Advanced Practice Provider orientation

Credentialing
Log in access
Billing & coding
OPPE
Practice councils
CE/CME at UCD

Welcome to the UC Davis Medical Center Team!

The orientation manual was designed to help you transition into your new role successfully. Throughout the manual, we may refer to hospital standards or policies. For the most up to date information, please use the links that have been provided.

UCDAVIS HEALTH

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Welcome

Overview of UC Davis

We want to welcome you to UC Davis as part the team of healthcare professionals. UC Davis Medical Center is a Level 1 trauma center offering expert specialty care to Northern California. UC Davis Health improves lives and transforms health care through excellent patient care, groundbreaking research, innovative inter-professional education and dynamic community partnerships.

Discovery

- UC Davis health research encompasses basic-science, translational and clinical studies, with an emphasis on collaboration and on improving health for individuals, communities and populations. Selected highlights:
- Of the nation's 1,400-plus cancer centers, UC Davis Comprehensive Cancer Center is one of 47 **designated "comprehensive" by the National Cancer Institute**.
- The UC Davis MIND Institute includes one of 15 **Intellectual and Developmental Disabilities Research Centers**funded through the Eunice Kennedy Shriver National Institute of Child Health and Human Development.
- Research areas at the Betty Irene Moore School of Nursing at UC Davis include **chronic disease management,**health technology, **pain management,** population health and quality improvement.
- Units such as the Center for Reducing Health Disparities, Center for Healthcare Policy and Research, Institute for Population Health Improvement and Center for Health and Technology help drive our work to **improve health for all**.
- **Nearly 1,000 studies are underway** in basic-science, translational and clinical research areas**,** funded by federal and state governments, the pharmaceutical and biotechnology industries, private foundations and philanthropy.

Education

- Innovative inter-professional education at UC Davis prepares the health care workforce of tomorrow with the skills and values needed to lead and change and improve health for all. Selected highlights:
- *U.S. News & World Report* consistently ranks UC Davis School of Medicine **among the best in the country** for primary care and research.
- *U.S. News* also ranks the Betty Irene More School of Nursing at UC Davis **among the nation's best** for master's-degree nursing programs.
- The new UC Davis Center for Advancing Pain Relief leverages scholars and scientists in medicine, nursing and other disciplines to **improve quality of life** for 100 million chronic pain sufferers.
- Faculty, alumni and community mentors prepare tomorrow's primary care physicians to **help the underserved** through special programs and tailored educational tracks such as Prep Médico, ACE-PC, Rural-PRIME, SJV-PRIME and TEACH-MS. ACE-PC and Prep Medico are partnerships with The Permanente Medical Group.

- Fall 2017 is the projected opening for the new **Betty Irene Moore Hall**, which will house the School of Nursing's five graduate programs and support interprofessional health-science education.
- For more than 40 years, UC Davis students have volunteered hundreds of hours a year in **free community clinics** delivering sensitive health care services for underserved populations.
- The Center for Health and Technology provides medical and nursing students, clinicians, and health professionals a broad spectrum of opportunities for leading-edge **telehealth** practice, **simulation** education and **distance-learning** access.

Patient care

- UC Davis Medical Center is a nationally renowned academic medical center where clinical practice, teaching and research converge to advance health. Selected highlights:
- UC Davis operates the only **level 1 trauma center** for both adult and pediatric emergencies in inland Northern California.
- *U.S. News and World Report* ranked UC Davis Medical Center **among the nation's best in 10 medical specialties** and **the top-ranking hospital in the Sacramento metro area** for 2016-17.
- U.S. News ranked UC Davis Children's Hospital **among the nation's best in five specialties**, including two in conjunction with partner Shriners Hospital for Children – Northern California.
- *U.S. News* also released ratings for common types of care, with UC Davis Medical Center rated **high performing** in eight areas.
- All UC Davis Medical Group primary care clinics are recognized by the National Committee for Quality Assurance as **Patient-Centered Medical Homes**, a designation that rewards primary care providers for quality, efficiency and innovation.
- UC Davis Medical Center was granted multiyear Magnet® recognition by the American Nurses Credentialing Center (ANCC) in early 2014, considered the nation's **highest form of recognition for nursing excellence**.
- UC Davis Children's Hospital offers the broadest range of pediatric specialty care in the region, with faculty physicians certified in **more than 30 areas of pediatric medicine**. In 2015 the hospital was the region's first to add **on-site fetal surgery**. In 2016, it became the first hospital on the West Coast, and only the fourth in the nation, to earn verification as a **Level I Children's Surgery Center** from the American College of Surgeons.
- For the seventh consecutive year, UC Davis Medical Center has been recognized as a **Leader in LGBT Healthcare Equality** in the Healthcare Equality Index, an annual survey conducted by the Human Rights Campaign Foundation.

