Greeley Medical Staff Institute
presents a 60-minute audioconference

Advanced Practice Professionals (PAs and APRNs): How to assess competency and apply FPPE and OPPE Concepts

Presented by

Carol S. Cairns, CPMSM, CPCS

Sally Pelletier, CPMSM, CPCS
Target Audience:
• Members of the Greeley Medical Staff Institute
• Medical staff officers
• Medical staff department chairs
• Medical executive committee members
• Developing medical staff leaders
• Senior hospital managers
• Governing board members
• Medical staff professionals
• Credentials committee chairs
• Credentials committee members
• Medical staff quality committee members
• Vice presidents for medical affairs/chief medical officers
• CEO’s
• COO’s
• Governing board members

Statement of need: In 2007 and 2008, The Joint Commission published standards regarding ongoing professional practice evaluation and focused professional practice evaluation for privileged practitioners. Many hospitals have focused upon creating these structures for medical staff members (physicians) but not for advanced practice professionals (APPs). The Joint Commission standards require that the same processes be applied to the APPs as well.

Educational objectives:
• Identify what allied health practitioners (AHPs) need to be privileged and what AHPs do not.
• Describe the Joint Commission requirements of ongoing professional practice evaluation and focused professional practice evaluation.
• Recognize resources to organizations on the components of performance profiling and resources available.
The “Advanced Practice Professionals (PAs and APRNs): How to assess competency and apply FPPE and OPPE Concepts” audioconference materials package is published by The Greeley Medical Staff Institute, 200 Hoods Lane, P.O. Box 1168, Marblehead, MA 01945.

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I. What/Who are Advanced Practice Professionals?

II. Basic steps involved in privileging APPs

III. APP Challenges

IV. Evaluating Practitioner Competency
   A. Ongoing Professional Practice Evaluation

V. Focused Professional Practice Evaluation

VI. Questions and Answer/Discussion
About your sponsors

About The Greeley Company

The Greeley Company’s consultants and educators are physician leaders and senior healthcare professionals with hands-on experience in hospital, ambulatory, physician practice, and managed care settings. Our approach is to provide consultation, education, and training that is timely and cost-effective and to partner with our clients to produce high-impact results that serve the best interests of your organization, your patients, and the communities you serve.

We’re dedicated to helping healthcare leaders succeed in the face of today’s toughest challenges. We know how hard your job is. We have years of experience doing your job and helping others across the country do their jobs. From that experience, we know you don’t always have all the talent, resources, or time available within your organization to tackle the issues most important for your success and sometimes even for your organization’s survival. So when you need help, we’ll be there with just the customized, effective solution you need.

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About The Greeley Medical Staff Institute

The Greeley Medical Staff Institute is a unique membership organization dedicated to serving the needs of hospital and medical staff leaders who recognize the importance of effective physician relationships to their hospital’s success. Members of the institute receive exclusive access to high-level, nationally renowned consulting experts—all physicians and former hospital leaders—who work closely with you and members of your staff to develop and implement a multifaceted relationship-building program. Each customized program is designed to reduce hospital costs, build effective medical staff leadership, develop a succession strategy, comply with regulatory requirements, meet public accountability for quality, and train staff to practice safe and effective medicine.
Speaker profiles

Carol S. Cairns, CPMSM, CPCS

Carol Cairns is a senior consultant at The Greeley Company. She brings over 30 years of experience in healthcare management to her work with hospitals and medical staffs nationwide.

Cairns applies her management and clinical experiences to help healthcare providers develop solutions to their unique needs and objectives. She has a particular expertise in credentialing and privileging.

Cairns has authored several HCPro books on credentialing and privileging including *Solving the AHP Conundrum: How to comply with HR Standards Related to Non-Privileged Practitioners; Verify and Comply: A Quick Reference Guide to the JCAHO and NCQA Standards for Credentialing, Fourth Edition; and A Guide to AHP Credentialing; Core Privileges: A Practical Approach to Development and Implementation-Third Edition*. As a clinical faculty member for JCAHO, she wrote *The Medical Staff Handbook: A Guide to Joint Commission Standards; and The LIP’s Guide to Credentials Review and Privileging*. Cairns coauthored, as a faculty member for the National Association Medical Staff Services, the agency’s educational program on credentialing.

Prior to joining The Greeley Company, Cairns positions included clinical faculty member for the Joint Commission on Accreditation of Healthcare Organizations, faculty member for NAMSS, faculty member at NCQA, surveyor in the certification program at CVO, medical staff director and coordinator of services for Provena Saint Joseph Medical Center and Silver Cross Hospital. She also serves as president of PRO-CON, an Illinois-based consulting company.

All faculty have disclosed that they do not have a vested interest in any of the products or services described in this activity.
Sally Pelletier, CPMSM, CPCS

Sally Pelletier serves as a consultant for The Greeley Company. She brings more than 15 years of credentialing and privileging experience to her work with medical staff leaders and medical service professionals across the nation. Pelletier advises in the areas of criteria based core privileging, medical staff office assessments and medical staff services management.

