### New APRN Leader Orientation

<table>
<thead>
<tr>
<th>Official orientation sessions</th>
<th>Comments</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>o It’s who we are</td>
<td>Optional</td>
<td></td>
</tr>
<tr>
<td>o You make a difference</td>
<td>Optional</td>
<td></td>
</tr>
<tr>
<td>o New Provider Orientation</td>
<td>Scheduled during first week</td>
<td></td>
</tr>
<tr>
<td>o APRN Orientation</td>
<td>Scheduled during first week</td>
<td></td>
</tr>
<tr>
<td>o New Leader Orientation</td>
<td>Schedule through Learning Exchange</td>
<td></td>
</tr>
</tbody>
</table>

### Training and Meetings to calendar

<table>
<thead>
<tr>
<th>System wide APRN meetings</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o APRN Leader Organizational meeting</td>
<td>2nd Tuesday at 2pm</td>
<td></td>
</tr>
<tr>
<td>o APRN Leadership Board</td>
<td>4th Thursday at 12pm</td>
<td></td>
</tr>
<tr>
<td>o APN Council</td>
<td>Quarterly, contact Kim Drake (Kim) for dates</td>
<td></td>
</tr>
<tr>
<td>o APN Grand Rounds Committee</td>
<td>Contact Kim for dates</td>
<td></td>
</tr>
<tr>
<td>o Advanced Practice Standards Committee</td>
<td>Contact Kim for dates</td>
<td></td>
</tr>
<tr>
<td>o APN Professional Development Committee</td>
<td>Contact Kim for dates</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>System wide Nursing meetings</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>o Medical Center Nursing Board (MCNB)</td>
<td>4th Tuesday at 8 am Wadlington</td>
<td></td>
</tr>
<tr>
<td>o Nursing Administrative Board (NAB)</td>
<td>2nd Tuesday at 8 am Wadlington</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCC important “must attend” meetings:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact your PCC AD, MD or ANO for these dates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PCC optional meetings:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact your PCC AD, MD or ANO for these dates</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Meet and greets with PCC and system stakeholders</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact your PCC AD, MD or ANO for who to add</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| PCC ANO or AD | PCC Physician leader | PCC AOO or AO | HR contact for PCC | Other Stakeholders: |</p>
<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schedule HR foundations courses</td>
<td>Learning Exchange</td>
</tr>
<tr>
<td>Schedule Financial foundations courses</td>
<td>Learning Exchange</td>
</tr>
<tr>
<td>Review budget process and ebudget in Fall</td>
<td></td>
</tr>
<tr>
<td>Schedule performance counseling two-day session</td>
<td>Contact QSRP for dates</td>
</tr>
<tr>
<td>PARs program (unsolicited patient complaints)</td>
<td></td>
</tr>
<tr>
<td>CORs program (coworker veritas reports)</td>
<td></td>
</tr>
<tr>
<td>Schedule time blocks to work/shadow with each NP team</td>
<td></td>
</tr>
<tr>
<td>Taleo/talent central training</td>
<td>Learning Exchange</td>
</tr>
<tr>
<td>VOOM training</td>
<td>Learning Exchange</td>
</tr>
<tr>
<td>Concur travel request and approval process</td>
<td>Review with area administrative manager or coordinator</td>
</tr>
</tbody>
</table>

**Scope of practice – Review national, state and institutional scope of practice requirements as you will be asked frequently for expertise in this area**

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tennessee Board of Medical Examiners for Advanced Practice Nurses and Certificate of Fitness to Prescribe</td>
<td><a href="http://state.tn.us/sos/rules/0880/0880-06.pdf">http://state.tn.us/sos/rules/0880/0880-06.pdf</a></td>
</tr>
<tr>
<td>VUMC Bylaws and Rules/Regulations for Professional Staff with Privileges (APRNs, PAs)</td>
<td><a href="https://vanderbilt.policytech.com/dotNet/documents/?docid=2269&amp;mode=view">https://vanderbilt.policytech.com/dotNet/documents/?docid=2269&amp;mode=view</a></td>
</tr>
<tr>
<td>VUMC Nursing Bylaws</td>
<td><a href="https://vanderbilt.policytech.com/dotNet/documents/?docid=3422&amp;mode=view">https://vanderbilt.policytech.com/dotNet/documents/?docid=3422&amp;mode=view</a></td>
</tr>
<tr>
<td>VUMC Faculty Manual</td>
<td><a href="http://vanderbilt.edu/faculty-manual/">http://vanderbilt.edu/faculty-manual/</a></td>
</tr>
</tbody>
</table>

