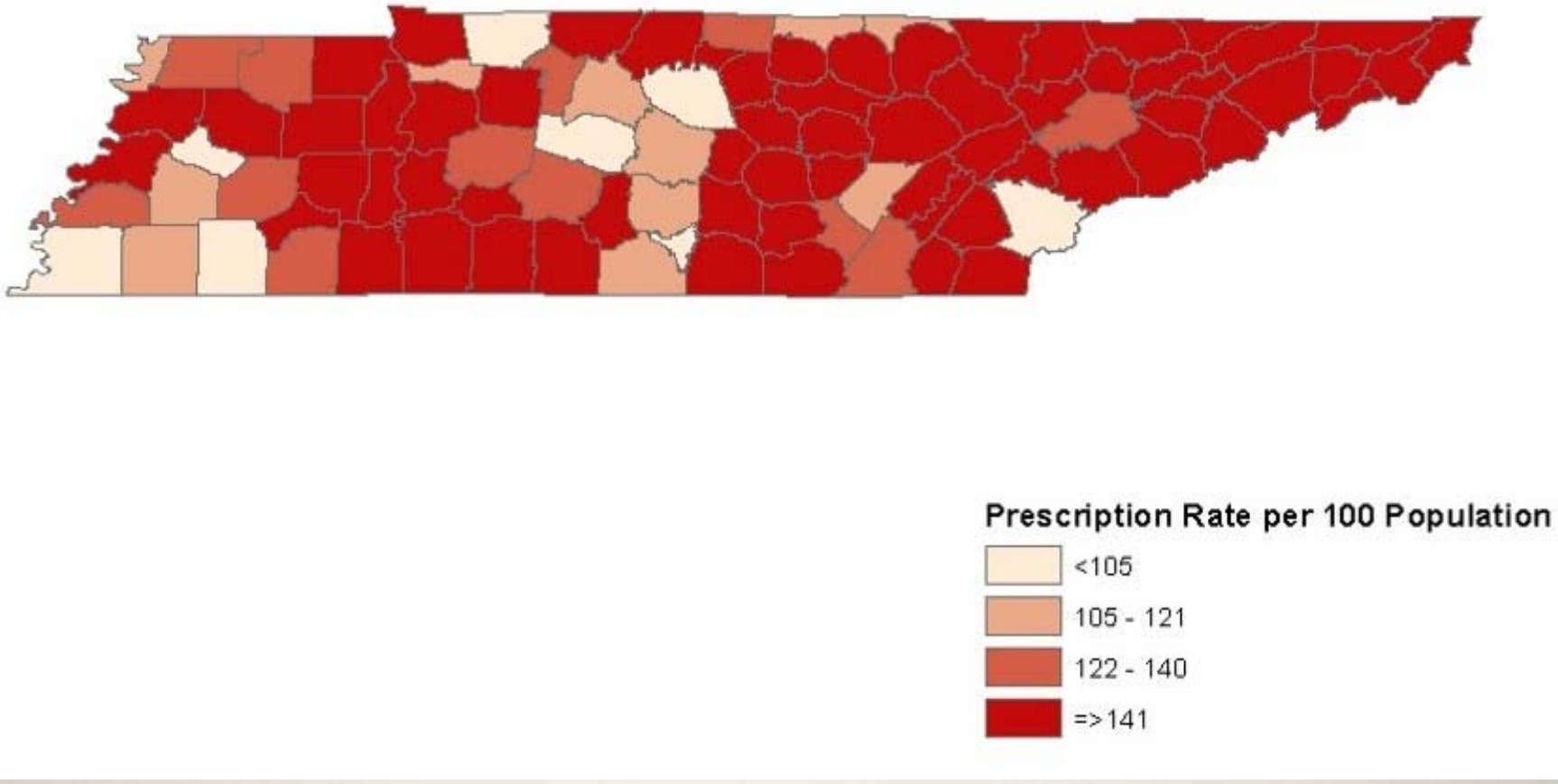
Opioid Prescription Rates by County- TN, 2011



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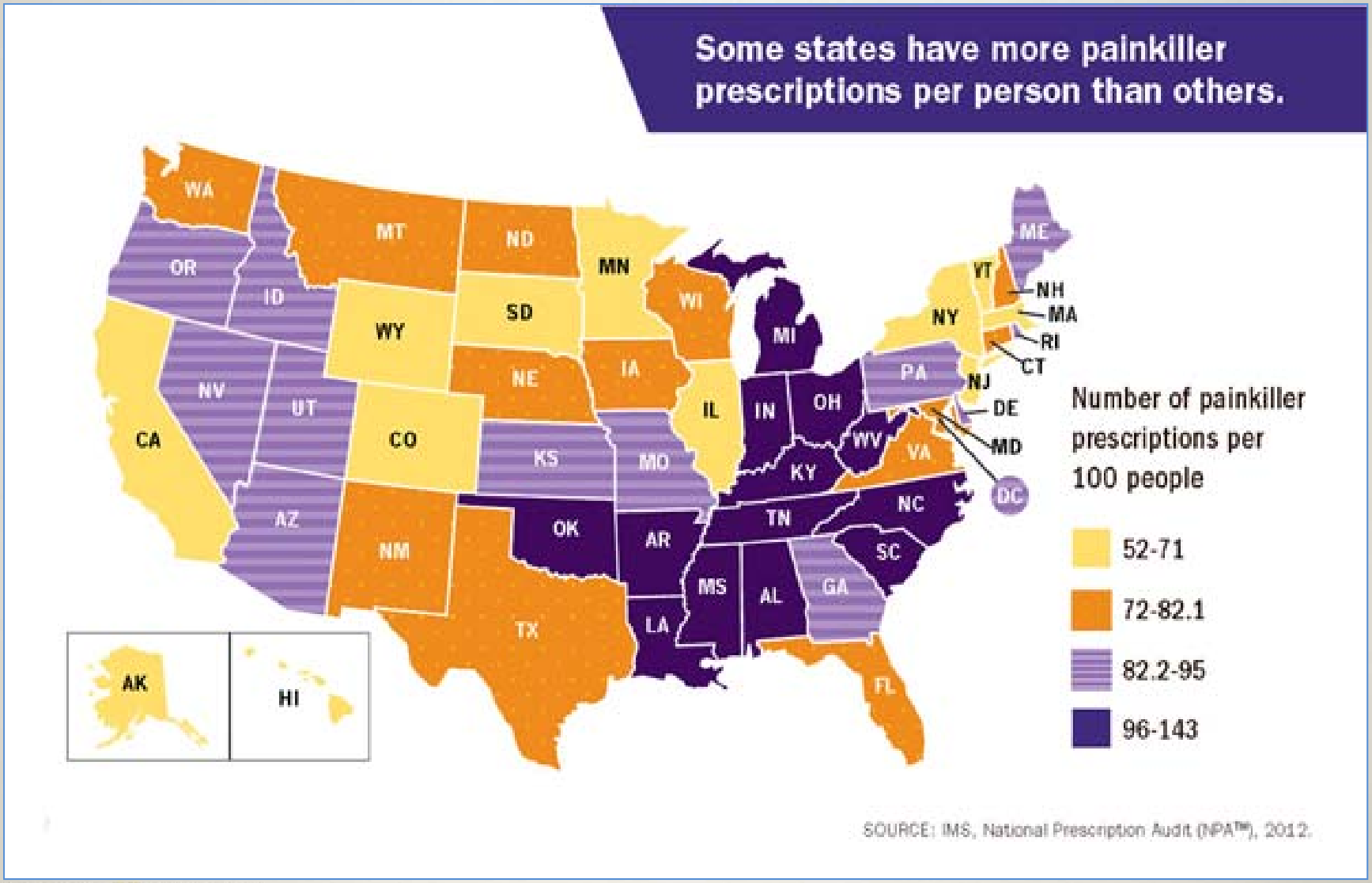
States Painkiller Prescriptions per 100 People



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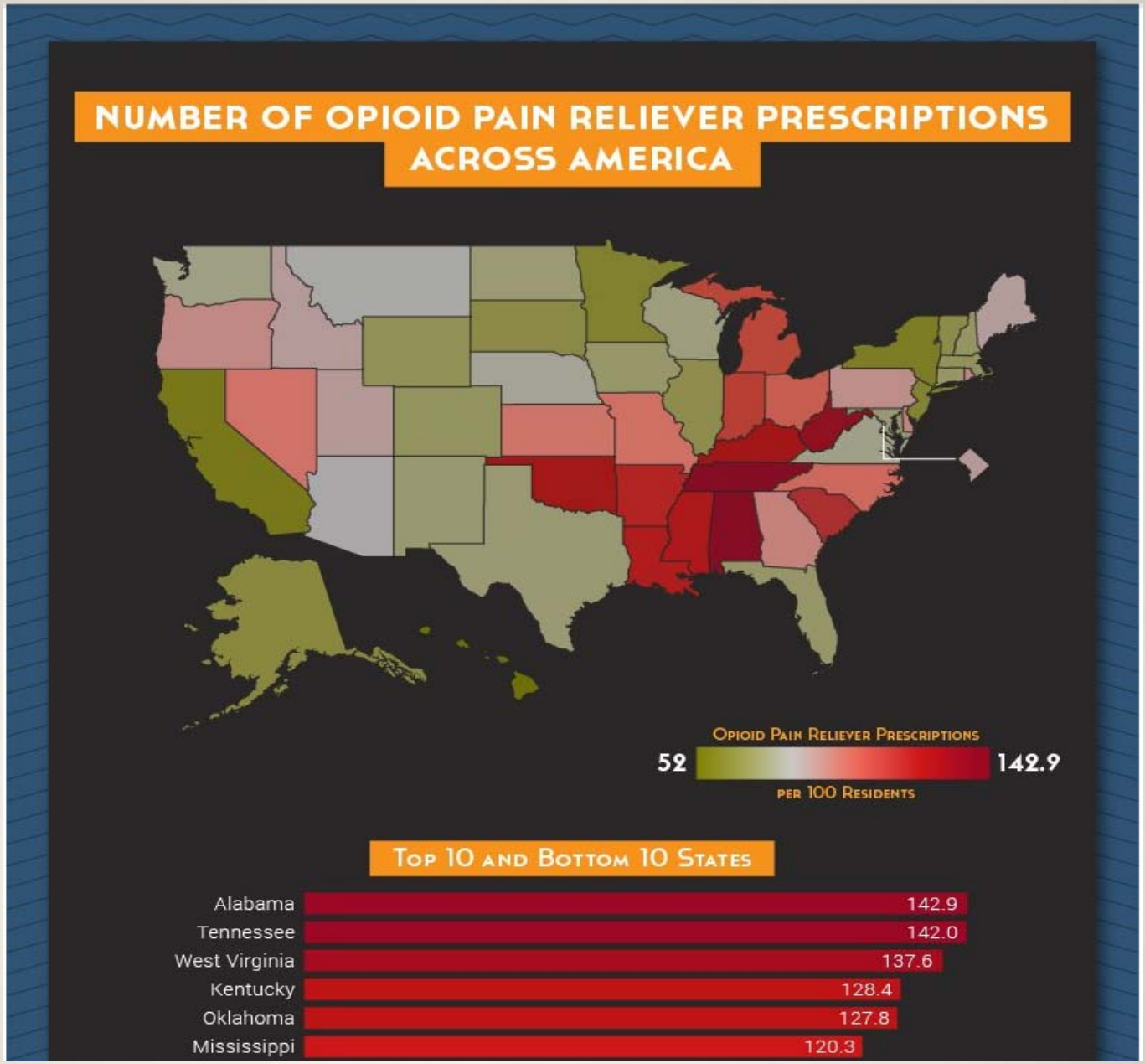
www.cdc.gov>Opioid Overdose › Data; Dec 20, 2016