Hospital, patient statistics (for year ending June 30, 2016)

Licensed beds	627
ER visits*	79,475
Clinic/office visits*	934,409
Admissions*	33,002

* Inpatient admissions; does not include 7,340 observation days.

Community engagement

- As a major level I referral center, UC Davis Medical Center routinely cares for very sick patients with infectious diseases and plays an active role in **protecting the community from outbreaks and pandemics**. UC Davis experts work closely with federal and state authorities on infectious disease planning, surveillance, and hospital infection-control preparedness.
- UC Davis **partners with dozens of community organizations and events**, including the popular Sacramento Republic FC professional soccer club and the California International Marathon.
- The [UC Davis Cancer Care Network](#) unites several hospital-based cancer centers in Northern and Central California, offering patients **leading-edge care in their own communities**.
- Thousands of child safety seats, bicycle helmets and life jackets are provided to **area families** in partnership with Kohl's.
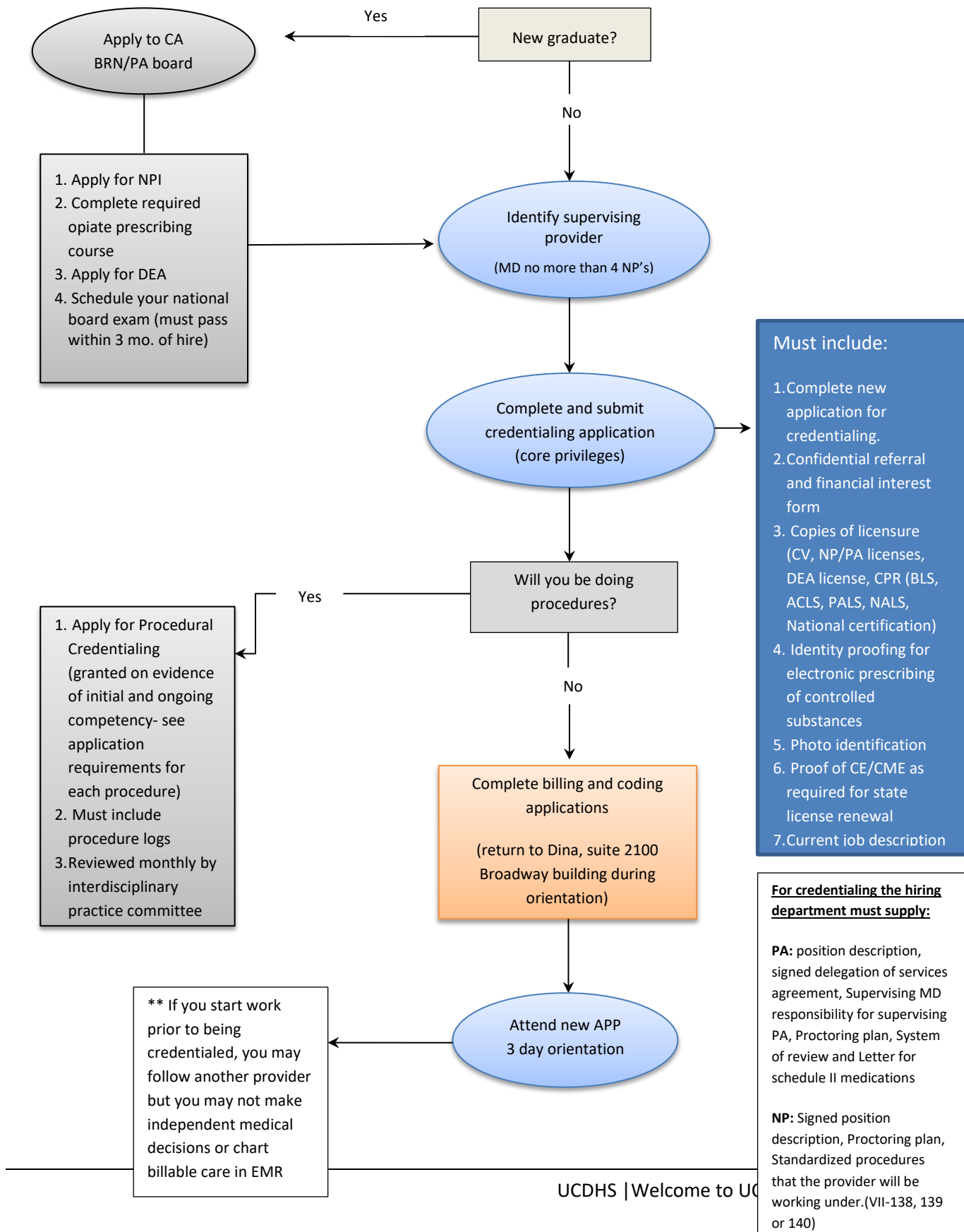
Helpful Links

As you begin your journey with us, you may need to access a number of departments. We have included useful links below to the most common departments or agencies that our advanced practice community uses.