In 2004, Pelletier began consulting with The Greeley Company. She writes a weekly ezine article for The Credentialing and Privileging Advisor and also serves as a credentialing and privileging resource for The Greeley Company’s parent company, healthcare media specialist HCPro, Inc. Ms Pelletier is a managing editor for Briefings on Credentialing and coauthored – Converting to Core Privileging: Ten Essential Steps and Core Privileges for Physicians also published by HCPro.

Pelletier is a presenter at state and national seminars on such topics as: basic and advanced credentialing and privileging, allied health practitioners, core privileging, background checks, and physician aging.

Pelletier is currently chair of the Governance, Management and Manpower Committee for the National Association of Medical Staff Services and will being a term as Secretary in January of 2008. Her other leadership roles for the NAMSS have included Bylaws Committee chair, chair of the Credentialing Elements Task Force, and a member of the Credentialing Consensus Alliance. In addition, Ms. Pelletier served as president of the New Hampshire Association Medical Staff Services.

Prior to joining The Greeley Company, Pelletier was a consultant for SJP Pro Med Enterprise and medical staff coordinator for The Memorial Hospital in North Conway, New Hampshire.

Pelletier is certified by the Certification Board of NAMSS as a Certified Professional Medical Services Management and a Certified Provider Credentialing Specialist.
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Exhibit A

presentation by
Carol S. Cairns, CPMSM, CPCS and
Sally Pelletier, CPMSM, CPCS
Advanced Practice Professionals (PAs and APRNs): How to assess competency and apply FPPE and OPPE Concepts

Presented By:
Sally Pelletier, CPMSM, CPCS
Carol Cairns, CPMSM, CPCS

An HCPro Presentation
Tuesday, April 1, 2008

What/Who are Advanced Practice Professionals?

• The Joint Commission defines a group of healthcare professionals that require privileges in order to provide care.
  – MS Standards – Overview
  – HR Standards – HR 1.20 vs. MR.1.20, EP 13

• What is the difference between LIPs and APPs?
What/Who are Advanced Practice Professionals? (cont’d)

• Advanced practice registered nurses
  – Certified nurse anesthetists
  – Certified nurse midwives
  – Nurse practitioners
  – Clinical nurse specialists

• Physician assistants

What/Who are Advanced Practice Professionals? (cont’d)

• May include additional healthcare professionals defined by the organization as requiring the privileging process
  – Psychologists
  – Other healthcare professionals providing complex care (i.e., advanced practice level)
Basic Steps Involved in Privileging APPs

- Step 1: Establish policies and rules
  - MEC, governing board
- Step 2: Collect and summarize information
  - Management and medical staff leaders
- Step 3: Evaluate and recommend
  - Department chairs, credentials committee, MEC
- Step 4: Review, grant, deny, or approve
  - Governing board or designated agent

APP Challenges

- Many APPs are employed by the healthcare organization that must also privilege them
  - Employment and credentialing/privileging processes must be coordinated
  - Privileges cannot be exercised until granted
APP Challenges (cont’d)

- Privileging criteria should reflect competence to
  - Obtain the privilege(s) initially
  - Continue the privilege(s) thereafter – maintenance criteria
- Supervision requirement
  - Defined?
  - Documented?
  - Monitored?

APP Challenges (cont’d)

- Gathering data - development of competency reports is often problematic
  - Lack of clinical activity information
  - Past reliance on endorsement of employing/supervising physician
- Must establish competency reports that relate to privileges granted
Evaluating Practitioner Competency: 2008 Joint Commission Terms

- Ongoing Professional Practice Evaluation (OPPE)
  - Routine monitoring of current competency for current medical staff members (Peer Review)

- Focused Professional Practice Evaluation (FPPE)
  - Establishing current competency for new medical staff members, new privileges and or concerns from OPPE (Proctoring or focused review)

Ongoing Professional Practice Evaluation

- Data that relates to privileges requested must be collected and analyzed at the same frequency as is done for LIPs
2007-08 Joint Commission
General Competencies

• **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.