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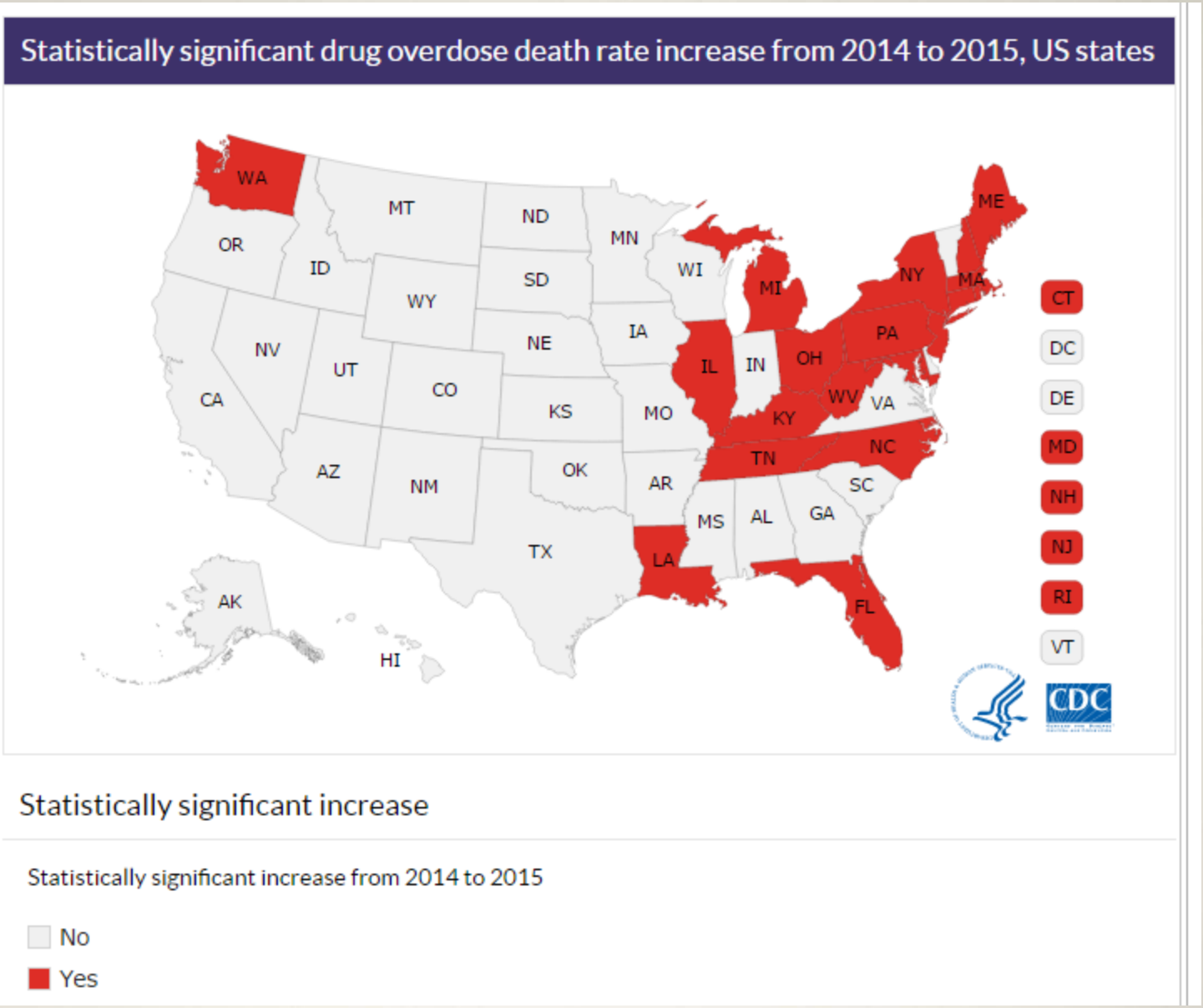
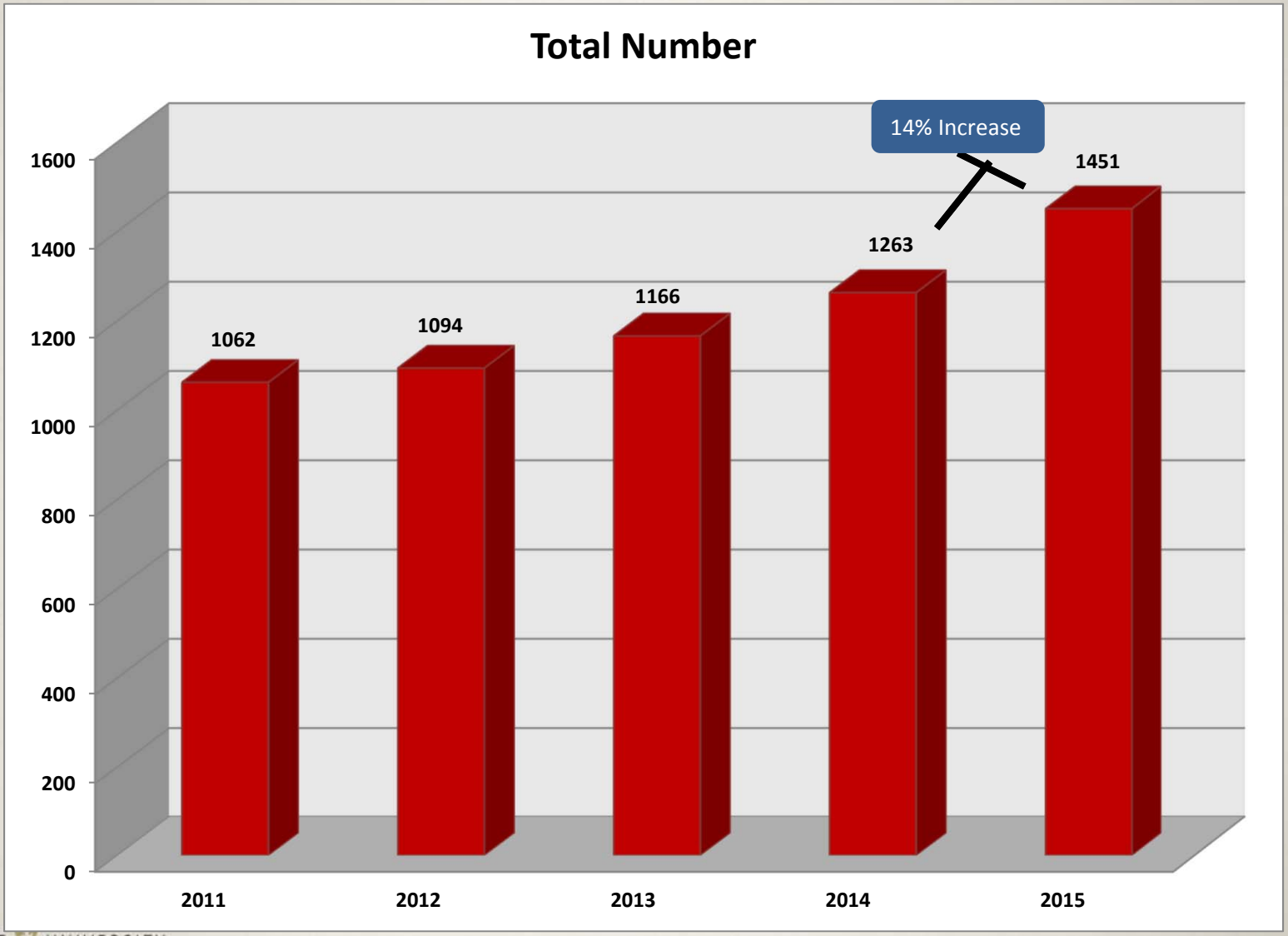
http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6326a2lhtm
Business Insider, March 23, 2016

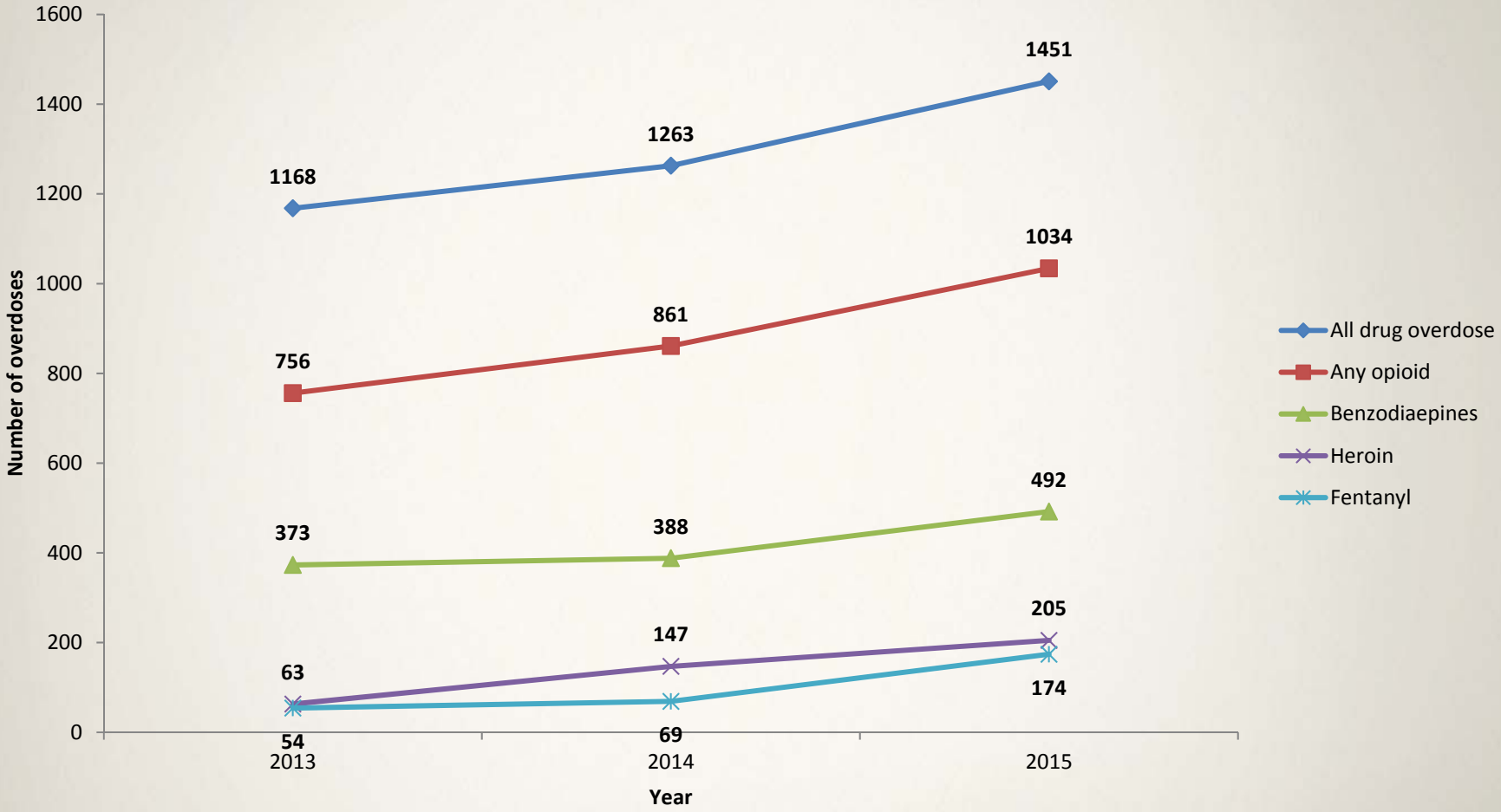


https://www.cdc.gov/drugoverdose/data/statedeaths.html
Drug Overdose Death Data, CDC, December 16, 2016

Drug Overdose Deaths in TN: 2011-2015



Overdose by Drug in TN: 2013-2015



Abbreviations: morphine milligram equivalents (MME)
All drug: [ICD-10] codes X40–X44; X60-X64; X85; Y10-Y14.
Any opioid: [ICD-10] codes X40–X44; X60-X64; X85; T40.0-T40.6.
Benzodiazepines: [ICD-10] codes X40–X44; X60-X64; X85; T42.4.
Heroin: [ICD-10] codes X40–X44; X60-X64; X85; T40.1.
Fentanyl: [ICD-10] codes X40–X44; X60-X64; X85; Y10-Y14 and DCauseA="FENTAN".
Data from TN death certificates provided by TN Vital Statics.

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33% of people dying from opioids had ***also*** taken benzodiazepines, a lethal combination.