These include internal web links to the CPPN, credentialing, billing and coding applications and important external links to regulatory agencies and community partners.

Code of conduct standards	http://www.ucdmc.ucdavis.edu/compliance/conduct/standards/
CURES	https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml
Dragon resources	http://intranet.ucdmc.ucdavis.edu/him/Dragon/DragonNaturallySpeaking.shtml
Drug Enforcement Administration	https://www.deadiversion.usdoj.gov/webforms/jsp/regapps/common/newAppLogin
EMR provider training	http://intranet.ucdmc.ucdavis.edu/him/EMR_Train/EMR_Train.shtml
FMLA	http://www.ucdmc.ucdavis.edu/hr/hrdepts/labor_relations/Forms/Family_and_Medical_Leave_Guidelines_for_Employees.pdf
Employee assistance	http://www.ucdmc.ucdavis.edu/hr/hrdepts/asap/index.html
Medical Staff bylaws	http://intranet.ucdmc.ucdavis.edu/medstaff/PDF/bylaws/7-1-17_bylaws.pdf
Advanced practice web link	http://www.ucdmc.ucdavis.edu/nurse/advancedpractice/index.html
American Academy of Nurse Practitioners	http://www.aanp.org/
American Academy of Physician Assistants	http://www.aapa.org/
American Nurses Credentialing Center (ANCC)	http://www.nursecredentialing.org/

Attendance policy	http://intranet.ucdmc.ucdavis.edu/policies/patient_care_standards/work_rules/xix-10.shtml
ACLS through CPPN	http://www.ucdmc.ucdavis.edu/cppn/classes/acls_blended.html
California BRN	http://www.rn.ca.gov/
Credentialing applications	http://intranet.ucdmc.ucdavis.edu/policies/standardized_procedures/pdfs/I-3(1).pdf
Parking permit	http://www.ucdmc.ucdavis.edu/parking/
Payroll schedule	http://intranet.ucdmc.ucdavis.edu/finance/Payroll/Forms_and_Documents/2017_Forms/2017%20Biweekly%20Payroll%20Calendar.pdf
OPPE review survey link and instructions	**Instructions and link:** **Please find attached a link to the OPPE survey. Please identify another APP to review your practice (either chart review or direct observation are appropriate). A physician can act as your reviewer if no other APP is available.** **Complete the survey once your colleague is ready to enter their peer review with you.** **https://ucdavis.co1.qualtrics.com/jfe/form/SV_9nLSw1hwrlSNbqR**
Physician Assistant Board	http://www.pac.ca.gov/
Standardized procedures	http://intranet.ucdmc.ucdavis.edu/policies/standardized_procedures/index.shtml#48
PALS through CPPN	http://www.ucdmc.ucdavis.edu/cppn/classes/pals_blended.html
CPR and BLS through CPPN	http://www.ucdmc.ucdavis.edu/cppn/classes/cpr.html

University of California Davis
Onboarding Pathway for Advanced Practice Providers

New graduate? — Yes → **Apply to CA BRN/PA board**

1. Apply for NPI
2. Complete required opiate prescribing course
3. Apply for DEA
4. Schedule your national board exam (must pass within 3 mo. of hire)

No ↓

Identify supervising provider (MD no more than 4 NP's)

↓

Complete and submit credentialing application (core privileges)

→ **Must include:**

1. Complete new application for credentialing.
2. Confidential referral and financial interest form
3. Copies of licensure (CV, NP/PA licenses, DEA license, CPR (BLS, ACLS, PALS, NALS, National certification)
4. Identity proofing for electronic prescribing of controlled substances
5. Photo identification
6. Proof of CE/CME as required for state license renewal
7. Current job description

Will you be doing procedures? — Yes →

1. Apply for Procedural Credentialing (granted on evidence of initial and ongoing competency- see application requirements for each procedure)
2. Must include procedure logs
3. Reviewed monthly by interdisciplinary practice committee

No ↓

Complete billing and coding applications (return to Dina, suite 2100 Broadway building during orientation)

↓

Attend new APP 3 day orientation

→ ** If you start work prior to being credentialed, you may follow another provider but you may not make independent medical decisions or chart billable care in EMR

For credentialing the hiring department must supply:

PA: position description, signed delegation of services agreement, Supervising MD responsibility for supervising PA, Proctoring plan, System of review and Letter for schedule II medications