**Credentialing and privileging**

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review one packet requestor list</td>
<td></td>
</tr>
<tr>
<td>One packet request form</td>
<td></td>
</tr>
<tr>
<td>One packet meeting with new hire, to review entire credentialing and privileging process</td>
<td>Review with area administrative manager or coordinator</td>
</tr>
<tr>
<td>Items for AP leader to facilitate signatures: billing application (if applicable) Notice &amp; Formulary, Protocol Agreement, Application for Core/NonCore Privileges.</td>
<td></td>
</tr>
<tr>
<td>Importance of submitting outstanding paperwork to PSS quickly</td>
<td></td>
</tr>
<tr>
<td>PSS will circulate file for chair signatures at the end of process.</td>
<td></td>
</tr>
</tbody>
</table>
- Billing providers will require billing application and faculty appointment.
- Timeline is usually 90-120 days from submission
- Committee process for review/approval and get a copy of the calendar for when these committees meet
  1. Joint Practice (plan to attend at least one of these meetings)
  2. VUH or VCH Credentials Committee
  3. MCMB
- Determine systems contact in your area to ensure electronic system access once APRN is credentialed
- Ensure APRN has updated their electronic signature to APRN in Star Panel

**Staffing, recruitment and onboarding (see attached process)**

- Staffing models
- Business case/Proforma/Productivity/wRVU expectations/Bonuses
- Quality case
- Job descriptions/job codes
  - Faculty job codes
  - Staff job codes
  - Team Leads
  - Assistant Director
- Presentation to manpower
- Talent central
- Strategy session with recruiter
- Interview process and interview evaluations
- Verbal offer, background check and HR written offer
- Faculty appointment process
- Onboarding checklist

**Office of Advanced Practice**

- Schedule meeting with Janet Myers and Cheryl Barton
- Protocols warehouse and protocols system
- CAPNAH mailbox
- Resources available
- Website
- Leadership training
  - Annual retreat
  - Specific classes
  - HR Leadership website and resources

**Shared governance**

- System structure (review with April)
- PCC shared governance structure
- Board basics (sign up for Board Basics through Learning Exchange)

**HR Files**

- CATs (obtain access)
- JC standards for APRN files (see attached)
### Human Resources Consideration for Faculty and Staff
- Paid time off
- Leave
- Resignation
- Disciplinary action
- Faculty Affairs
- FMLA/TMLA
- Additional pay programs

### Professional Practice Evaluation (see attached)
- FPPE process
- OPPE process
- Quality dashboards/Tableau
- Electronic implementation
- Faculty or Staff compliance modules

### Office setup/administrative
- Office space
- Equipment
- Files
- Keys
- Access to electronic systems
- Admin. support, etc.

### Staffing, Recruitment and Onboarding

1. Determine whether APRN is needed for specific job function (including APRN type).
   a. If this is an addition to an existing team, determine workload, acuity, volume, quality expectations that justify new position. Spend time with the team to understand model and efficiencies.
   b. If this is a new APRN role or team, determine workload, acuity, volume, quality expectations that justify new position. Vet strategy/proposal with PCC leaders, physicians, nursing leadership.

2. Review job description for this role, add roles and responsibilities specific to area.

3. Determine staffing model based on job expectations, volume, acuity and coverage. If you need staffing model templates, please contact April.