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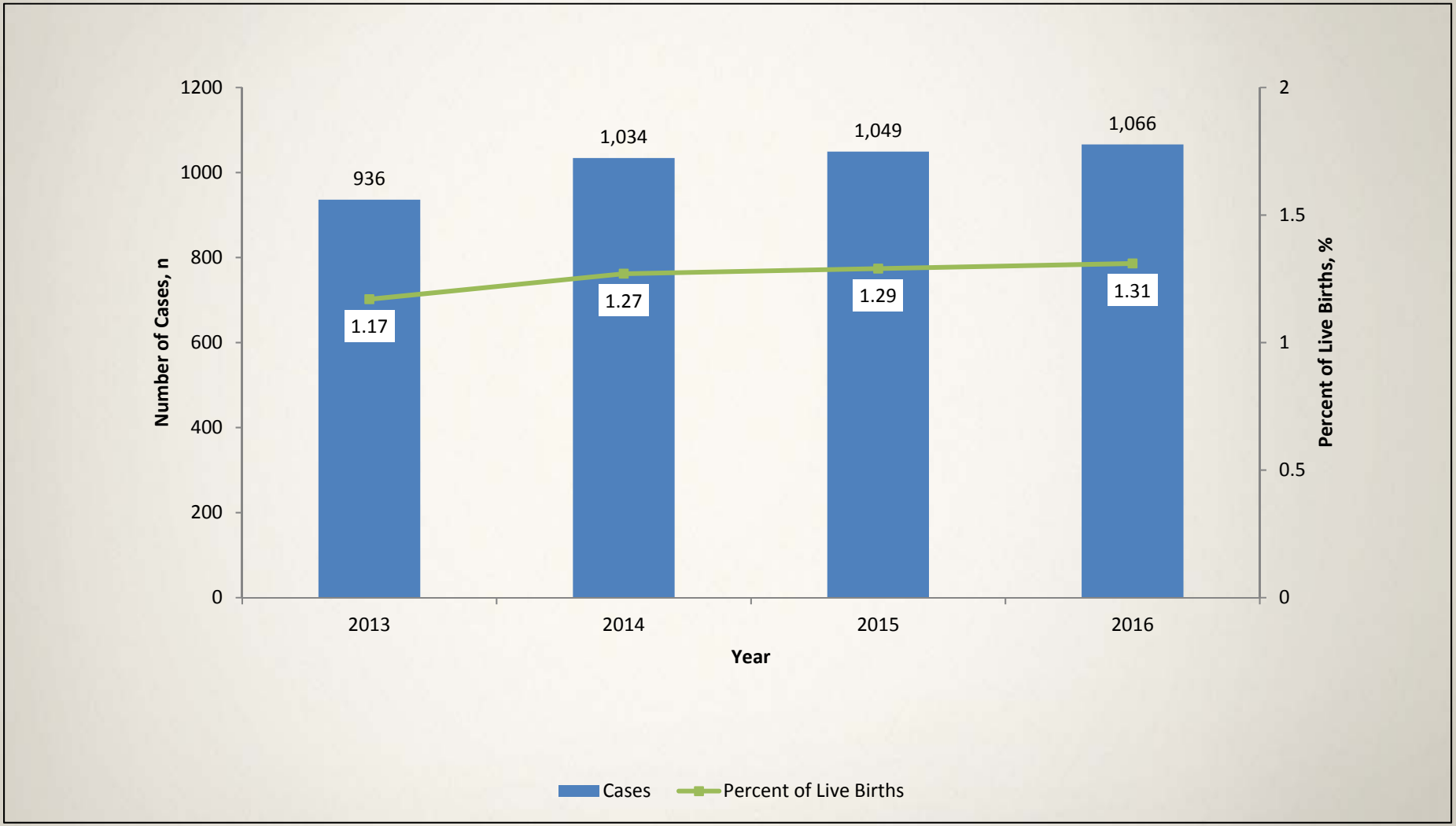
Key Findings

Overdose deaths for 2015

despite progress in other measures.

Nearly half (44%) of those who died **did not** have a controlled substance dispensed in the 60 days prior to their death, suggesting that many people are dying of illegal or diverted drugs.

Annual NAS Trends in TN



P-value for trend = 0.08

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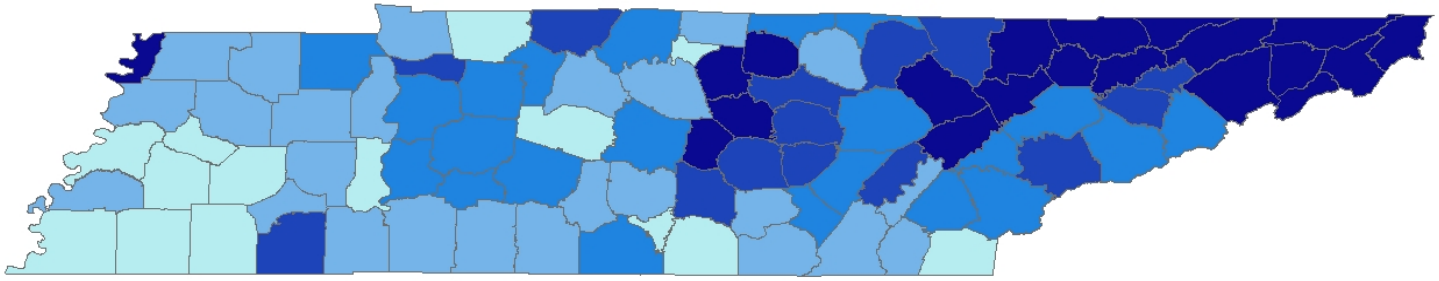
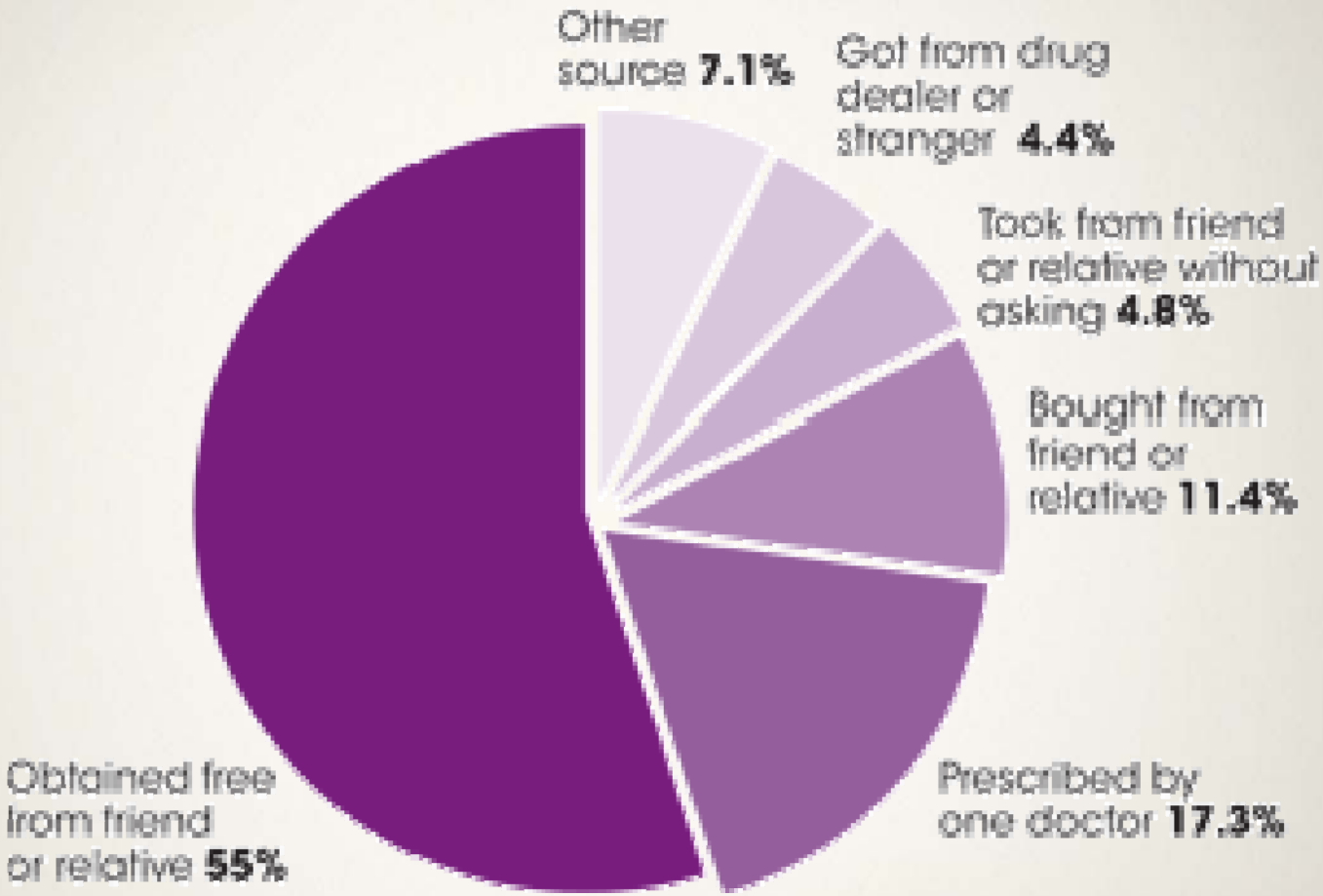
NAS Rate per 1,000 Live Births, 2016



Rate per 1,000 live births

- 0.00 - 2.68
- 2.68 - 8.80
- 8.80 - 19.60
- 19.60 - 32.80
- 32.80 - 134.30

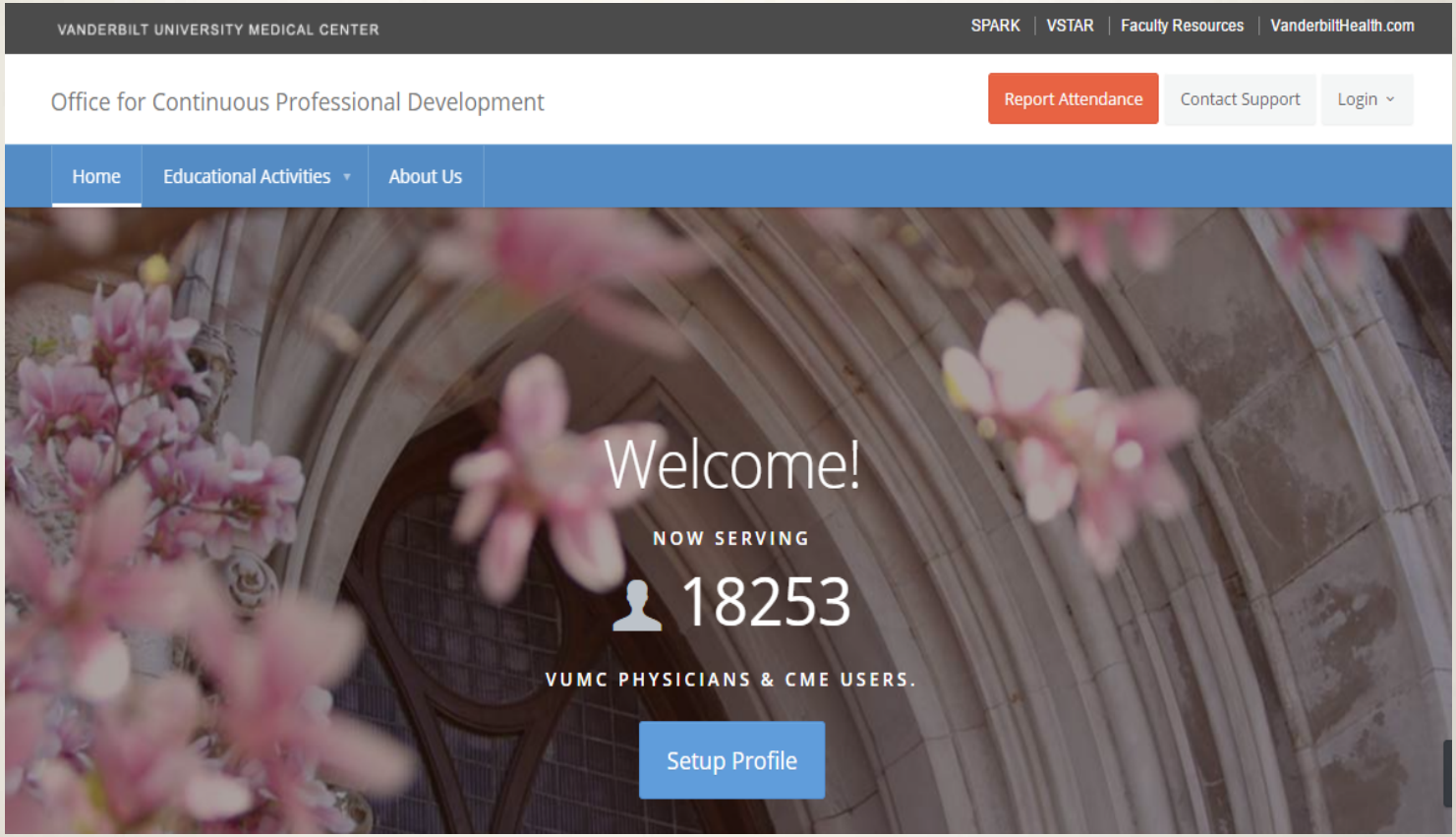
People who abuse prescription painkillers get drugs from a variety of sources[7]



Source: Centers for Disease Control

Mandatory CS Continuing Education

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



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Prescriptive Authority

- Respect granted authority
- DO NOT provide for friends and family
- Patient relationship a must AEB H & P, diagnosis, plan, available for FU.
- Be professional, respectful, and direct

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Prescriptive Authority (cont.)