NP: Signed position description, Proctoring plan, Standardized procedures that the provider will be working under.(VII-138, 139 or 140)

UCDHS | Welcome to UC

Your first week at UCDMC

New Staff Orientation is our way of welcoming you into an academic community of health care providers who share your passion for excellence, advancing medicine and teaching the next generation of healthcare professional. This orientation provides an opportunity for new employees to learn about the university, UC Davis Health and medical center, and obtain specific information they need to know within their first month of employment. Topics presented in this program include:

- History & Mission
- Parking & Transportation
- Campus Culture & Values
- Building Excellent Service Together
- Employee Discounts & Resources
- UC Retirement & Savings
- Campus & Community Engagement
- Mandatory Annual Safety Training (MAST)

This training is mandatory for all new employees of UC Davis Health and must be completed within the first 30 days of employment.

Most advanced practice providers will attend an abbreviated New Staff Orientation, please check with your supervisor to confirm what days you should attend. New Medical Center staff will attend **Medical Center Orientation** as their first day of work.

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

Before Orientation
- Please review the paperwork and list of things you need to do prior to attending orientation.
- Schedule your health clearance with occupational health
- Sign up for your Kerberos account. (we **can not** move forward with other access without this account!)
- Complete your credentialing application and turn it in with all attachments.
- Complete your billing applications and have them ready to go for your orientation meeting with Dina at the Broadway Building.

Where to go
Please follow the instructions that are provided carefully. In most instances, we will ask you to go to a different location each day to ensure that you receive all of the information that you need to ease your transition to your new role.

What to Wear

Business casual attire or work clothes/uniform are recommended for all orientation. The new staff orientation program is considered paid work time, so we ask that you dress as you would for a day at work. Clinical staff are welcome to wear unit-appropriate scrubs. **To be added for scrub allowance, please contact Natoshia Benvenuti, Employee Apparel Program Coordinator: Phone - 916.734.5277 Email - nabenvenuti@ucdavis.edu**

Orientation schedule

Day 1 (Monday)

Welcome Breakfast and Resource Fair (optional) 07:30 – 08:00 M.I.N.D. Institute Auditorium 2825 50th Street, Room 1115	Full breakfast provided Employee discounts, giving, resource groups, fitness, green commuting, retirement and savings, uniform information, wellness
New Employee Welcome 08:00 – 12:00 M.I.N.D. Institute Auditorium	New employee orientation
Nursing Welcome 12:30 – 16:30 M.I.N.D. Institute Auditorium	Welcome to UCD Health Risk Management Medication Error Prevention Palliative Care Donor Services California Nurses Association

Day 2 (Tuesday)

EMR training (If no provider level UCDMC EPIC experience: plan 08:00 – 15:30)	Schedule personalized appointment to learn how to use EMR as a provider, ordering tests, reviewing in box, My Chart messages https://forms.office.com/Pages/ResponsePage.aspx?id=ZG8EqM BmAE-QRsja-S_2K2_NPPHZDTJDsBSgwD-wjlRUM0lQTEtXMFkyR0VBWEQ0M0lPTUlIOFRVSi4u

Day 3 (Wednesday)

Department-specific	Department tour, introductions, Order lab coats, prescription pads Pager , Kerberos account, Office 365 (Confirm access requests for EMR, Images, Haiku completed)
Billing and Coding 10:00 – 11:30 Broadway Building 4900 Broadway, 2nd floor	Complete billing and coding training: http://intranet.ucdmc.ucdavis.edu/him/etp/CompNP.shtml Return completed billing applications and review with billing application expert, Dina Wonohadidjojo, for sign off
Lunch 11:30 – 12:30	
Welcome to Advanced Practice 13:30 – 14:00 Main Hospital, 2315 Stockton Blvd	Schedule to meet with Advanced Practice Provider Director, Christi DeLemos

3 North, Room 3206	

Medical Staff Administration
   14:30
   North Addition office building
   3rd floor- med staff
	Visit between 8:00-16:00 to complete the identity proofing process (you will need your driver's license or passport)

Credentialing and Privileging

Application Process

The credentialing process ensures that all licensed advanced practice providers meet a minimum standard for credentials, privileges and performance standards.