4. Meet with Cheryl Barton to develop a proforma, including expenses and projected billing.

5. Develop business case
   a. Case for why APRN is needed
   b. Roles and responsibilities of APRN
   c. Staffing model
   d. Proforma with expenses and productivity expectations
   e. Quality indicators of performance and timeline for review
   f. Review of wRVU or quality incentive plan for area (where applicable)

6. Schedule to present case at manpower (if PCC funded).

7. If approved, the position, job code, job description will be added to Taleo (Talent Central).

8. Schedule a strategy session with your recruiter.

9. Review CVs in taleo and schedule interviews with qualified candidates.
   a. You may want to complete initial interview.
   b. Arrange for qualified and screened candidates to interview with area APRNs, physicians, nursing leaders and others as applicable.
c. Use interview evaluation tool for consistency and decision making.

10. Once candidate is determined, contact recruiter for salary quote.

11. Extend verbal offer to candidate.

a. Offer base salary
   i. Add 5% salary supplement if faculty
   ii. Add 10% night compensation for areas on this plan
   iii. There may be additional compensation if this is a Team Lead position, please contact April

b. Review faculty and/or staff benefits.

c. Review vacation and time away.

d. Review professional development funds.

e. Overview of orientation process.
   f. Determine hire date.

12. If candidate accepts, contact recruiter with agreed upon terms.

a. HR will launch a background check.

b. Once background check has cleared, HR will issue an initial offer letter.

13. If this is a faculty appointment, contact the faculty department regarding the new hire and estimated hire date. Tina Danforth can assist with this process if the position is VUH funded.

   a. Hire date may be different than credentialing/privileging “start” date.
      i. New graduates or those with less experience may start earlier than credentialing date in order to orient and shadow. However, no hands on medical care.
      ii. Experienced APRNs usually start closer (3-4 weeks) before credentialing date.

b. Faculty department will request several items
   i. CV
   ii. 3 letters of reference
   iii. Affirmative action form
   iv. And usually they will have you complete a draft offer letter using their template

14. Determine home department (PCC or faculty department) and cost center (if billing, must be a cost center that is not associated with cost report).

   a. Complete new hire or transfer personnel action form (PAF)

15. Schedule new APRN for New Provider orientation and APRN orientation.

   a. Contact Brooke Stacey (NPO)
   b. Contact Janet Myers (APRN)

16. Request one packet (see Credentialing and Privileging), using one packet request form. Of note, the candidate must be board certified to request the one packet.

17. Begin Onboarding Process (area specific)

18. If the candidate is a new graduate, please review “provisional status”

   a. Nursing Bylaws for Provisional Status, Provisional NPs 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.


   c. 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)

19. Create announcement and circulate.

20. Develop area/unit orientation outline.

   a. Practice competencies (patient management, standards of practice, procedures, etc.)

   b. Include administrative competencies (documentation, electronic ordering system, use of EMR, IMPAX, etc)
PEPPA Framework for the Introduction and Evaluation of APN Roles

1. Define patient population and describe current model of care
2. Identify stakeholders and recruit participants
3. Determine need for a new model of care
4. Identify priority problems and goals to improve model of care
5. Define new model of care and APN role
   - Stakeholder consensus about the “fit” between goals, new model of care & APN
6. Plan implementation strategies
   - Identify outcomes, outline evaluation plan and collect baseline data
   - Identify role facilitators and barriers; stakeholder awareness of role; APN education; administrative support and resources; regulatory mechanisms, policies, and procedures
7. Initiate APN role implementation plan
8. Evaluate APN role and model of care
9. Long-term monitoring of the APN role and model of care

ROLE OF NURSING PROFESSION AND APN COMMUNITY
- Define basic, expanded, specialized and advanced nursing roles and scope of practice
- Define standards of care and APN role competencies
- Define a model of advanced practice
- Establish APN education programs
- Evaluate APN outcomes

Provide education, resources, and support
Develop APN role policies and protocols
Begin role development and implementation

# Suggested Framework for Developing Proposal for new APRN/PA Team

*(Developed by A. Kapu and vetted with R. Steaban, M. Edgeworth for proposing new teams to Manpower)*