- Varies by state - TN BON/BME R & R
- Controlled drug prescribing (II-V)
- Protocol and Formulary
- Collaborating physician/designee info
- VUMC – 100% review of CS Rxs

Electronic Prescribing

- Many health care clinics and hospitals have transitioned to e-Prescribing.
- Can reduce errors; however, NEVER rely solely on the computer software to do your vigilance for you!

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The "Rights" of Prescription Writing

- Right patient
- Right drug
- Right dose (strength per unit dose)
- Right dosage schedule, dosing interval, times of day
- Right route of administration
- Right date
- Right number of refills
- Right duration of treatment
- Right to informed consent
- Right to refuse treatment
- Right to be knowledgeable

Universal Components of a Prescription

- Prescriber's Printed Name and Address
- DEA #
- Patient Name
- Date
- Drug, Dose, Units, Route, Frequency
- Quantity to Dispense
- Indication*
- Refill information
- No Substitution
- Signature

(**dispense as written or substitution allowed*)

*Indication

- Drug indication is useful, not only to reduce potential filling errors, but to improve patient knowledge of their medications.
- Pharmacy law only allows labeling for what is written on the prescription
- If the prescriber didn't say what it is for, then it shouldn't be on the label.

John Brown AGPCNP-BC Karen Jones MD
136 Wright Way
Nashville, TN 37202
587-822-5536

DEA # 123920392187

Name: John A. Smith
Address 123 Meadow Lane, Nashville, TN 37216 **Date 08/23/2013**

Rx (please print)

Lisinopril 20mg #30
Sig: 1 tablet by mouth daily
Indication: for blood pressure

Substitution allowed Dispense as written

_____ John Brown

REFILL 3 **TIMES** **PRN** **NR** ☐ **LABEL**

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Name of Drug

- Avoid handwriting errors that may impair interpretation

- Examples:
  - Lamisil (antifungal) vs. Lamictal (anticonvulsant)
  - Epogen (RBCs) vs. EpiPen (severe allergy)
  - MS04 vs. MgS04 should ALWAYS be written out as "Morphine sulfate" or "Magnesium sulfate"

Decimal Points

ALWAYS LEAD, NEVER TRAIL!

- 0.25 mg (correct) versus .25 mg (Incorrect)
  - Can “lose” the decimal and be read as “25 mg”
- 1 mg (correct) versus 1.0 mg (Incorrect)
  - Can be misread to be “10 mg”

Write it Out

- Levothyroxine (synthetic T4) prescribed in "µg" amounts.
  - May see people write it as either "mcg" or "µg"
  - Both can be misread as "mg"
  - WRITE IT OUT = "100 micrograms" OR
  - WRITE IT IN MILLIGRAMS = 0.1 mg

- Insulin and diabetes
  - Dispensed in units (u)
  - WRITE OUT "units"

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Institutional Guidelines

Institutional Guidelines

- VUMC Nursing Bylaws
  https://prd-medweb-cdn.s3.amazonaws.com/documents/nursingoap/files/VUMC%20Nursing%20Bylaws.pdf

- Vanderbilt Medical Group (VMG) Bylaws (billing providers)
  https://prd-medweb-cdn.s3.amazonaws.com/documents/nursingoap/files/Vanderbilt%20Medical%20Group%20Bylaws%202017(1).pdf

- VUMC Medical Staff Bylaws
  https://prd-medweb-cdn.s3.amazonaws.com/documents/nursingoap/files/VUMC%20Medical%20Staff%20Bylaws.pdf

- VUMC Policies
  https://vanderbilt.policytech.com/

Clinical Documentation

- 10-20.13 ***Documentation Standards for Clinicians***
- Complete, accurate EHR supports safe care
- Timeliness requirements
  - Within 24 hours of admission or consultation
  - Prior to any operation or procedure
  - Within 72 hours of discharge
  - Daily for IP progress notes
  - Within 4 business days for OP progress notes
- Delinquent = incomplete > 14 days post IP discharge or OP encounter.
- Incomplete ≥ 28 days = automatic suspension of privileges

https://vanderbilt.policytech.com/dotNet/documents/?docid=7716

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Faculty and Staff

Benefit	Staff	Faculty
Health, Dental, Vision	same	same
Short-term disability	Base provided by employer. Buy-up coverage paid by employee.	N/A; Salary continuation up to 6 months at chair/dean's discretion;
Long-term disability	same	same
Supplemental life	same	same
AD&D	same	same
Retirement (mandatory)	After 1 year, 3% mandatory and employer match;	Immediate 3% mandatory and match (*VMG members have 6.47% mandatory and 3% match);
Retirement (voluntary)	May contribute up to 2% with equivalent employer match;	May contribute up to 2% with equivalent employer match;
PTO	Accrual based on exemption and years of service;	N/A; Vacation/time away department dependent;
Grandfathered sick time	If hired prior to 1/1/2014, grandfathered sick bank. No accruals.	N/A
Parental leave	Concurrent with FMLA/TMLA; 2 weeks paid leave (can request flexPTO, grandfathered sick time and/or file for short-term disability);	Concurrent with FMLA/TMLA; 6 weeks paid (any additional paid leave as approved by chair/dean);
Nonacademic and academic leave with and without pay		Guidelines for each as outlined in faculty manual. All requests require chair/dean's approval;
Resignation notice	Standard professional notice	120 days in writing

As interpreted from the faculty manual and HR policies by OAP

Tuition Benefits

Benefit	Staff	Faculty
Tuition assistance (hired before 9/1/12)	Children – 70% Employee – 70% Spouse – 47%	Children – 70% Employee – 47% Spouse – 47%
Tuition assistance (hired after 9/1/12)	Children – 55% Employee – 70% Spouse – 47%	Children – 55% Employee – 47% Spouse – 47%
Tuition assistance	• 1 course/semester = 3/yr (1 semester – Fall, Spring, Summer) • 3 credit hrs/4 hrs w/lab • Eligible 3 months after hire • Contingent upon evidence of completion with a "C" or better • Consult with Supervisor	• 1 course/semester = 3/yr (1 semester – Fall, Spring, Summer) • 3 credit hrs/4 hrs w/lab • Consult with Department Chair or Division Director

As interpreted from the faculty manual and HR policies by OAP

Compliance Modules

- ✓ If you are School of Medicine faculty, please go to this link and log in to your compliance training profile: https://medschool.vanderbilt.edu/faculty/foto
- ✓ If you are VUMC medical staff, please go to the Learning Exchange at this link and click on "my courses": ://learningexchange.vumc.org/
- ✓ If you are School of Nursing faculty, please go to the Learning Exchange at this link and click on "my courses": https://learningexchange.vumc.org/
  - ✓ School of Nursing Faculty: Be sure to use your VUMC VUNet ID (vs. VU).
- ✓ If there are any problems with pulling up your modules, please email the learning exchange: LearningExchange@vanderbilt.edu
- ✓ For 2017, you should be assigned the following modules:
  - ✓ 2017 Annual Compliance Curriculum: Fraud, Waste and Abuse and Topics
  - ✓ 2017 Annual Compliance Requirements: Bloodborne Pathogens & Infection Prevention
  - ✓ 2017 Annual Compliance General Requirements
  - ✓ 2017 Annual Compliance: Safety Curriculum
  - ✓ Culture of Service: Service Recovery

The Joint Commission

- National Patient Safety Goals
- Vanderbilt Joint Commission Handbook
- Recent Site Visit

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2015 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly	
NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
NPSG.01.03.01	Make sure that the correct patient gets the correct blood when they get a blood transfusion.
Improve staff communication	
NPSG.02.03.01	Get important test results to the right staff person on time.
Use medicines safely	
NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
Use alarms safely	
NPSG.06.01.01	Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
Prevent infection	
NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
NPSG.07.03.01	Use proven guidelines to prevent infections that are difficult to treat.
NPSG.07.04.01	Use proven guidelines to prevent infection of the blood from central lines.
NPSG.07.05.01	Use proven guidelines to prevent infection after surgery.
NPSG.07.06.01	Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.
Identify patient safety risks	
NPSG.15.01.01	Find out which patients are most likely to try to commit suicide.
Prevent mistakes in surgery	
UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
UP.01.02.01	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.03.01	Pause before the surgery to make sure that a mistake is not being made.

The Joint Commission Accreditation *Hospital*

TJC Recommendation for Improvement:

Avoid Therapeutic Duplication of Medication Orders

NEW PROCESS

- Providers must indicate specific instructions for PRN medications.
- Orders are specific and eliminate multiple options for a specific indication.
- Providers / Nurses review orders during patient rounds and at patient handover and provide/obtain clarification.
- Pharmacists review current patient orders for duplication when reviewing medication orders for most frequent duplicates.

EXAMPLES OF CLEAR ORDER COMBINATIONS

PRN Agitation:

- Haloperidol 5 mg po q4h prn: for agitation (give with po Lorazepam)
- Lorazepam 2 mg po q4h prn: for agitation (give with po Haloperidol)
- Haloperidol 5 mg IM q4h prn: for agitation unrelieved by po or for po medication refusal (give with IM Lorazepam)
- Lorazepam 2 mg IM q4h prn: for agitation unrelieved by po or for po medication refusal (give with IM Haloperidol)

PRN Fever:

- Acetaminophen 150 mg po q6h prn: give first for fever
- Ibuprofen 100 mg po q6h prn: for fever not controlled with acetaminophen

PRN Nausea:

- Ondansetron injection 4 mg IV q6h prn: for nausea
- Promethazine 6.25 mg IV q6h prn: for nausea unresponsive to ondansetron

PRN Pain:

- Oxycodone /Acetaminophen 5 mg/325 mg 1 tab po q4h prn: for pain scale 3-6 / 10
- Oxycodone/Acetaminophen 10 mg/ 325 mg 1 tab po q4h prn: for pain scale 7-10/ 10
- Hydromorphone 0.5 mg IV q4h prn: for pain unrelieved by oxycodone/acetaminophen or if unable to take po