Credentialing applications are submitted and reviewed by the Medical staff committee and in addition by Interdisciplinary practice committee for all Nurse Practitioners. New applicants requesting credentialing and privileges must complete the application and turn in all related documents. **Incomplete applications will not be processed.**

Required Documents

Copy of Master's Level Diploma
Copy of licenses
Copy of National Board Certification (within 3 months of date of hire)
Curriculum Vitae
Copy of US Government photo ID (driver's license)
Copy of ACLS, BLS, PALS cards as required in your job description
Copy of ATLS –must be current to work in ER on Trauma Services. Tell your supervisor if you are not current to get scheduled in an upcoming class or renewal.
Copy of DEA certificate http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm
Copy of letter assigning NPI - https://nppes.cms.hhs.gov/

Credentialing Contact

RETURN TO: Apple Balmaceda Analyst I
Medical Staff Administration / Credentialing/North Addition 3rd floor
UC DAVIS MEDICAL CENTER
P: 916.734.2779 | F: 916.734.2501
Email: fbbalmaceda@ucdavis.edu

Billing applications

What you need to know

Completion of billing applications is a pre-employment requirement. Contact your new department to determine who your supervising physician will be. This information will be needed to complete the billing applications and your credentialing application. If you are unsure on how to complete a section on the billing application, **please leave it blank** and discuss it in person at your scheduled meeting during orientation.

Who to contact
Dina Wonohadidjojo Provider Enrollment Specialist| Billing Systems Support I UC Davis Health
4900 Broadway Ste. 2100, Sacramento, CA 95820-1536|Ph 916.734.9313 |Fax 916.734.9661

Billing overview
Most governmental insurances reimburse NPs/PAs at 85% but some private insurance reimburse NPs/PAs at 100%. Billable encounters include the HPI, ROS, PE, A and P. Each encounter (evaluation and management – E&M) will be coded and billed based on the complexity of the encounter.

Common encounter (E&M) codes:
99231, low complexity – includes 1-3 HPI elements, examination of at least 1 system and at least 1-2 diagnoses with plan.

99232, medium complexity – includes 1-3 HPI elements, 1 ROS, examination of 2 or more systems and at least 3 or more diagnoses with plan.

99233, high complexity – includes 4+ HPI elements, 2-9 ROS, examination of 2 or more areas and 4+ diagnoses with plans.

Transition of care
More recently medicare has allowed for billing of transition of care from one level of care down to another providing that the clinician will accept the care of the patient post discharge and the patient has moderate to high complexity of care. There must be contact with the patient within 48 hours of discharge. (can be a nurse)

- 99495 moderate medical complexity billable within 14 days of discharge
- 99496 high medical complexity making billable once within 7 days of discharge

Critical Care Billing
Critical care time is defined as "time spent in direct management of a critical illness or injury that acutely impairs one or more vital organ systems with a high probability of imminent or life threatening deterioration in the patient's condition (CMS Transmittal 1530, June 6, 2008 and Transmittal 1548, July 9, 2009). You must document critical care appropriately and indicate your **time spent in direct care** on your documentation.

Documentation tips:

- Document time is time spent in assessment, and managing hemodynamics to treat single or multiple vital organ system failure
- Document the clinical condition/diagnosis that supports critical care
- Document the treatment that was provided to treat the critical care condition
- Document the total time in minutes spent providing critical care on a given calendar day

Critical Care Codes:
- 99291 – Evaluation and management of the critically ill or critically injured patient, first 30-74 minutes

- 99292 – Each additional 30 minutes

Example of time segments with appropriate codes

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

Coding guidelines:

- Only **ONE 99291 per 24 hour period**, beginning at midnight.
- The **99291 can be a cumulative total of minutes for one or more MDs OR one or more NPs, but not both.**
- **NPs and MDs cannot combine minutes for a 99291**.
- Only one provider can bill for a given time frame, even if more than one providers are providing care in that same time frame.

Accessing UCD Health Information Systems

EMR (EPIC)
You will be expected to use the electronic medical record for all of your patient interactions. To schedule training, Please complete the form; (http://intranet.ucdmc.ucdavis.edu/him/EMR_Train/media/Other_shared/Initial_EMR_Training_Request_Worksheet.pdf) and email to HS-PhysicianAdvocate@ucdavis.edu. Call 734-0559 or email HS-PhysicianAdvocate@ucdavis.edu with any questions.

***Images
Images is the diagnostic imaging system that we use to access all electronic forms of diagnostic imaging. If you are expected to review imaging, please request access using the employee self-service.

Haiku and Canto
Haiku and Canto are Epic Care's mobile apps. Haiku is available for Apple IOS and Android devices. Canto is available for iPad only. Haiku and Canto give UC Davis Health System practitioners secure and portable access to patient charts. Whether you are in the hallways of your practice, rounding at the hospital or relaxing at home, accessing your patients' information is easy and convenient. Just like other applications already on your mobile devices, Haiku and Canto are designed to be intuitive. With the User Guide, you can learn to use them quickly and easily.