<table>
<thead>
<tr>
<th>Step</th>
<th>Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Existing Program Overview</td>
</tr>
<tr>
<td></td>
<td>Current provider model to include: number of FTEs and provider type (attending physician, resident, nurse practitioner, etc.), manner in which care is delivered, current capacity such as template availability, volume expansion, etc., any additional provider specific quality goals.</td>
</tr>
<tr>
<td>2.</td>
<td>Problem Statement</td>
</tr>
<tr>
<td>3.</td>
<td>Proposed Provider Model</td>
</tr>
<tr>
<td></td>
<td>How would this model solve the aforementioned problem?</td>
</tr>
<tr>
<td></td>
<td>Are the roles indicated for the NP and PA to fill, within the scope of practice for this provider type?</td>
</tr>
<tr>
<td>4.</td>
<td>Proposed NP/PA Staffing Model</td>
</tr>
<tr>
<td></td>
<td>How will each FTE divided for clinical and nonclinical duties, then further will divided to accommodate scheduled time away (vacation, continuing education days, holidays, etc.)?</td>
</tr>
<tr>
<td>5.</td>
<td>NP/PA Proforma</td>
</tr>
<tr>
<td></td>
<td>- Salary (is this in line with market for this specialty?)</td>
</tr>
<tr>
<td></td>
<td>- Incentives</td>
</tr>
<tr>
<td></td>
<td>- Professional development</td>
</tr>
<tr>
<td></td>
<td>- Licensure reimbursement</td>
</tr>
<tr>
<td></td>
<td>- Malpractice</td>
</tr>
<tr>
<td></td>
<td>- Overhead/administrative</td>
</tr>
<tr>
<td></td>
<td>- Internal taxes</td>
</tr>
<tr>
<td></td>
<td>- Other non-salary</td>
</tr>
<tr>
<td></td>
<td>Revenue</td>
</tr>
<tr>
<td></td>
<td>- Common CPT codes expected to be billed and projected volume</td>
</tr>
<tr>
<td></td>
<td>- Gross collections (monthly x 1st year and then annually for next 5 years)</td>
</tr>
<tr>
<td></td>
<td>- Payer mix and average NP/PA collection rate</td>
</tr>
<tr>
<td>6.</td>
<td>NP/PA Quality Targets</td>
</tr>
<tr>
<td>7.</td>
<td>Plan for NP/PA Professional Practice Support</td>
</tr>
<tr>
<td></td>
<td>- Recruitment</td>
</tr>
<tr>
<td></td>
<td>- Credentialing/privileging</td>
</tr>
<tr>
<td></td>
<td>- National, state, institutional regulations</td>
</tr>
<tr>
<td></td>
<td>- Protocols/policies/practice guidelines</td>
</tr>
<tr>
<td></td>
<td>- Scheduling</td>
</tr>
<tr>
<td></td>
<td>- Productivity tracking</td>
</tr>
<tr>
<td></td>
<td>- Professional practice evaluation</td>
</tr>
<tr>
<td></td>
<td>- Onboarding, training</td>
</tr>
<tr>
<td></td>
<td>- Continuing education</td>
</tr>
<tr>
<td></td>
<td>- Process for professional advancement</td>
</tr>
<tr>
<td>8.</td>
<td>Challenges and Anticipated Impact</td>
</tr>
</tbody>
</table>
Hiring timeline in correlation with Credentialing and Privileging “Start” Date:

Proposed Timeline for New Graduate NP/PA – Post Graduate Training Program

<table>
<thead>
<tr>
<th>Recruitment</th>
<th>Study for boards</th>
<th>Orientation</th>
<th>Credentialing and Privileging and Faculty Appointment Process 90 Days</th>
<th>Credentialed, Faculty, Billing Provider at 25% capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Candidate interviews and selection</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Graduation</td>
<td></td>
<td>Salary quote and offer Background Check; Apply for faculty appt</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Start date after board certification</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Complete one packet</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Board Certification APN/RN license DEA, NPI to PSS when received</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Post Graduate Student, RN status, NPO</td>
<td></td>
</tr>
</tbody>
</table>