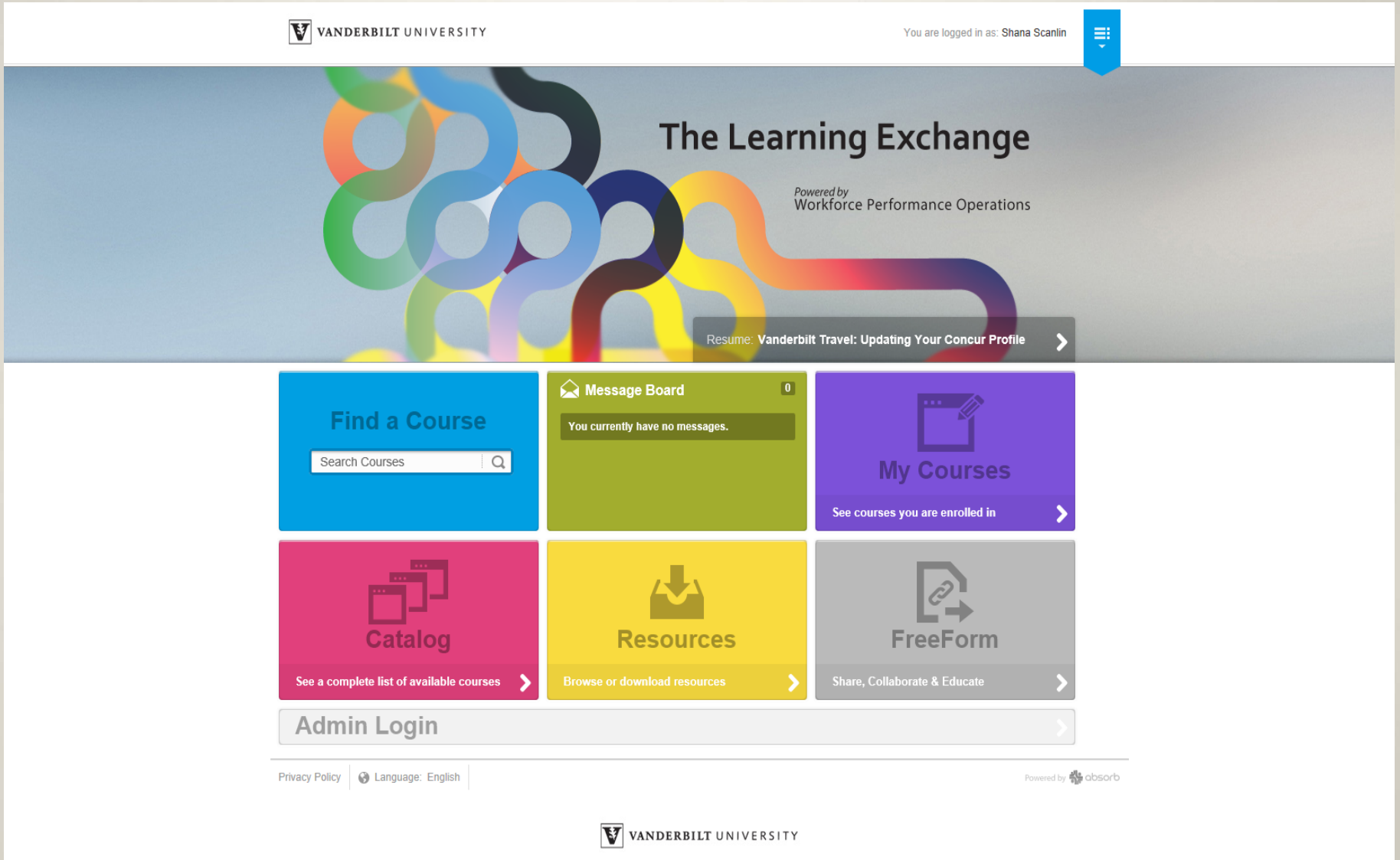
Shared Visits

- Split/Shared Encounter:
  - Encounter between MD & NP
  - Not applicable to medical students, nurses, residents
  - Not applicable to consultations, procedures or critical care services
  - Service must be medically necessary.
  - Service must be within scope of practice/licensure of NP.
  - NP service & MD service may occur jointly or at independent times on same day calendar day.
  - Both must complete a face to face encounter in order to bill as a shared/split visit.
  - Both NP & MD should document what each personally performed.
  - Total documentation by both NP & MD should support the level of service reported.

Incident to Encounters

- Medicare Incident To Criteria:
  - MD must personally perform the initial service & remain actively involved in the course of treatment
  - MD must be present in the office suite and perform a face to face encounter.
  - MD is delegating work to the NP
  - MD and NP must be in the same specialty. Incident To applies to the office/clinic setting (not applicable in the hospital setting)
- Cannot be used when:
  - Seeing new patients
  - Seeing established patients with new problems
  - Physician not physically present in office suite
  - Physician not performing face to face encounter

Learning Management System



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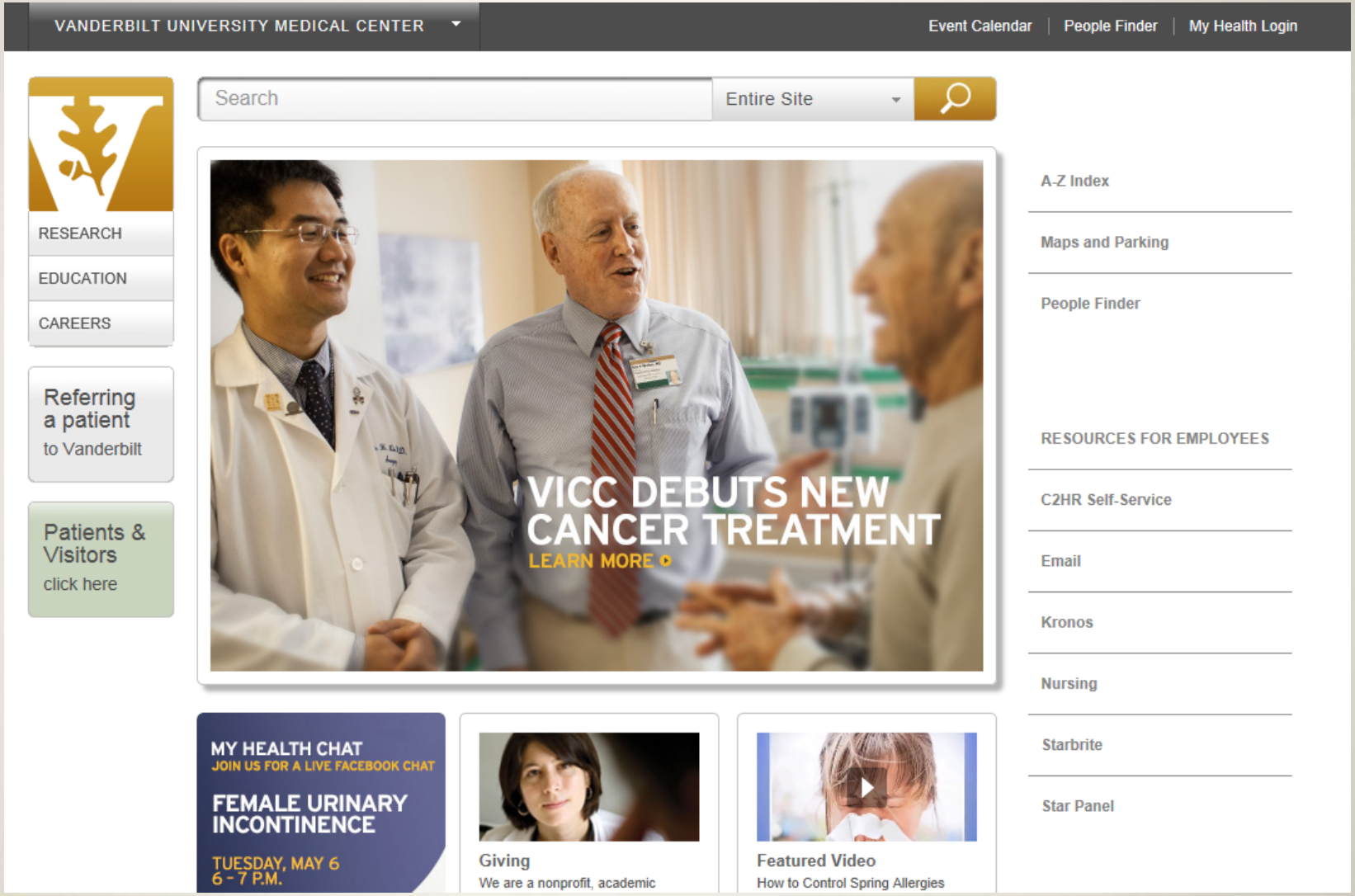
People Finder



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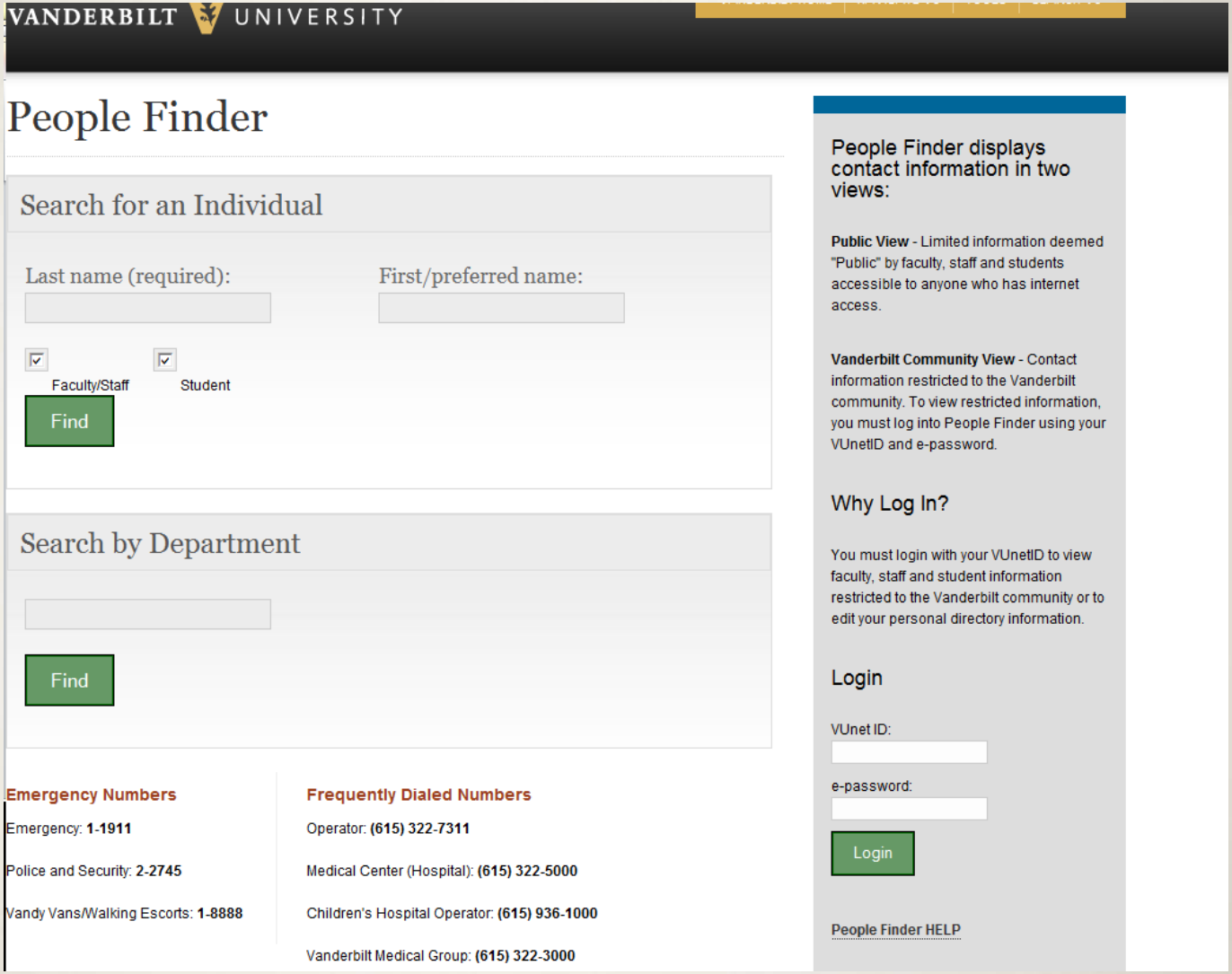
People Finder



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EpicLeap

New Orientee Update

Non-Provider Training

Provider Training (Peer Training Model)

- **Combination of web-based and classroom training**
- **Detailed curriculum reflecting VUMC's unique system design**
- **Involvement of Principal Trainers and Credentialed Trainers**
- **In-classroom assessments (immediately following training)**
- **Post-classroom playground access**
- **At-the-elbow support at Go Live and beyond**
- **Mandatory for all**

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Provider Training

- 2-4 hours of elearning before class
- 4+ hours of classroom training inpatient, outpatient or both (August 19 – October 28; classes available 7 a to midnight, weekdays and weekends)
- 2 hours of personalization lab (October 10-28)
- Some providers may have more hours based on speciality
- Test (will have opportunities for retest if needed)
- Practice time in Epic
- Registration through Vanderbilt Learning Exchange; Classes will start rolling out April 3rd

Hubbl

Enterprise Communication & Task Management Platform for Epic Leap

Hubbl provides Vanderbilt University Medical Center (VUMC) members with secure access to news and tasks. Hubbl will soon include schedules, training, status information, and a message board for frequently asked questions.