Specific functions of both applications include:

- Access patient lists

- Access your schedule
- Search the database for patients not on your list or schedule
- Review and update patient information
- Keep up to date on medications, allergies, immunizations, medical history or the problem list
- Limited e-Prescribe medications functionality
- View reports about outpatient encounters including diagnosis and orders
- View reports on inpatient encounters including admission notes, vitals, active orders and discharge
- Review previous encounters
- Review patient results including labs and imaging; and see new or abnormal results immediately
- Read and reply to Staff and Results messages from In-Basket
- Speech to text dictation
- Capture patient demographic
- HIPPA compliant clinical image capturing

CURES registration

Checking CURES prior to prescribing any controlled substance is mandatory, with a few exceptions.

When must I consult CURES?

- The first time a patient is prescribed, ordered, administered, or furnished a controlled substance, unless one of the exemptions below apply.
- Within the twenty-four hour period, or the previous business day, before prescribing, ordering, administering, or furnishing a controlled substance, unless one of the exemptions below apply.
- Before subsequently prescribing a controlled substance, if previously exempt.
- At least once every four months if the controlled substance remains a part of the patients treatment.

What exemptions are there to consulting CURES?

A health care practitioner is exempt from consulting the CURES database before prescribing, ordering, administering, or furnishing a controlled substance in any of the following circumstances:

While the patient is admitted to, or during an emergency transfer between a Licensed Clinic, or

- Outpatient Setting, or
- Health Facility, or
- County Medical Facility
- In the emergency department of a general acute care hospital, and the controlled substance does not exceed a non-refillable seven-day supply.

As part of a patient's treatment for a surgical procedure, and the controlled substance does not exceed a non-refillable five-day supply when a surgical procedure is performed at a Licensed Clinic, or

- Outpatient Setting, or

- Health Facility, or
- County Medical Facility, or
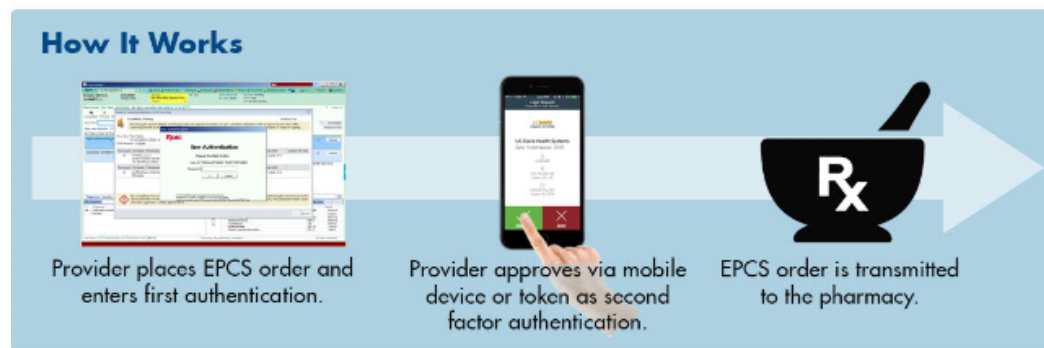- Place of Practice

The patient is receiving hospice care.

Registration for cures:

https://cures.doj.ca.gov/registration/confirmEmailPnDRegistration.xhtml

DUO

Duo is a second-factor authentication service used along with the EMR user ID and password to electronically order controlled substances. Verifying your identify using a second factor (like your phone or other mobile device) prevents anyone but you from using your account, even if they know your password. Currently, second-factor authentication is only used to sign orders for controlled substances. In the future, it will be used to secure other UC Davis Health applications.

How It Works

Provider places EPCS order and enters first authentication.

Provider approves via mobile device or token as second factor authentication.

EPCS order is transmitted to the pharmacy.

How to Get Started

1. Complete the Identity Proofing process. Bring your photo ID (drivers license or passport) to the Med Staff Office or GME office (residents).

2. Download the DUO Mobile app from the iTunes Store or Google Play to your device.

3. You'll receive an email notification with instructions and a link to download and enroll the DUO application from your computer for your mobile device.

4. Watch your In Basket folder for a staff message stating you have been granted security to electronically prescribe controlled substances.

5. You're done and ready to begin electronically prescribing controlled substances.

During your first week, plain to visit the medical staff office for identity proofing:
2300 Stockton Blvd, 2nd Floor - 8:00am to 4:00 pm. Bring your driver's license and employee ID.

Your department and role

Department name: [_____]

Immediate Supervisor: [_____]

Phone contact numbers: [_____]

Hours of work: [_____]

Duration of orientation: [_____]

Standardized Procedures: [_____]

Core Privileges

NP – Core Privileges/ PA- Delegation of services Criteria: To be eligible for core privileges, applicants must have completed an accredited NP/PA program and be nationally board certified in the specialty within 3 months of hire.