2007-08 Joint Commission
General Competencies (cont’d)

• **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 healthcare.
OPPE: Implications For Your Peer Review Program

You will need to:
• Organize practitioner performance measurement around a comprehensive framework
• Have a method for evaluating the data on an ongoing basis
• Have a policy for what to do if you find patterns or trends

The Bottom Line:
• You may have a lot to change or not much at all depending on how you currently perform peer review

Effective OPPE =

Systematic measurement +
Systematic evaluation +
Systematic follow-through
The Physician Performance Pyramid
Achieving Great Physician Performance

Set and communicate expectations
Appoint excellent physicians

The Power of the Pyramid
Achieving Great Physician Performance

Set and communicate expectations
Appoint excellent physicians
Set and Communicate Expectations

- Develop performance expectations that practitioners have of each other
- Communicate expectations regarding dimensions of performance at initial appointment and at re-appointment

The ACPE/Greeley Physician Performance Pyramid Dimensions

- **Technical Quality**: Skill and judgment related to effectiveness and appropriateness in performing the clinical privileges granted
- **Service Quality**: Ability to meet the customer service needs of patients and other care caregivers
- **Patient Safety/Patient Rights**: Cooperation with patient safety and rights, rules and procedures
- **Resource Use**: Effective and efficient use of hospital clinical resources
- **Relations**: Interpersonal interactions with colleagues, hospital staff and patients.
- **Citizenship**: Participation and cooperation with medical staff responsibilities
Comparison of the 2007/08 Joint Commission General Physician Competencies with the Physician Performance Pyramid Dimensions

<table>
<thead>
<tr>
<th>TJC PYRAMID</th>
<th>Patient Care</th>
<th>Medical Knowledge</th>
<th>Practice Based Learning</th>
<th>Interpersonal/Communication Skills</th>
<th>Professionalism</th>
<th>Systems Based Practice</th>
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<td>X</td>
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<tr>
<td>Service Quality</td>
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<td></td>
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<td>X</td>
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<tr>
<td>Patient Safety/Rights</td>
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<td>X</td>
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<tr>
<td>Resource Use</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Citizenship</td>
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</tbody>
</table>

The Power of the Pyramid
Achieving Great Physician Performance

- Measure actual performance
- Set and communicate expectations
- Appoint excellent physicians
The Competency Equation

Competency =

Have you done it recently?

+ When you did it, did you do it well?

Measures of Practitioner Performance

- Aggregated data
- Trended data
- Data compared to external benchmarks
- Obtained from:
  - Clinical monitoring results
  - Patient satisfaction results
  - Incident or staff reports
  - Patient complaints
Selecting and Prioritizing Indicators

- Is it relevant to practitioner performance
- Is it an important performance issue?
- What type of indicator would be most cost effective?
- Can you get the data today or maybe tomorrow?
- Is the measure cost worth the improvement benefit?

Examples of Profile Indicators

Technical quality
- CRNA example
- Midwife example

Service quality
- Patient satisfaction
- Response delays

Resource quality
- CRNA example
- Midwife example
Examples of Profile Indicators (cont’d)

Peer and coworker relations
- Validated incidents of inappropriate behavior
- Score on evaluations by house staff/nursing staff

Citizenship
- Medical records completion
- Meeting attendance

- Patient safety/patient rights
- Compliance with pre-procedure time-outs
- Compliance with medical abbreviations

The Power of the Pyramid
Achieving Great Physician Performance
Provide Periodic Feedback

- Practitioner performance feedback reports

- Provide timely, constructive, and relevant feedback covering all dimensions of performance

- Feedback to leadership with regards to performance

Please see Exhibit F for the full size version
**Why Use Practitioner Performance Feedback Reports?**

- To set expectations of performance
- To recognize good performance
- To identify individual opportunities for improving performance
- To allow practitioners the opportunity to self correct
- To provide a basis for dialog
- To provide a basis for managing poor performance
- For reappointment

**What Untapped Resource Might You Have To Develop APP Feedback Reports?**

- Consider establishing an APP Performance Evaluation Committee

- Reporting structure: Subcommittee of medical staff credentials or quality performance committee
What Would an APP Performance Evaluation Committee Do?

- Provide recommendations and oversight of APPs' performance re:
  - Privileging
  - Competence assessment and evaluation
    - Ongoing
    - Focused

Moving on to . . . FPPE Focused Professional Practice Evaluation

- Competency to exercise privileges must be confirmed* for new APPs or when APPs already privileged ask for and receive new privileges

* The organization evaluates the privilege-specific competence of a practitioner who does not have documented evidence of competently performing the requested privilege at the organization.
Methods for FPPE

• Chart review
• Monitoring clinical practice patterns
• Simulation
• Proctoring
• External peer review
• Discussion with other individuals involved in the care of the patient

NOTE: Build on OPPE program

Effective FPPE =

Timely measurement
+ 
Timely evaluation
+ 
Timely follow-through
Remember . . .
What is the real purpose for doing OPPE & FPPE?

• Providing improved patient care

• Achieving excellent practitioner performance

• Helping every practitioner to be the best he or she can be

Thank You for Joining Us!
Exhibit B

AHP Privileging White Paper
Privileged versus Non-Privileged AHPs:
WHAT PRACTITIONERS SHOULD BE PRIVILEGED?

Prepared by
The Greeley Company

Many medical staff organizations continue to struggle with the issue of which practitioners should - or must - be privileged via the medical staff organization. This is not a simple issue and is further complicated by the fact that there is a lot of “folklore” about what is required in this area to be in compliance with accreditation requirements.