For iPhone/iPAD

For Android

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National Guidelines

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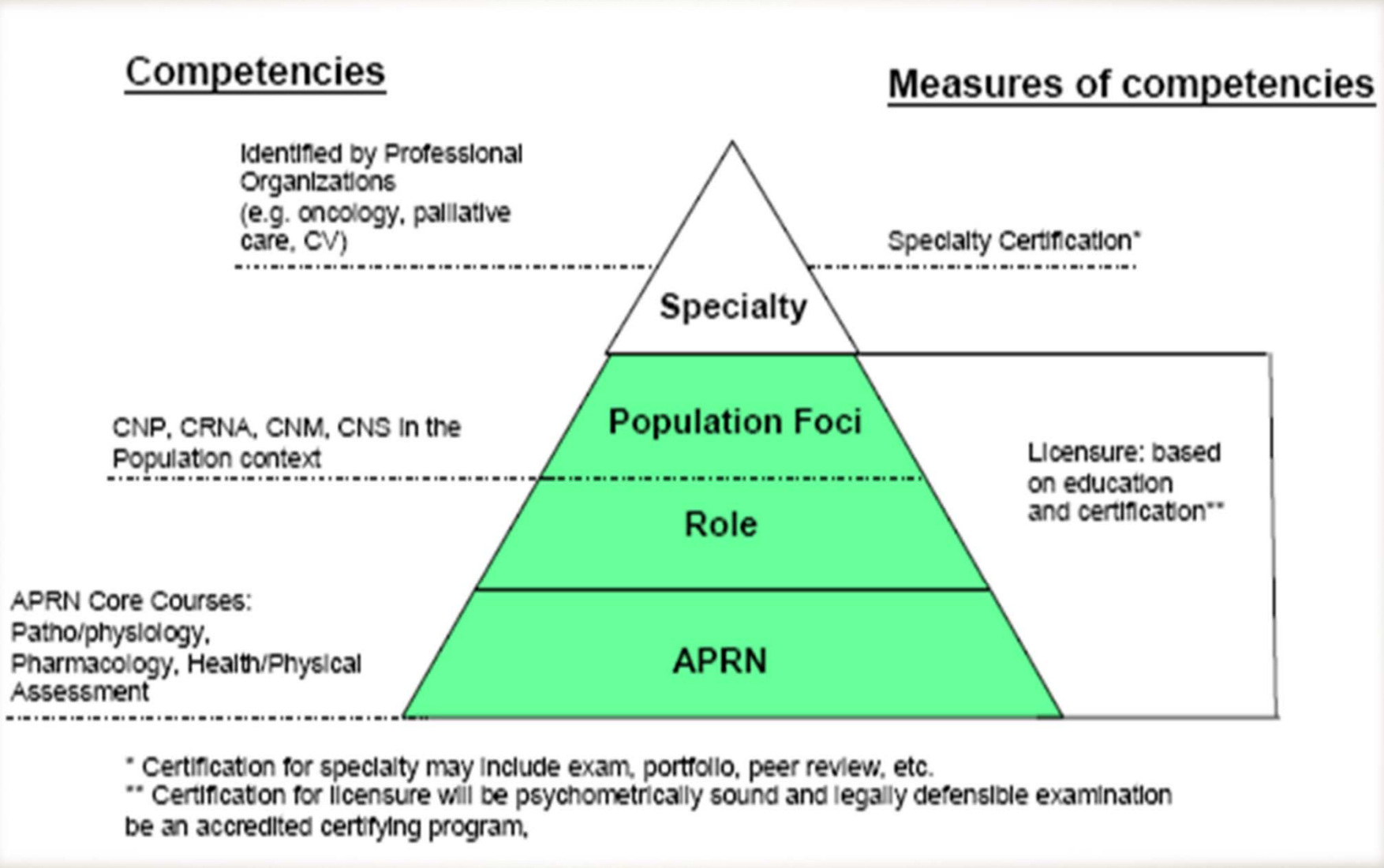
APRN Consensus Model

- Uniform model of regulation for advanced practice
- Designed to align licensure, accreditation, certification, education (LACE)
- Consensual title for advanced practice: APRN (TN – APN)
  - ***4 roles***:

  - ***6 populations***: Across continuum, Adult-Gero Primary/Acute; Pediatric Primary/Acute; Neonatal, Psychiatric, Women's health/gender related

APRN Consensus Model (cont'd)



APRN Consensus Model (cont'd)

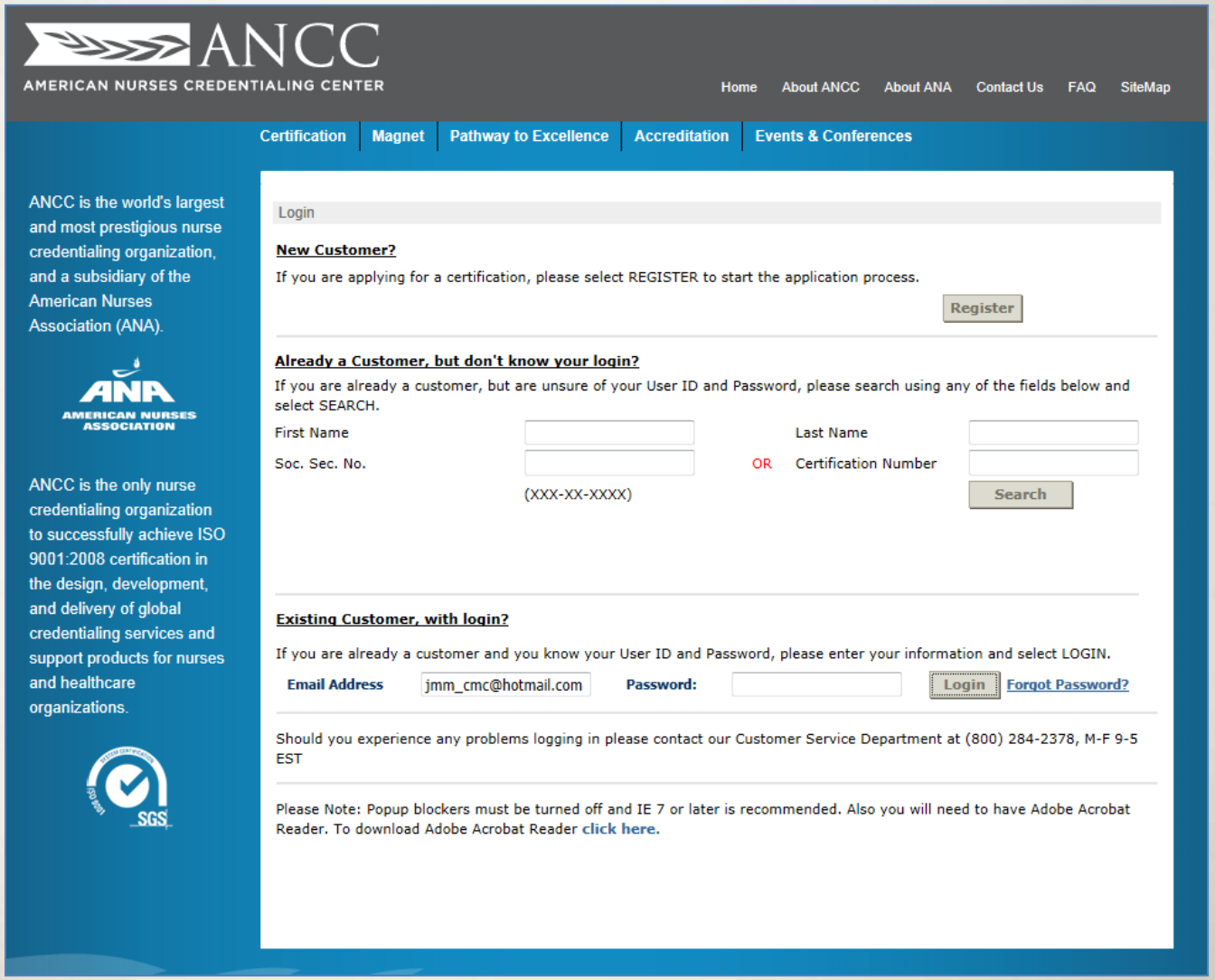
- Enables practicing to full extent of education and licensure
- Uniformity eases mobility among states, benefits APRN and enhances patient care
- Credential is legal tag; demonstrates successful acquisition of board certification.
- http://www.mc.vanderbilt.edu/documents/CAPNAH/files/APRNConsensusModelFinal09.pdf

Specialty Practice (cont'd)

- If signing title documents, use board granted credentials
- Some payors withhold payment if certification doesn't match practice
- **Professional/Personal Responsibility to assure LICENSE/CERTIFICATIONS CURRENT**
- 90 day warning from PSS prior to expiration (certifications, license)

American Nurses Credentialing Center (ANCC)

http://www.nursecredentialing.org/



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FPPE/OPPE

Professional Practice Evaluation

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Professional Practice Evaluation

- ✓Joint Commission Standards
- ✓MS.08.01.01 and MS.08.01.03

The Joint Commission

- Ongoing Professional Practice Evaluation (OPPE), MS.08.01.01
  - To move from cyclical to continuous evaluation of a practitioner's performance to identify practice trends that impact quality, patient safety and determine whether a practitioner is competent to maintain existing privileges or needs referral for a focused review.
- Focused Professional Practice Evaluation (FPPE), MS.08.01.03
  - To verify competency, when applying for new privileges (ie. new hire) and whenever questions arise regarding the practitioner's professional performance.

Focused Professional Practice Evaluation (FPPE)

- A period of focused review (JC standard MS.08.01.01).
- Clearly defined performance monitoring process
- Time or volume limited
- Consistently implemented
- Assigned proctor, usually a peer
- Outlined plan for improvement

Orientation Handbook p.43

When is an FPPE performed?

- 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.
- Implemented for all newly requested privileges
  - Practitioners new to the organization
  - Existing practitioners applying for new privileges
- When practice issues are identified that affect the provision of safe, high-quality patient care
  - Triggered from an ongoing evaluation or clinical practice trends
  - Triggered by a single incident or sentinel event

How can we measure FPPE?

- Chart review
- Monitoring clinical practice patterns
- Simulation
- Peer Review (Internal and/or External)
- Discussions with other individuals involved in patient care
- Direct Observation

Critical Care Advanced Practice - Focused Professional Practice Evaluation

Name of Practitioner being evaluated: _____

This practitioner is undergoing a Focused Professional Practice Evaluation for the following reason:

___ Six month evaluation for newly hired practitioner, confirmation of competence as an Advanced Practice Provider. **See attached Delineation of Privileges List "Domains and Core Competencies for Nurse Practitioners"*

___ Application for new privileges, confirmation of competence in new privilege(s)

___ Referred for focused review after Ongoing Professional Performance Evaluation. Date of OPPE: _____

___ Referred for focused review for other reason, please specify: _____

__ The practitioner has satisfactorily demonstrated competence in practice and applicable privileges within his/her scope of practice and is recommended to be released from the focused monitoring period.

__ The practitioner has not yet demonstrated competence in certain areas of the privileges/scope of practice requested and has agreed to further evaluation as outlined below and within the determined time frame.

Assigned Proctor: _____ Delineation of Privileges List made available to Proctor: _____

Time limit for further review (if indicated): _____ Date of follow up evaluation (if indicated): _____

Specific competencies for review (if indicated):

_____
_____
_____
_____
_____

Plan for improvement as determined in collaboration with proctor, practitioner and others as appropriate (if indicated):

_____
_____
_____
_____
_____
_____

*Methods for measurement of improvement include but not limited to: direct observation , restrospective medical record review, overreads, review of surgical/procedure case lists and informal interviews with peers, house staff, nursing staff, patients and others as appropriate.