Core Privileges Include the Following: (select all that apply)
☐NP Core Standardized procedures
☐PA Delegation of services agreement

STOP here unless your job requires you to perform procedures.

Procedural Skills:
Copies of Simulation/Competency logs must be included.
Please complete any required simulation training (**SIM lab- bolded below**) prior to completing initial procedures for competency. The initial and continued competency requirements are subject to validation and attestation of competency and requirements may be increased based on the national standards or at the supervising physicians' discretion.
Neonatal procedures are restricted to providers certified in Neonatal care.
Re-Credentialing
If you do not have documentation of the minimum number of successful (uncomplicated) procedural competencies, then you must complete required training or SIM lab program AND re-credential at the minimum number of supervised procedures requested.

[☐] Initial Appointment   [☐] Requesting additional Skills   [☐] Reappointment

Request A=Adult P=Peds N= Neonate	Privilege	Initial #	Annual #
☐A☐P	Administration of IV clotting factors	3	0
☐A☐P	Adipose needle biopsy/skin punch biopsy	3	1
☐P☐N	Anal dilations	3	3
☐A	Anoscopy	3	NA
☐A☐P☐N	**Arterial line insertion**	3	3
☐A	Bo-tox and cosmetic dermal fillers injection	3	1
☐A☐P	Bone marrow biopsy	5	5
☐A☐P☐N	**Central Line Insertion/PICC line**	5	3
☐A	Cardiac stress testing	25	3

☐A☐P☐N	Cardioversion	3	3
☐A☐P☐N	**Chest Tube Insertion**	5	3
☐A	Colonoscopy	140	20
☐A☐P☐N	CSF access and shunt tapping	3	3
☐A☐P	Cryopreserved stem cell infusion	3	1
☐A ☐A ☐A ☐A	DBS: Adjustment of Deep Brain Stimulation Device to Control Tremor & or Control Parkinson's Disease Symptoms DBS: Protocol for Initial Programming and Adjustment of Deep Brain Stimulation Device DBS: Protocol for Intraoperative Neurological Assessment and Deep Brain Stimulation of the Awake Patient DBS	3	3
☐A	Dobutamine stress testing	25	3
☐A	Epicardial Pacing Wire Removal	2	1
☐A	Esophagogastroduodenoscopy (EGD)	3	3
☐A	Fine Needle aspiration/Biopsy	5	3
☐A	Fine Needle aspiration Breast health center		
☐A☐P	First assist	RNFA program	3 cases
☐A☐P	First assist in Cardiovascular Surgery Requiring Extracorporeal Bypass	3	3
☐A☐P	Incision and Drainage of Abscess	3	3
☐A☐P	Insertion of pacer wires	3	3
☐A	Insertion of Catheter for Regional Block, Intercostal, Multiple-On-Q Pump	3	3
☐P	Intratempanic injection	3	3
☐A☐P☐N	**Intubation**	10	5
☐A	Lap-Band Adjustment Gastric Band Through Access Port	3	3
☐A	Laser Treatment of Vascular Skin Lesions in ENT Clinic by Registered Nurse (Adults)	3	3
☐A☐P☐N	Lumbar Puncture	3	3
☐A☐P☐N	Moderate Sedation	10	5
☐P	Myringotomy and tympanostomy	3	3
☐N	☐ Neonatal Exogenous Surfactant Administration ☐ Neonatal Suprapubic Bladder Aspiration ☐ Neonatal Resuscitation of The Newborn ☐ Neonatal Exchange Transfusion by the Neonatal Nurse Practitioner	2	1
☐A☐P☐	Nasopharyngoscopy	10	0
☐A☐P☐N	**Paracentesis**	3	3
☐A☐P☐N	Physician orders of life sustaining treatment POLST	NA	NA
☐P	Pediatric cardiology anticoagulation (CNS)		

☐A☐P☐N	**Point of care ultrasound**	5	5
☐A☐P	Pulmonary Artery Catheter insertion	3	3
☐A☐P	Punch Biopsy	1	0
☐A	Removal of K wires and Arch bars	3	1
☐A☐P	Removal/replacement of cecostomy tube	1	0
☐A☐P☐N	Removal/replacement of gastrostomy tube	1	0
☐A☐P	Removal neuromonitoring device	3	3
☐A☐P☐N	Removal of Foreign Bodies: Wound	3	3
☐A☐P	Removal of epicardial pacer wires	3	3
☐A☐P☐N	Removal/rewire central line	3	3
☐A☐P☐N	Removal of Chest tubes	3	3
☐A☐P☐N	Removal of a surgical drain	3	1
☐A	Removal of a soft tissue mass	3	0
☐A☐P☐N	Shunt setting verification and programming	3	3
☐A☐P☐N	Suprapubic bladder aspiration	3	3
☐A☐P	Splinting of Extremities	3	3
☐A☐P☐N	**Suturing: Simple Wound Closure**	3	3
☐A☐P	**Suturing: Complex Wound Closure**	5	5
☐A☐P☐N	**Thoracentesis**	3	3
☐A	Tilt table test	10	0
☐A☐P	Ultrasound: Beside FAST Technique	5	5
☐A☐P	Wound debridement and washout	3	3