Let’s see if we can apply Albert Einstein’s principle here: Make the complex simple.

Step 1: Define LIPs

First of all, the organized medical staff is required to privilege all LIPs (licensed independent practitioners). LIPs are individuals who (according to The Joint Commission’s definition) function without supervision or direction. Practitioners who are generally privileged as LIPs are physicians (MDs, DOs), dentists, and podiatrists. Many organizations also include clinical psychologists in this group. Each organization must define the practitioners classified as LIPs. The first step in defining LIPs is a review of the state licensing laws to determine if the licensing standards impact the specific disciplines to be included in this definition.

Note: It is important to note this White Paper is devoted to a discussion of privileging (i.e., what clinical disciplines should be privileged) and not membership (i.e., what clinical disciplines should be afforded the rights of medical staff membership).

Step 2: Consider PAs and APRNs

Secondly, The Joint Commission requires that physician assistants (PAs) and advanced practice registered nurses (APRNs) be privileged. APRNs are defined by the boards of registered nursing in most states as including the following disciplines: CNMs (certified nurse midwives), CNSs (clinical nurse specialists), CRNAs (certified registered nurse anesthetists) and NPs (nurse practitioners). PAs and APRNs may be privileged via the organized medical staff’s privileging process (recommended) or an alternate and equivalent1 process. It should be noted that the elements related to the privileging process must be applied whether the PAs and APRNs are employed by the organization or not. For example, some NPs may enter the organization via an employment relationship with a physician; others may be employed by the organization. Both groups need to be privileged (the same way that a physician employed or under contract with the hospital - i.e., radiology - must still be credentialed and privileged in order to be able to

1 Organizations interested in utilizing The Joint Commission equivalent process for privileged AHPs should evaluate HR 1.20, EP 13 along with Centers for Medicare and Medicaid Services standards for privileged practitioners.
provide clinical services). In addition to PAs and APRNs, there may be additional healthcare professionals that the organized medical staff believes should be privileged. The deciding factor should be the complexity of services that are to be provided – and should not be based on how the healthcare professional entered the organization.

Once the initial privileging process is complete, the privileged AHPs follow the same path as a privileged physician. The same expectations regarding competence assessment apply to the privileged AHP (i.e., focused professional practice evaluation (FPPE) and ongoing professional practice evaluation (OPPE)). These expectations are a frequent obstacle for medical staff organizations and hospitals. Over the past few years, medical staff organizations have dedicated significant effort to designing and implementing ongoing performance monitoring for physicians. However, less attention has been paid to evaluating the competence of privileged AHPs. Nevertheless, the same standards do apply to the privileged AHP. Involving these practitioners in the development of measurement standards is the key to moving forward quickly and effectively.

In order to differentiate the privileged from the non-privileged AHP disciplines, The Greeley Company uses the term “Advanced Practice Professionals or APPs” to describe healthcare professionals who are privileged – but who are not members of the medical staff organization.

**Step 3: Determine How to Handle the Non-Privileged AHPs**

There are additional AHPs that may have been credentialed via the medical staff process. This group of AHPs is extensive. The most common are RN first assistants and surgical assistants. Another common group is physician-employed RNs and LVNs, who round on patients, provide education, etc. Other disciplines include licensed clinical social workers, perfusionists, massage therapists, echo technicians, dialysis technicians, sleep study technicians, rehabilitation specialists, such as orthotists/prosthetist, neurodiagnostic technicians, and many other emerging clinical fields.

The Joint Commission does not require these individuals be privileged via the medical staff organization. The Joint Commission does require this group to be authorized by the healthcare organization to provide services. A human resources standard (HR.1.20, E.P. 11) specifically requires that prior to the provision of care, the qualifications and competence of a non-employee brought into the hospital by a licensed independent practitioner to provide care, treatment or services – are assessed by the hospital and determined to be commensurate with the qualifications and competence required if the individual were to be employed by the hospital to perform the same or similar services.

What does this mean? It means that The Joint Commission has determined that all healthcare providers must demonstrate equivalent qualifications and competence for providing the same or similar services. Thus, if the organization hires surgical assistants and requires specific qualifications such as education/training/experience in order to serve as a surgical assistant – all healthcare professionals who serve in this capacity must meet the same qualifications. It does not matter if they are employed by the organization or employed by a physician - they must meet the stated qualifications.

This standard also indicates that when the service to be provided by the individual is not currently performed by anyone employed by the hospital, it is leadership’s responsibility to consult the appropriate professional organization guidelines with respect to expectations for credentials and competence. This is not a new concept for hospitals. Medical staffs and human resource departments have done this for years as new physician specialties are added to the medical staff or healthcare providers are employed by the hospital to expand the care being provided.