Practitioner: _____ **Date:** _____

Proctor (if other than Supervising MD): _____ **Date:** _____

Supervising MD: _____ **Date:** _____

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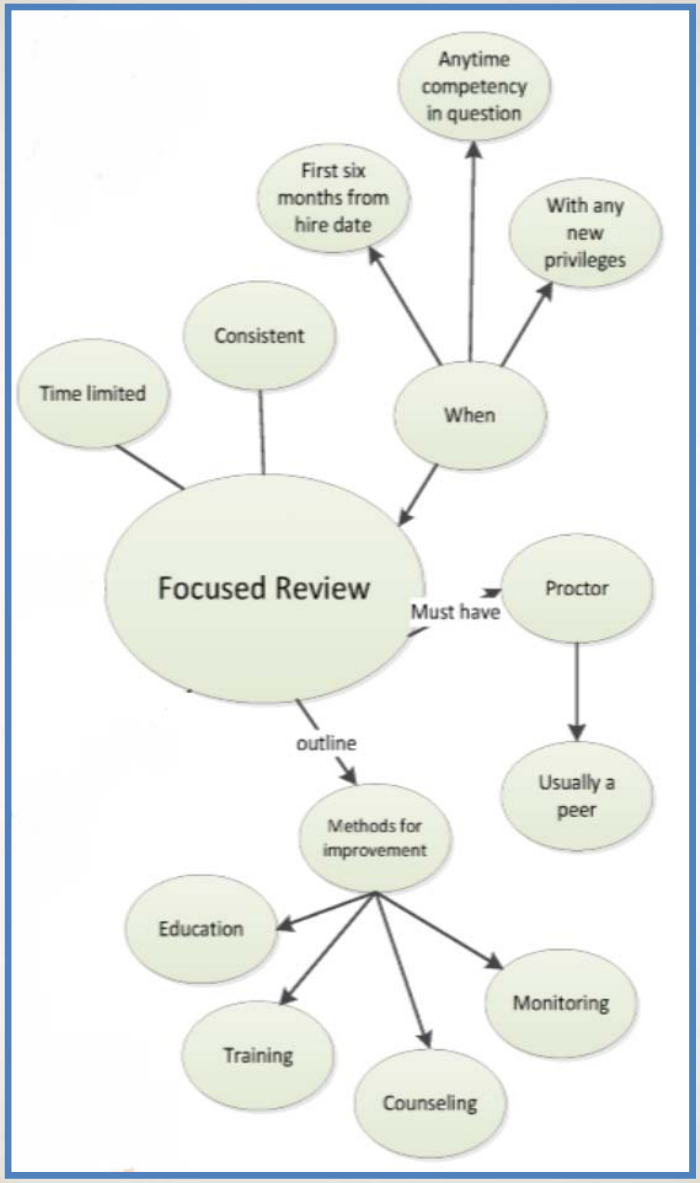

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Ongoing Professional Practice Evaluation (OPPE)

- To move away from the procedural, cyclical process in which practitioners are evaluated when privileges are initially granted and every 2 years thereafter.
- 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

Orientation Handbook p.43

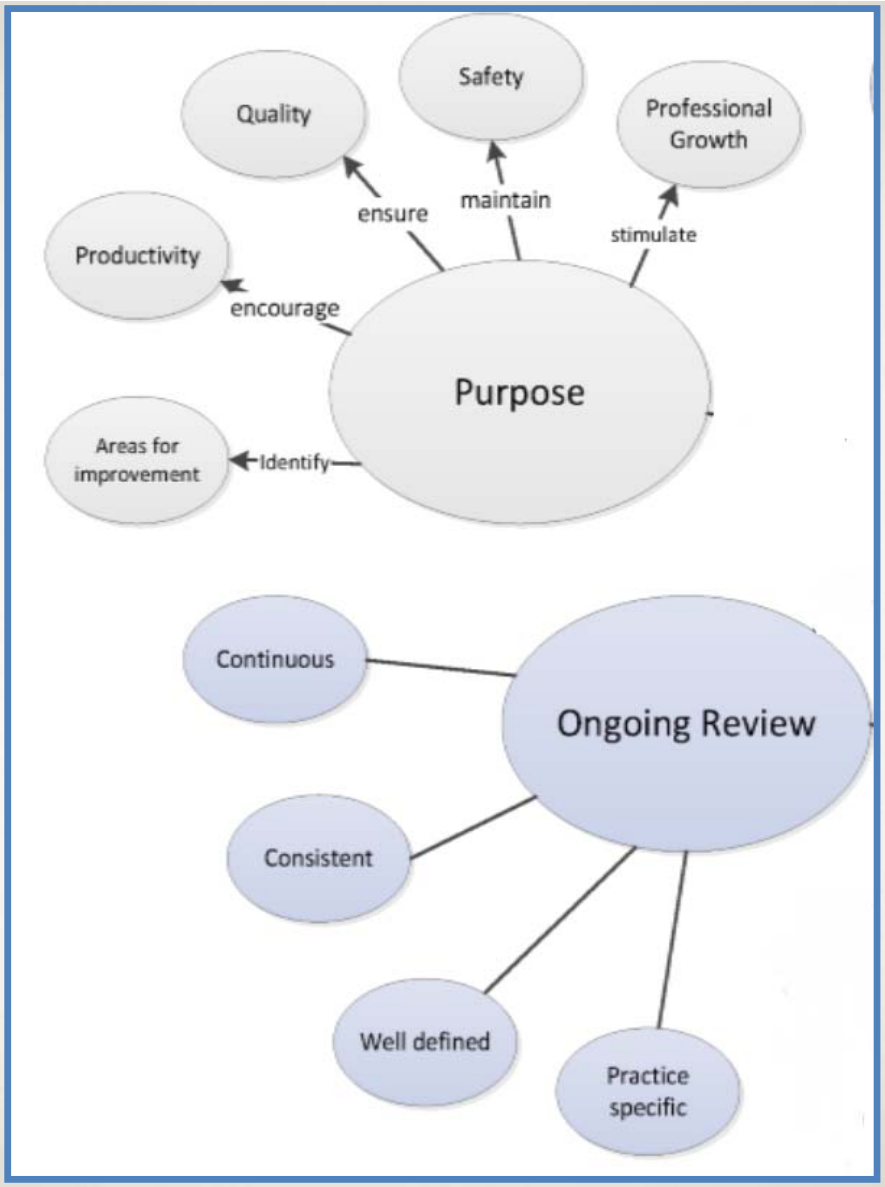
What is OPPE?

- Clearly defined quality review process to evaluate each practitioner's practice.
- Type of data collected may be general but also must include data that is determined by *individual departments and be individual practice specific*
- Can include both subjective and objective data
- Must occur more than once a year, usually every 6-8 months

Types of Data

- Qualitative
  - Professionalism
    - Behavior
    - Involvement/Commitment to Practice
    - Leadership
  - Communication
    - Patients/Families
    - Health Care Team
    - Oral/Written
  - Tools
    - Questionnaires
    - Surveys
    - Evaluation forms
    - Discussions
    - Direct observance
    - Confidential reporting methods
    - Chart audits

- Quantitative
  - Performance Indicators
    - Blood transfusion patterns
    - Ventilator days
    - Hand hygiene
    - Protocol adherence
  - Outcomes Data
    - Length of stay
    - Readmission rates
    - Nosocomial infection rates
  - Technical performance
    - Complication rates
    - Frequency of procedures performed
    - Performance indicators (protocol, time out)
  - Tools
    - Dashboards
    - Scorecards
    - Graphs
    - Reports
    - Checklists

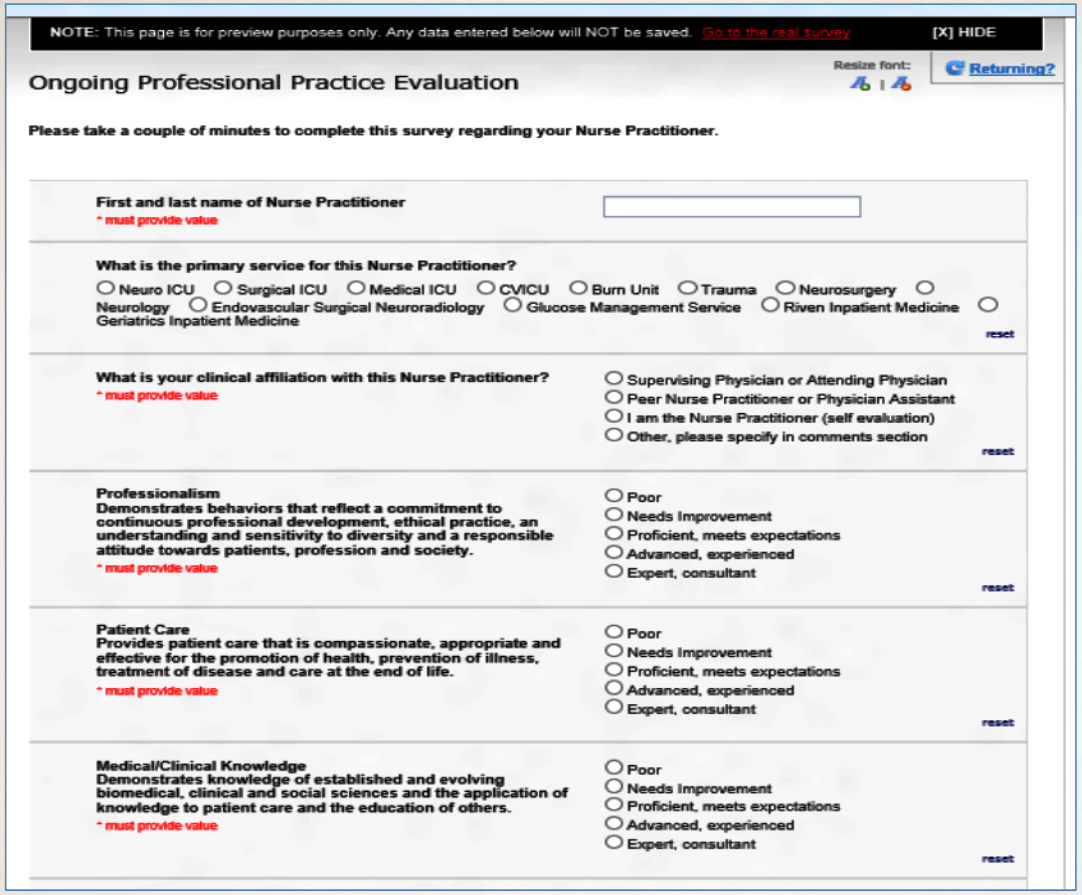

Safety
Quality
Professional Growth
ensure
maintain
stimulate
Productivity
encourage
Purpose
Areas for improvement
Identify
Continuous
Ongoing Review
Consistent
Well defined
Practice specific

What is Competency?

- Professionalism
- Patient Care
- Interpersonal communications
- Medical/Clinical knowledge
- Systems based practice
- Practice based learning and improvement

- Scientific Foundation
- Leadership
- Quality
- Practice Inquiry
- Technology and Information Literacy
- Policy
- Health Delivery Systems
- Ethics
- Independent Practice

- Neurocritical care
- Trauma
- Glucose management
- Surgical ICU
- Cardiology arrhythmia
- Inpatient medicine
- Cardiothoracic ICU
- Medical ICU
- Hematology



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

Resize font:

Returning?

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
reset

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
reset

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
reset

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
reset

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
reset

To practice a sample OPPE, please scan this code or go to this link: https://redcap.vanderbilt.edu/surveys/?s=N3XJ7N8WTR

https://redcap.Vanderbilt.edu/surveys/?s=N3XJ7N8WTR

	Poor	Needs improvement	Proficient, meets expectations	Advanced, experienced	Expert, consultant	
Professionalism * must provide value	○	○	○	○	○	reset
Patient Care * must provide value	○	○	○	○	○	reset
Medical/Clinical Knowledge * must provide value	○	○	○	○	○	reset
Interpersonal Communication * must provide value	○	○	○	○	○	reset
Systems-based Practice * must provide value	○	○	○	○	○	reset
Practice-based Learning and Improvement * must provide value	○	○	○	○	○	reset
Quality * must provide value	○	○	○	○	○	reset
Leadership * must provide value	○	○	○	○	○	reset

This practitioner meets expectations required for the following quality indicators:

☐ Inpatient NP/PA Bundle (O/E LOS, Blood transfusion rates, DC before noon, CAUTI, CLABSI, Hand Hygiene) ☐ CVICU SCIP Measures (BG control, DC periop abx, BB for CABG)

Please review the attached core competencies for practice (click on unit tab) and indicate belo… …se are all met or whether they are some competencies that can be improved.