_____   _____

Applicant's Signature   Date

_____   _____

NP Manager Signature   Date

_____   _____

Supervising physician   Date

Other Procedures: If an Advanced Practice Nurse would like to become credentialed in a procedure not listed above, he/she must work with the supervising physician or nurse practitioner to develop an educational program, receive didactic education, and perform an agreed upon number of supervised procedures.

- Present a written standardized procedure and education plan to the advanced practice council, if approved proceed through IDPC for approval

UCDMC Credentialing of Advanced Practice Nurses for Invasive Procedures: Appendix I

Competency Check List

Name: _____

To obtain approval for procedures not previously approved. You may use this form to document any new procedure(s), and submit to the Medical Staff Office either with the original Delineation of privileges or with the Additional privilege form.

Title of Procedure:
_____

*Education Program (if new):*_____ *Dates*
_____

Other: _____*Dates*
_____

Date Complications Y/N	Procedure	Patient initials	Evaluated By	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

(Use additional paper if necessary)

I *certify that* _____ *has performed the above procedure and is able to carry out* the procedure **competently and** *independently.*

_____

Signature of Credentialed Provider   Print Name
                                                                                          Date

indicating competency to perform procedure independently and
who witnessed the final procedure

_____

Signature of the Supervising provider   Print Name
                                                                                          Date

Advanced Practice Provider Council

Council Mission:

The Advance Practice Council implements and maintains standards of advanced practice and patient care consistent with evidence - based practice and requirements of regulatory agencies.

Council Purpose:

The purpose of the APN Unit Based Practice Council is to act in collaboration with identified committees to:

1. Develop and revise orientation guidelines to meet the practice needs of APN specialties.
2. Provide for peer review process for APN's.
3. Make recommendations for APN practice based on evidence and peer outcomes.
4. Determine and ensure adherence to APN performance standards.
5. Address obstacles at the APN level, taking ownership to problem solve and resolve the obstacles.
6. Promote and maintain the model of care for safe outcomes of APN's.
7. Establish and maintain a communication link from all Councils to the individual members of nursing staff.
8. Promote advanced education and specialty certifications.
9. Ensure adherence to regulatory standards and requirements.
10. Maintain alignment with institutional and divisional goals.
11. Provide coordination of professional educational experiences for APN students throughout each specialty.

Membership Shall Include the Following:

1. 4 CRNA's
2. 3 CNS's
3. 3 outpatient NP's
4. 3 inpatient NP's
5. Ad Hoc members: Representatives of non-nursing areas involved in clinical practice. Representatives will attend those meetings when their materials and requests are being reviewed for approval or when practice issues affect APN's within that setting.

Council meeting dates:

Council chair Charity Tan, ACNP-BC

Jan 14th 5-6 PM

Feb 11th 5-6 PM

March 10th 5-6 PM

April 14th 5-6 PM

May 12th 5-6 PM

June 9th 5-6 PM

July 14th , 5-6 PM

August 11th 5-6 PM

Sept 8th   5-6 PM

Oct 13th   5-6 PM

Nov 10th   5-6 PM

Dec 8th   5-6 PM (holiday party!)

OPPE/Annual peer review: (scheduled every 9-11 months)

Annual peer review is a process of self-governance whereby one advanced practice provider evaluates another. The process has been tailored for each advanced practice specialty with the goal of providing meaningful feedback about the quality of clinical practice and to improve delivery of care.

The process is confidential and you have a responsibility to conduct peer reviews as follows:

- Ensure confidentiality of all data including the reviewed APN's private peer review evaluation;
- Treat all reviews of practice competencies and data as confidential and agree to not share any information with anyone including but not limited to other providers, peers, physicians and ancillary staff, except to supervisory staff in the situation of patient safety or gross negligence;
- If you are reviewing paper records, appropriately dispose of confidential information in a manner that will prevent a breach of confidentiality and never discarding paper documents or other materials containing confidential information in the trash unless they have been shredded.
- Notify your supervisor if there are any concerns about patient safety related to the care of the peer that you reviewed.

To complete your peer review, schedule time with a colleague after they have observed you in clinical practice or reviewed your records:

https://ucdavis.co1.qualtrics.com/jfe/form/SV_9nLSw1hwrlSNbqR

It will take approximately 5 minutes to complete.