Once an individual has been approved to provide care, it is essential that the competence of this individual be continually assessed. Thus, The Joint Commission requires (HR.1.20, E.P. 12) the hospital to review
the qualifications, performance, and competence of each non-employee brought into the hospital by a licensed independent practitioner to provide care, treatment or services at the same frequency as individuals employed by the hospital.

Most organizations assess new employees at a three or six-month interval and annually thereafter. This competence assessment should reflect the current method of assessment used for hospital employees. Therefore, the organization’s competence assessment tool would be tailored for the non-employee.

Since privileging is no longer appropriate or acceptable for this category of AHPs, organizations need to evaluate the most appropriate method to manage the healthcare providers who are not employed by the organization. Generally, since it is the management of human resources standards that are being applied, it is reasonable to assume the Human Resources Department should be in a better position than the organized medical staff to assure that there is equity between what is in the job description of an employed surgical assistant and a surgical assistant brought in by a LIP – as well as the qualifications that must be met by an individual in order to provide services as a surgical assistant. There are other ramifications, such as health screening/chemical screening, criminal background verification, orientation, etc., that may be more efficiently managed by the HR Department.

We hope this White Paper provides some clarity on the issue of practitioners who should be privileged and those practitioners who should not be privileged and should undergo competence assessment equivalent to hospital employees.

For information about redesigning your approach to the privileged and non-privileged allied health practitioners or developing core privileges for advanced practice professionals in your organization, please contact The Greeley Company at 888/749-3054. For additional resources on privileged and non-privileged allied health practitioners, the reader may wish to refer to the following HCPro publications: "Core Privileges for AHPs: A Practical Approach to Developing and Implementing Criteria Based Privileges" being published in Spring 2008 and “Solving the AHP Conundrum: How to Comply with HR Standards Related to Non-privileged Practitioners” published in 2007.

The Greeley Company is a nationally-respected consulting, education, and training company known for providing practical, effective strategies and solutions to assist the leaders of today’s healthcare organizations. Our consultants and educators are physician leaders and senior healthcare professionals with hands-on experience in hospital, ambulatory, physician practice, and managed care settings. Our approach is to partner with our clients to produce high-impact results that serve the best interests of your organization, your patients, and the communities you serve.

The Greeley Company
200 Hoods Lane
Marblehead, MA 01945
888/749-3054
www.greeley.com

March 2008
Page 3
White Paper- Privileged versus Non-Privileged AHPs: What Practitioners Should Be Privileged?
Exhibit C

Activity Profile for Practitioners with Anesthesia Privileges
# Activity Profile for Practitioners with Anesthesia Privileges

## 2007-2008

- **Practitioner Name:** [Blank]
- **Practitioner Discipline:** [Blank]

### Volume Data:
- Number of patients treated: [Blank]

### Q.I. Occurrence Screens:

<table>
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<th>Event Description</th>
<th>Practitioner Actual #</th>
<th>Practitioner Rate</th>
<th>Discipline-Specific Rate (CRNA/MD)</th>
<th>All Practitioners with Anesthesia Privileges Rate</th>
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<tbody>
<tr>
<td>Death</td>
<td></td>
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<tr>
<td>Fulminant pulmonary edema developed during procedure</td>
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<tr>
<td>Aspiration pneumonitis attributed to anesthesia</td>
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<tr>
<td>Postural headache within 4 days of spinal/epidural</td>
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<tr>
<td>Dental injury</td>
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<tr>
<td>Ocular injury</td>
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<tr>
<td>Unplanned admission from outpatient to inpatient due to an anesthetic reaction</td>
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<tr>
<td>Unplanned admission to ICU within 48 hours attributed to anesthesia</td>
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<tr>
<td>Failure to emerge from general anesthesia within 4 hours</td>
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<tr>
<td>Diagnosed CNS complications attributed to anesthesia</td>
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<tr>
<td>Acute myocardial infarction peri-operatively</td>
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<tr>
<td>Cardiac arrest within 24 hours of anesthesia</td>
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<tr>
<td>Malintubation</td>
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<tr>
<td>ASA class III or higher provided anesthesia as an outpatient</td>
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<tr>
<td>Failure to document plan of care</td>
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<tr>
<td>Lack of informed consent for anesthesia</td>
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<td>Failure to document ASA Class</td>
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<td>Failure to address abnormal results of diagnostic tests</td>
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<tr>
<td>Absence of documented post anesthetic evaluation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Drug Use Review Results:

- [Blank]

### Blood Use Review:
- Transfusions not meeting transfusion criteria | [Blank] | [Blank] | [Blank] | [Blank]
Exhibit D

Activity Profile for Practitioners with Obstetrical Privileges
# Activity Profile for Practitioners with Obstetrical Privileges