Proposed Timeline for Experienced NP/PA

<table>
<thead>
<tr>
<th>Recruitment</th>
<th>Orientation</th>
<th>Credentialed, Faculty, Billing Provider at 50% capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Credentialed &lt;30 days from start date</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NPO, systems training, RN status, shadow</td>
</tr>
<tr>
<td></td>
<td>Complete one packet +60 days from start date</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Study for boards</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credentialing and Privileging and Faculty Appointment Process 90 Days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Start date</td>
<td></td>
</tr>
</tbody>
</table>

Manpower approval & Posting

Salary quote and offer Background Check; Apply for faculty appt

APRN/PA Onboarding Process
New APRN/PA Leader Orientation Guide, Last update 8/3/15 (ak)
Professional Practice Evaluation

<table>
<thead>
<tr>
<th>Who are members of the Privileged Professional Staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Practice Nurses, Physician Assistants, Psychologists, Optometrists and Podiatrists</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is the purpose of Professional Practice Evaluation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>The institution is required to ensure that all members of the privileged professional staff demonstrate competency through a series of ongoing professional practice evaluations. Regular evaluation of clinical and professional competency associated with privileged status, informs privileging decisions made by the credentialing committees at the time of reappointment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is our policy on Professional Practice Evaluation for Privileged professional staff?</th>
</tr>
</thead>
<tbody>
<tr>
<td>All privileged professional staff will be evaluated through a Joint Commission mandated process called Ongoing Professional Practice Evaluation (OPPE). Where issues of competency arise, a focused professional practice evaluation (FPPE) may be required. <a href="https://mcapps.mc.vanderbilt.edu/E-Manual/Hpolicy.nsf/AllDocs/56C768E8D380F027862575E000689261">https://mcapps.mc.vanderbilt.edu/E-Manual/Hpolicy.nsf/AllDocs/56C768E8D380F027862575E000689261</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is a Focused Professional Practice Evaluation (FPPE)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FPPE is a mandated mechanism designed as a competency evaluation relative to initial privileges. It is a process of competency evaluation that applies to all newly hired practitioners granted core privileges. It applies to all practitioners granted special or new privileges, and it also attaches to practitioners who by virtue of an OPPE have been identified as having competency issues.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When is an FPPE required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>- When a practitioner is newly hired and is applying for initial privileges</td>
</tr>
<tr>
<td>- With each new additional privilege</td>
</tr>
<tr>
<td>- Triggered by OPPE when performance/competence is in question</td>
</tr>
<tr>
<td>- Triggering events may include:</td>
</tr>
<tr>
<td>- Sentinel events</td>
</tr>
<tr>
<td>- Persistent staff or patient complaints</td>
</tr>
<tr>
<td>- Inappropriate professional behaviors</td>
</tr>
<tr>
<td>- Inconsistent practice patterns</td>
</tr>
<tr>
<td>- Inappropriate use of resources</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Who has oversight/authority for implementation and review of FPPE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organized medical staff through the department chairs or designees and or through a designated APN leader, have oversight authority to implement FPPE through an assigned proctor who performs the competency evaluation. The assigned proctor reports findings to the department chair or designee, or to the designated APN leader who in turn ensures final report is submitted to Provider support services for inclusion into the credentials file.</td>
</tr>
</tbody>
</table>

An FPPE for cause may be initiated by an APN leader in consultation with the chair or designee
**Where is the practitioner’s FPPE record kept?**

- Final report on FPPE is maintained in the credentials file
- Data supporting the FPPE competency evaluation must be available for review