Attachment: VUH NP PA Core Competencies for Practice.xlsx (0.03 MB)

Please comment on practitioner's accomplishments, strengths and opportunities for improvement.

Practice Management		
History & Physical (EMR)	O	REQ
Daily Progress Note (EMR)	O	REQ
Death Report & Summary (EMR)	O	REQ
Team Summary/ Handover(EMR)	O	REQ
IMPAX Training	O	REQ
Star Panel Training	O	REQ
WIZ/HEO Training	O	REQ
Rx Star/Discharge Wizard	O	REQ
Procedures		
Chest tube removal	P	REQ
Tracheostomy downsize/exchange	P	REQ
Tracheostomy decannulation	P	REQ
Enteral feeding tube placement	P	REQ
Complex wound management	P	REQ
Percutaneous drain removal	P	REQ
Clinical Practice		
Anemia	P	REQ
Bronchial hygiene	P	REQ
Cervical spine immobilization	P	REQ
Chest wall injury management	P	REQ
Deep vein treatment; Pulmonary en	P	REQ
Fever	P	REQ
Fluid/electrolyte replacement	P	REQ
Glycemic control	P	REQ
Open fracture management	P	REQ
Splenic vaccinations	P	REQ

Please indicate updates to your professional portfolio (check all that apply).

☐ Committee Involvement ☐ Publications ☐ Presentations ☐ Special projects ☐ Continuing education ☐ Lectures/teaching responsibilties ☐ Precepting students ☐ Research ☐ Process improvement initiatives ☐ Abstracts in review ☐ Scheduling ☐ Protocol development ☐ Orientation development ☐ Elected office ☐ Honors and awards ☐ Other

Please share more details regarding your updates to your professional portfolio (you may copy and paste these directly from your CV).

Expand

Please list your professional goals for the upcoming year (please list at least 2).

* must provide value

Expand

Have you completed the yearly required amount of contact hours for your area of work? Check all that apply.

☐ 40 CME credits for Department of Medicine providers
☐ 20 CME credits for Department of Anesthesiology providers
☐ 20 CME credits for Department of Surgery providers
☐ 20 CME credits for Department of Neurology providers

Must be able to provide evidence of continuing education requirement if audited.

Stroke Education: All NPs/PAs who care for patients with stroke (as primary or secondary dx) must have at least 8 hours of related education (stroke, cardiac, diabetes) per year. These hours can include journal articles, lectures, conference sessions, etc. (does not have to be formal contact hours). Please list your 8 hours of education here:

* must provide value

Expand

i.e. Journal Article- "Stroke in Elderly Patients" (30 minutes or .5 hour)

Have you completed the 2 contact hours of controlled substance education as required by the Tennessee Board of Health?

○ Yes
○ No

reset

Have you completed the yearly required amount of contact hours for your area of work? Check all that apply.

☐ 40 CME credits for Department of Medicine providers
☐ 20 CME credits for Department of Anesthesiology providers
☐ 20 CME credits for Department of Surgery providers
☐ 20 CME credits for Department of Neurology providers

Must be able to provide evidence of continuing education requirement if audited.

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* must provide value

Expand

i.e. Journal Article- "Stroke in Elderly Patients" (30 minutes or .5 hour)

Have you completed the 2 contact hours of controlled substance education as required by the Tennessee Board of Health?

○ Yes
○ No

reset

For ICU and Trauma NPs/PAs, have you completed annual "Violent Restraint" education?

* must provide value

○ Yes ○ No ○ Does not apply

reset

Restraint policy and Face to Face documentation

Have you completed the webinservices required for faculty appointed practitioners?

https://medapps.mc.vanderbilt.edu/foto

* must provide value

○ Yes ○ No

reset

https://medapps.mc.vanderbilt.edu/foto

Please indicate your current licensure and certifications (check all that apply).

☐ ACNP- BC ☐ AG-ACNP-BC ☐ FNP-BC ☐ ANP-BC ☐ APRN/Master's in Nursing ☐ DNP/PhD ☐ PA-C ☐ RN ☐ DEA ☐ ACLS ☐ BLS ☐ FCCS Instructor ☐ Other

Do not list expired licensure/certification

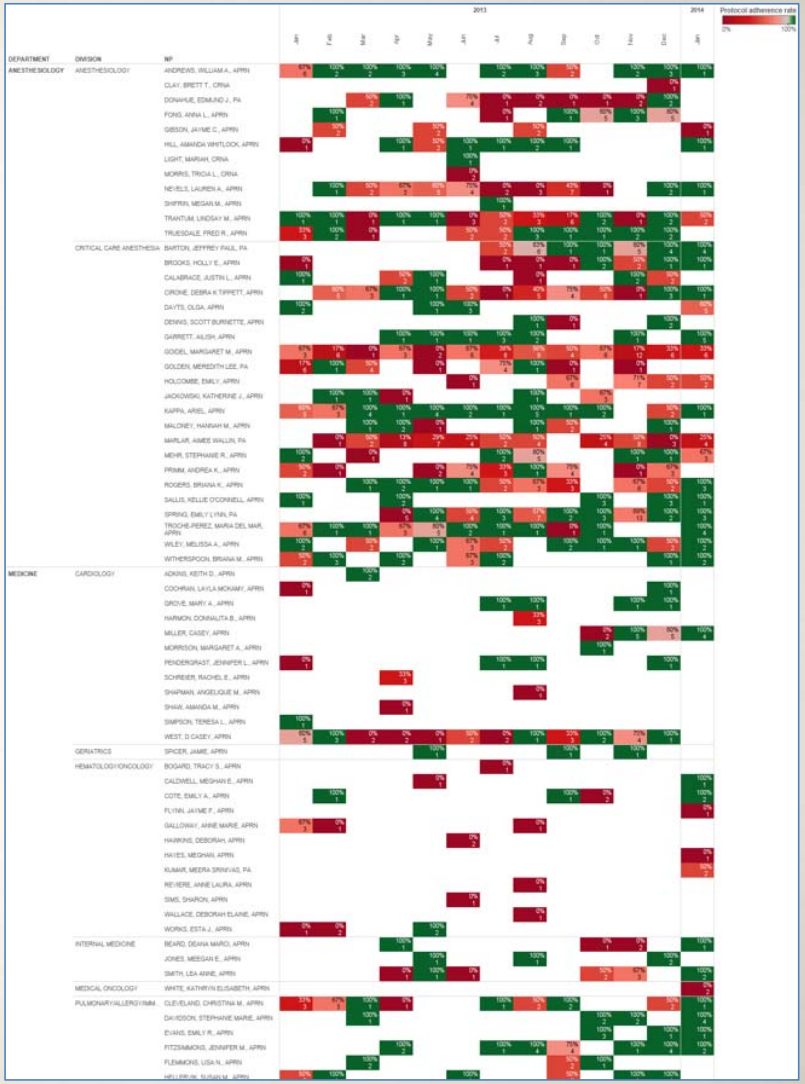
Which procedures do you currently hold privileges for? Check all that apply.

☐ Central line placement ☐ Central line change over wire ☐ Intubation ☐ Arterial line placement ☐ Lumbar puncture ☐ Moderate sedation ☐ Chest tube insertion ☐ Chest tube removal ☐ Epicardial pacing wire removal ☐ Thoracentesis ☐ IABP removal ☐ Arterial sheath removal ☐ Other

only list current privileged procedures

Practice-Specific Quality Indicators

- NP RBC Utilization
- NP Service O/E LOS
- NP Unit O/E LOS
- NP Discharges by noon
- NP Readmissions
- CLABSI
- CAUTI
- Hand hygiene
- Practice specific metrics for clinical
  practice standards and processes



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Which of the following is NOT true regarding Professional Practice Evaluation?

A. OPPE occurs every 6 months (April & October)

B. FPPE verifies competence for a newly hired APRN/PA

C. FPPE does not use direct observation as a means to evaluate competency

D. FPPE is reactivated when questions arise regarding an established practitioner's performance

Per VUMC policy, all of the following pertain to timely documentation except:

A. Supports safe & accurate care

B. Must be completed within 24 hours of admission or consultation

C. Is not required prior to any operation or procedure

D. If incomplete >28 days, results in automatic suspension of privileges

When comparing staff and faculty, which of the following is NOT a shared commonality?

A. Have an AP leader for support

B. Required to give 4 months notice

C. Undergo FPPE and OPPE

D. Receive malpractice insurance via VUMC's self-insured trust

Which of the following is true regarding APP supervision?

A. Requires 10% chart review

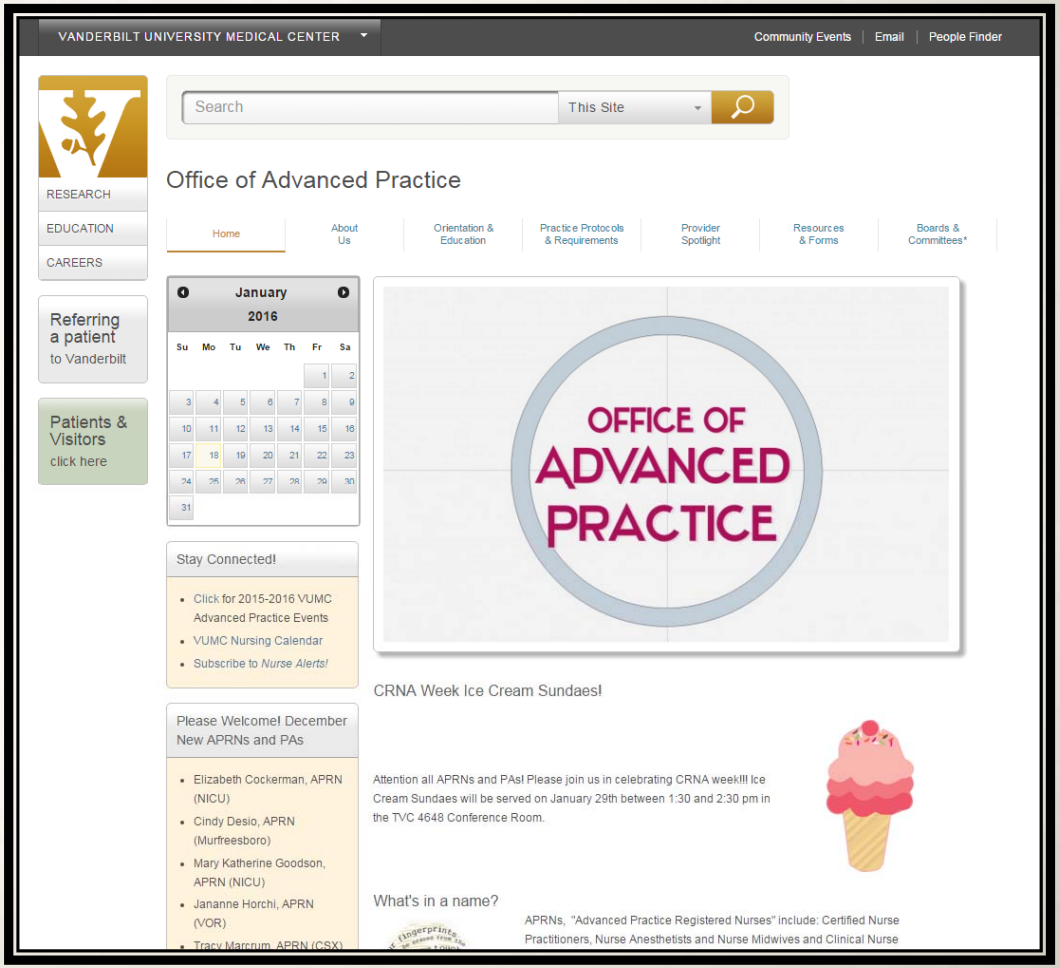
B. Requires physical presence at all times

C. Requires collaborative creation of evidence-based protocols

D. Requires 50% review of all CS prescriptions

Office of Advanced Practice Virtual Tour

www.vanderbiltoap.com



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Wait! Before you leave:

- Check your email for the Advanced Practice Orientation Survey link OR scan the QR Code;
- Complete the survey;
- Receive your certificate!

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Certificate of Completion

Congratulations!

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