**2007-2008**

**Practitioner Name:** __________________________

**Practitioner Discipline:** __________________________

## Volume Data:

- Number of patients admitted: _______
- Number of patients delivered: _______

## Q.I. Occurrence Screens:

<table>
<thead>
<tr>
<th>Occurrence</th>
<th>Practitioner Actual #</th>
<th>Practitioner Specific Rate</th>
<th>Discipline-Specific Rate (CNM/FP/OB)</th>
<th>All Practitioners with Obstetrical Privileges Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maternal:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal death</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unplanned postpartum readmission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Induction of labor with criteria not met</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antibx given 24 hours after term delivery</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended maternal length of stay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unplanned maternal readmission</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attempted VBAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Successful VBAC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary Caesarean Section</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Repeat Cesarean Section</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Fetal:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perinatal death</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apgar score of &lt;5 at five minutes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonitis secondary to meconium aspiration</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfer of neonate to higher level of care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Significant birth trauma (e.g., clavicular fx, brachial plexus palsy, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Drug Use Review Results:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Blood Use Review:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maternal blood loss requiring transfusion</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transfusions not meeting transfusion criteria</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### SAMPLE: Physician Performance Feedback Report

**Provider:** John Smith, MD  
**Dept:** Medicine  
**Period:** July 2007-December 2007

#### Activity Data

<table>
<thead>
<tr>
<th>Activity</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>200</td>
</tr>
<tr>
<td>Consults</td>
<td>12</td>
</tr>
<tr>
<td>Procedures</td>
<td>80</td>
</tr>
<tr>
<td>Total encounters</td>
<td>250</td>
</tr>
<tr>
<td>Transfusions (episodes)</td>
<td>100</td>
</tr>
</tbody>
</table>

#### Performance Data

<table>
<thead>
<tr>
<th>Performance Data</th>
<th>Indicator Type</th>
<th>Physician Volume</th>
<th>Physician Data</th>
<th>Excellence Performance Target</th>
<th>Acceptable Performance Target</th>
<th>Target Source</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Quality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Adj. Mortality Index: All DRGs</td>
<td>Rate</td>
<td>200</td>
<td>0.95</td>
<td>0.85</td>
<td>1.25</td>
<td>IS</td>
<td>Y</td>
</tr>
<tr>
<td>Risk Adj. Complication Index</td>
<td>Rate</td>
<td>200</td>
<td>1.0</td>
<td>0.85</td>
<td>1.25</td>
<td>IS</td>
<td>Y</td>
</tr>
<tr>
<td>Peer Review Results: Cases Rated 3</td>
<td>Review</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>PRC</td>
<td>Y</td>
</tr>
<tr>
<td>Blood use not meeting criteria</td>
<td>Rule</td>
<td>N/A</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>PRC</td>
<td>Y</td>
</tr>
<tr>
<td>Pharm. Recommendations Accepted</td>
<td>Rate</td>
<td>20</td>
<td>90%</td>
<td>90%</td>
<td>75%</td>
<td>P&amp;T</td>
<td>G</td>
</tr>
<tr>
<td>Risk Adj Mortality Index DRG 89</td>
<td>Rate</td>
<td>20</td>
<td>1.3</td>
<td>0.85</td>
<td>1.25</td>
<td>IS</td>
<td>Y</td>
</tr>
<tr>
<td>Risk Adj Complication Index DRG 89</td>
<td>Rate</td>
<td>20</td>
<td>1.1</td>
<td>0.85</td>
<td>1.25</td>
<td>IS</td>
<td>Y</td>
</tr>
<tr>
<td>CHF Patients on ACEI at D/C</td>
<td>Rate</td>
<td>25</td>
<td>85%</td>
<td>95%</td>
<td>85%</td>
<td>P&amp;T</td>
<td>Y</td>
</tr>
<tr>
<td>AMI Patients on ACEI at D/C</td>
<td>Rate</td>
<td>15</td>
<td>90%</td>
<td>95%</td>
<td>85%</td>
<td>P&amp;T</td>
<td>Y</td>
</tr>
<tr>
<td><strong>Service Quality</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ED page response w/in 30 mins</td>
<td>Rule</td>
<td>N/A</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>PRC</td>
<td>G</td>
</tr>
<tr>
<td>Incidents of delayed consultation</td>
<td>Rule</td>
<td>N/A</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>PRC</td>
<td>Y</td>
</tr>
<tr>
<td>Patient satisfaction with physician (percentile rank)</td>
<td>Rate</td>
<td>50</td>
<td>65%</td>
<td>75%</td>
<td>50%</td>
<td>PRC</td>
<td>Y</td>
</tr>
<tr>
<td>Validated patient complaints on physician communication/ responsiveness</td>
<td>Rule</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>PRC</td>
<td>G</td>
</tr>
<tr>
<td><strong>Patient Safety</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compliance with med abbreviations</td>
<td>Rate</td>
<td>20</td>
<td>80%</td>
<td>95%</td>
<td>85%</td>
<td>P&amp;T</td>
<td>R</td>
</tr>
<tr>
<td>Incidents of illegible medication orders</td>
<td>Rule</td>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>P&amp;T</td>
<td>G</td>
</tr>
<tr>
<td>Incidents of non-participation in pre-procedure timeouts</td>
<td>Rule</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>OR</td>
<td>G</td>
</tr>
<tr>
<td>H&amp;P report not dictated in 24 hrs</td>
<td>Rule</td>
<td>N/A</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>MEC</td>
<td>G</td>
</tr>
<tr>
<td>H&amp;P/OP report elements</td>
<td>Rate</td>
<td>20</td>
<td>100%</td>
<td>95%</td>
<td>85%</td>
<td>MEC</td>
<td>G</td>
</tr>
<tr>
<td><strong>Resource Utilization: General</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severity Adj. LOS Index: All DRGS</td>
<td>Rate</td>
<td>200</td>
<td>0.9</td>
<td>0.85</td>
<td>1.25</td>
<td>UM</td>
<td>Y</td>
</tr>
<tr>
<td>Severity Adj.Cost Index: All DRGS</td>
<td>Rate</td>
<td>200</td>
<td>1.1</td>
<td>0.85</td>
<td>1.25</td>
<td>UM</td>
<td>Y</td>
</tr>
<tr>
<td>Delayed Starts in OR/Procedure Area</td>
<td>Rule</td>
<td>N/A</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>OR</td>
<td>G</td>
</tr>
<tr>
<td>Sev. Adj. LOS Index:DRG 89</td>
<td>Rate</td>
<td>20</td>
<td>0.85</td>
<td>1.0</td>
<td>1.25</td>
<td>UM</td>
<td>G</td>
</tr>
<tr>
<td>Sev. Adj.Pharm Cost Index:DRG 89</td>
<td>Rate</td>
<td>20</td>
<td>0.85</td>
<td>1.0</td>
<td>1.25</td>
<td>UM</td>
<td>G</td>
</tr>
<tr>
<td><strong>Peer and Coworker Relationships</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Validated physician behavior incidents</td>
<td>Rule</td>
<td>N/A</td>
<td>2</td>
<td>0</td>
<td>3</td>
<td>MEC</td>
<td>G</td>
</tr>
<tr>
<td><strong>Citizenship</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Records suspensions</td>
<td>Rule</td>
<td>280</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>MEC</td>
<td>G</td>
</tr>
<tr>
<td>Meeting Attendance</td>
<td>Rate</td>
<td>8</td>
<td>75%</td>
<td>70%</td>
<td>50%</td>
<td>MEC</td>
<td>G</td>
</tr>
</tbody>
</table>
Exhibit F