**What is the FPPE process?**

- FPPE is initiated by Provider Support Services with notice to the chair of the department, designee or APN leader
- Practitioner is assigned a 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, advanced practice providers or other members of the privileged professional staff who are clinically familiar with the practitioner’s performance.
  - The proctor must have an understanding of the practitioner’s delineation of privileges.
- FPPE 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 privileges in question
- Report final competency evaluation back to chair, designee or APN leader
- Final report submitted to provider support for inclusion in credentials file
- Performance monitoring process must be clearly defined and could include:
  - Chart review
  - Monitoring clinical practice patterns
  - Simulation
  - Peer review
  - Discussions with other individuals involved in the care of each patient

**What is Ongoing Professional Practice Evaluation?**

- Ongoing Professional Practice Evaluation (OPPE) is designed to continuously evaluate a practitioner’s performance, and
- to identify professional practice trends that impact on quality of care and patient safety, and,
- to inform decisions about whether a practitioner is competent to maintain existing privileges or needs referral for FP
- 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
    - Pattern of blood and pharmaceutical usage
    - Requests for tests and procedures
    - Length of stay patterns
    - Morbidity and mortality data
  - Practitioner’s use of consultants
- Discussion with other individuals involved in the care of each patient.
  - Consulting physicians
  - Nursing
  - Administrative personnel

- Like FPPE, the OPPE framework uses the six areas of “general competencies” developed by ACGME

- 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.

- 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.

- 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.

- 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.

- 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.

- 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.

Who has oversight for implementation and review of OPPE?

Organized medical staff through the department chairs or designees and or through a designated APN leader, have oversight authority to implement OPPE through an assigned proctor who performs the competency evaluation. The assigned proctor reports findings to the department chair or designee, or to the designated APN leader who in turn ensures final report is submitted to Provider support services for inclusion into the credentials file.

Additionally, OPPE requires the evaluation of objective quality metrics reflective of best practices. Privileged professional staff are required to identify objective quality measures reflective of clinical AND PROFESSIONAL COMPETENCIES

Where is the practitioner’s OPPE record kept?

- Final report on OPPE is maintained in the credentials file
- Data supporting the OPPE competency evaluation must be available for review

When is an OPPE performed?
• Usually every 6-8 months in April and October
• April OPPE replaces the annual evaluation
• The April OPPE cycle requires self, peer, and supervising MD or equivalent to evaluate clinical and professional competencies and also serves as the compliance verification for continuing education and licensure.
• The October OPPE evaluation simply requires collation of input into a single evaluation of competency.
• For both April and October over cycles a final report is required to be sent to PSS for inclusion into the credentials file.

How is OPPE initiated?

• OPPE is initiated by the APN leader or respective administrator.
• Practitioner is assigned a 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, advanced practice providers or other members of the privileged professional staff who are clinically familiar with the practitioner’s performance.
  - The proctor must have an understanding of the practitioner’s delineation of privileges.
• Must be consistently implemented EVRY SIX MONTHS
• Report final competency evaluation back to chair, designee or APN leader
• Final OPPE report submitted to provider support for inclusion in credentials file
• Performance monitoring process must be clearly defined
  - Could include:
    o Chart review
    o Monitoring clinical practice patterns
    o Simulation
    o Peer review
      o Discussions with other individuals involve in the care of each patient
        ➢ Consulting physicians
        ➢ Nursing
        ➢ Administrative personnel
        ➢ Review of procedures performed
        ➢ Review of practice specific quality metrics
APRN/PA Joint Commission Cliff notes

We are currently in our JC window and this will continue through July. When the surveyors arrive, they may visit different areas and speak with APRNs/PAs. Below are some interview tips:

- Pause and think about answers, make sure you understand the question; please do not guess, if you don’t know the answer, refer to a resource person or policy.
- Avoid nodding and “uh huh” responses.
- Be cautious about volunteering information as this can lead to variability and more questions. Simple yes and no answers can often be the best.
- If you are asked about a policy, the VUMC policies are at this site: [https://vanderbilt.policytech.com](https://vanderbilt.policytech.com)