Guide to Drafting a Focused Professional Practice Evaluation Policy
Guide to drafting a focused professional practice evaluation policy

Recommended elements of a focused professional practice evaluation (FPPE) policy:

- Purpose
- Medical staff oversight
- Ethical positions of the medical staff
- Scope of proctoring program
- Responsibilities
- Methods
- Procedure
- Reporting: results and recommendations

I. Purpose

The policy should state the reasons for conducting FPPE and explain its place in the organizational scheme. While the policy may or may not specifically reference The Joint Commission standards, the reasons for conducting FPPE should extend beyond the goal of meeting regulatory compliance. The primary goal should be to use FPPE as another tool to assess and assure competence as part of the organization’s ongoing commitment to quality.

II. Medical staff oversight

1. Identify which individuals or group(s) in the medical staff (e.g., the credentials committee, department chairs, the medical executive committee, or other) will have primary oversight of the FPPE process.
2. Discuss how the FPPE process will be integrated with the organization’s ongoing professional practice evaluation (OPPE) process and the clinical privileging system.

III. Ethical positions of the medical staff

The FPPE policy should address the following ethical concerns:

- Conflicts of interest
- Disclosure to patients
- Consent issues
- Intervention by the proctor
- Indemnification for proctors
IV. Scope of the proctoring program

The policy should define proctoring and delineate the activities that comprise it—including whether the organization will use the term proctoring interchangeably with FPPE. (The Greeley Company generally recommends that the terms proctoring and FPPE be used interchangeably.) In addition, the policy should define the methods to be employed and the individuals to whom the program applies (e.g., initial applicants, currently privileged individuals requesting additional privileges).

V. Responsibilities

The policy should answer the following questions:

- Who will create the practitioner-specific FPPE plan?
- Who will assign proctors?
- Who will collect the data?
- Who will analyze the data and make recommendations?

The policy should clearly delineate the duties of the proctoree, proctors, department chairs, credentials committee, medical executive committee, and the medical staff services and quality departments.

VI. Methods

Typically, some or all of the following methods are used in an FPPE program:

- Prospective proctoring
- Concurrent proctoring (i.e., real-time proctoring)
- Retrospective proctoring
- Teleproctoring
- Crossover proctoring (i.e., Proctoring of clinical work is done at another institution, but a proctor from your organization is used.)
- Anticipatory proctoring (i.e., Proctoring is accomplished before the applicant exercises privileges onsite. With this advance proctoring, the onsite FPPE may be reduced.)
- Simulation

The policy should also outline the circumstances for proctoring from an external source.
VII. Procedure

This section of the FPPE policy provides guidelines for addressing logistical challenges:

• Data: What should be collected, how should it be collected, and how much of it should be collected?
• Scheduling: How can proctoring be scheduled efficiently?
• Are substitute proctors allowed?

VIII. Reporting

The FPPE policy should address how and when the data that has been gathered and analyzed will be reported—including the method for making recommendations. Most often the endpoint is reached when competency is established, thus ending FPPE and triggering the start of the routine OPPE monitoring process.
### Sample Focused Professional Practice Evaluation Plan for a Nurse Midwife

<table>
<thead>
<tr>
<th>Skill being evaluated</th>
<th>Activity being evaluated</th>
<th>Method for evaluating activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive skills</td>
<td>Manage midwifery elements of (n) moderate-risk cases after consultation with physician</td>
<td>Retrospective review</td>
</tr>
<tr>
<td></td>
<td>Manage midwifery elements of (n) high-risk cases after consultation with physician</td>
<td>Prospective review</td>
</tr>
<tr>
<td>Procedural skills</td>
<td>Deliver (n) patients and manage (n) infants at delivery</td>
<td>Concurrent proctoring</td>
</tr>
<tr>
<td></td>
<td>Perform (n) amniotomy procedures</td>
<td>Concurrent proctoring</td>
</tr>
<tr>
<td></td>
<td>Perform (n) episiotomy and repair procedures</td>
<td>Concurrent proctoring</td>
</tr>
<tr>
<td></td>
<td>Perform (n) vacuum extractions</td>
<td>Concurrent proctoring</td>
</tr>
</tbody>
</table>

Projected time frame: within 90 days of being granted clinical privileges.
Greeley Medical

Exhibit H
To Do List for Advanced Practice Professionals
## To Do List for Advanced Practice Professionals

<table>
<thead>
<tr>
<th>#</th>
<th>ISSUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Develop a policy/procedure for credentialing and privileging APPs</td>
</tr>
<tr>
<td>2</td>
<td>Consider establishing an APP subcommittee of the Credentials Committee (include representatives on the APP credentialing subcommittee that are knowledgeable about the practice of APPs)</td>
</tr>
<tr>
<td>3</td>
<td>Consider competency systems used for employment of APPs (when applicable) in the privileging process</td>
</tr>
<tr>
<td>4</td>
<td>Don’t credential/privilege allied health professionals unless it is required (by the Joint Commission) OR unless the services provided by the AHP category are determined to be complex and therefore a privileging process is warranted.</td>
</tr>
<tr>
<td>5</td>
<td>Be advised that using an “equivalent” process to privilege APPs may be contrary to Medicare Conditions of Participation.</td>
</tr>
<tr>
<td>6</td>
<td>Use a separate application form for privileged APPs or modify your “medical staff application” so that it is appropriate and uniform for all privileged providers.</td>
</tr>
<tr>
<td>7</td>
<td>Don’t use the term “independent APP” (vs. “dependent” APP) if the APP is required to have some level of supervision. If the APP category will function without any supervision, the APP category is a LIP (licensed independent practitioner).</td>
</tr>
<tr>
<td>8</td>
<td>When reappointing APPs, the supervisor of the area in which the APP is providing services may be a good source of information about the APPs’ competency (example – the ER supervisor for a PA who works in the emergency department).</td>
</tr>
<tr>
<td>9</td>
<td>Incorporate APPs into established systems – such as peer review. When a case is reviewed that involves an APP, the group performing the peer review should pay attention to requirements/rules related to how the APP provides services (for example – was the history and physical that was written by the PA confirmed by the attending physician prior to the patient going to surgery?).</td>
</tr>
<tr>
<td>10</td>
<td>When the medical staff determines the scope of services (privileges) that may be provided by a category of APP, make sure that the decision of the medical staff is not targeted towards elimination of competition. If restraint of trade is an issue, the matter may need to be escalated to the attention of the Board.</td>
</tr>
</tbody>
</table>
Contacts

The Greeley Medical Staff Institute
Stacey Koch
Director of member relations
200 Hoods Lane
P.O. Box 1168
Marblehead, MA 01945
Telephone: 888/749-3054 ext. 3193
Fax: 781/639-0085
E-mail: skoch@greeley.com

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CERTIFICATE OF ATTENDANCE

attended

Advanced Practice Professionals (PAs and APRNs):
How to Assess Competency and Apply FPPE and OPPE Concepts

a 60-minute audioconference

Rick Sheff
Chairman and Executive Director
The Greeley Company