Items that may be surveyed for APRNs/PAs

- **Medications** – syringes and medications (ie propofol, norepinephrine) cannot be lying around the workroom, in a drawer or in a pocket. They must be secured and stored properly
- **Timeouts** – correct completion/documentation of time outs before procedures
- **Hand hygiene** – prior to entering rooms and providing care
- **Prescription pads** and prescription printer paper – locked in a secure location
- **Food and drinks** – should not be in patient care areas
- **Personal protective equipment**, including N95 masks – must be observed when appropriate
- **APRN/PA workroom or office refrigerators** – food only... no labs or medications
- **Blood products** – correct ordering (T&S, consent, orders), identifying correct patient and administration
- **Moderate sedation** – correct documentation of training, privileging and guidelines for performance under supervision
- **Violent restraints** – face to face evaluations within an hour of order, correct documentation of training, knowledge of violent restraint process/policy and age specific time frames for renewal
- **Licensed Independent Provider (LIP)** –
  - NPs/PAs with a certificate of fitness to prescribe by the TN BON, are not considered LIP when prescribing medications/sedation and must have knowledge of supervisory requirements (see attached).
  - However, NPs/PAs are considered LIPs when ordering restraints, nutritional products, etc.
- **Supervisory requirements for NPs/PAs with Certificate of Fitness to prescribe** (see attached)
  - Correct supervising MD logged with state
  - Notice and formulary (PSS should have copy in credentials file)
  - Protocols on site (electronic or hard copy); The link to the protocols warehouse is: [https://int.vanderbilt.edu/vumc/CAPNAH/APSC/APRNprotocolswarehouse/default.aspx](https://int.vanderbilt.edu/vumc/CAPNAH/APSC/APRNprotocolswarehouse/default.aspx)
- **Files** – please know where this information is kept for each APRN/PA
  - In the credentials file:
    - CV
    - RN License, primary source verification
    - APRN/PA License, primary source verification
    - Board Certification
    - Proof of training/procedure log for advanced privileges
    - OPPE/FPPE (includes practice specific requirements)
    - Notice and Formulary
    - DEA Certificate
    - Access to Faculty appointment status through faculty management software (FIS).
  - In the employee’s personnel file:
    - Area specific orientation and/or training documents (examples might be verification of violent restraint, stroke continuing education, etc.)
    - Additional OPPE/FPPE documents (peer evaluations, proof of competency for new hires, etc.)
- Accessible by the APRN leader or the Office of Advanced Practice
  - CATs Access to BLS/ACLS/PALS (when applicable). Per the policy, the provider must have a current copy of their certification at all times.
  - Office of Advanced Practice database to verify New Provider Orientation and APRN Orientation (Janet Myers working on this).
NP Onboarding Begins

Admin Manager fills out PAF

APRN Leader requests one packet from PSS

Admin Manager sends welcome email (Orientation Manual)

Prepare Billing Application and Affirmative Action Form

Fill out ID Badge Form electronically

Obtain CV (Talent Central)

APN signs offer letter and sends to Admin Manager

Candidate chosen and HR sends offer letter

Recruitment and Interviews take place

Notice and Formulary sent to Board of Nursing (Original)

Register NPO Orientation (2 days) Stephanie White and APN Orientation (1 day) Janet Myers

Schedule meeting to review One Packet

Request LOR’s

Order Lab coat and Scrubs (ICU)

WN access for Wiz, Starpanel, etc

Send documents to Department

Department obtains signatures for Offer Letter and sends to Admin Mgr

Once employee completes, bring to Admin Mgr to send to PSS

Credentialing Process Begins (90 days)

New Employee - create racf id

Committee meets and reviews for privileges

Office of Advanced Practice sends billing app and appointment letter to department and Office of Advanced Practice

Department sends packet to faculty affairs

Once Signed, original goes back to department

Update access in Wiz, Starpanel, etc to provider

Enter licensures, certifications, and education in CATS

Office of Advanced Practice sends billing app and appointment letter to department and Office of Advanced Practice

Faculty Affairs sends appointment letter to department and Office of Advanced Practice

Department sends packet to faculty affairs

Committee meets and reviews for privileges

NP becomes billing provider

NP Onboarding Flow Chart

Onboarding Flow Chart