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**Ropizah Ervin,  
CPCS, CPMSM**

System Director Credentialing  
Medical Staff Operations Novant  
Health Inc.  
Director at Large, NAMSS  
2022-2024  
IL, IN, MI, MN, OH, WI



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**Contact Information**

**NAMSS Executive Office**  
2001 K Street NW, 3rd Floor North  
Washington, DC 20006  
(202) 367-1196 | [info@namss.org](mailto:info@namss.org)

Director at Large:  
**Ropizah Ervin, CPCS, CPMSM**  
E-mail(s): [pizah65@att.net](mailto:pizah65@att.net) or [rm0093@novanthealth.org](mailto:rm0093@novanthealth.org)  
Phone: 980-205-2025

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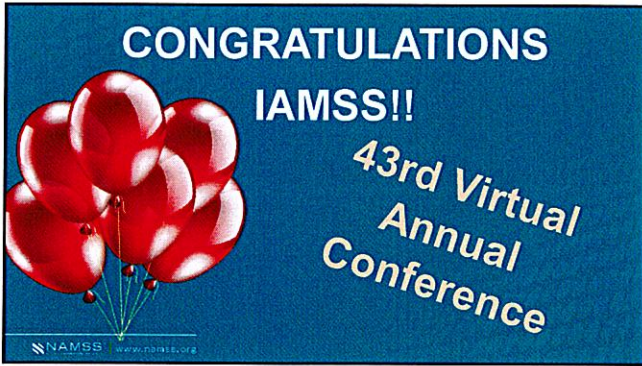
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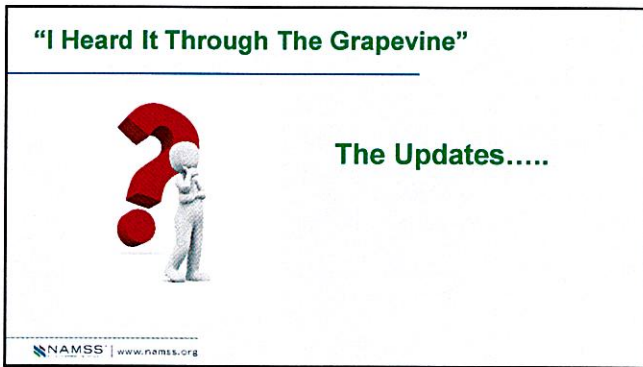
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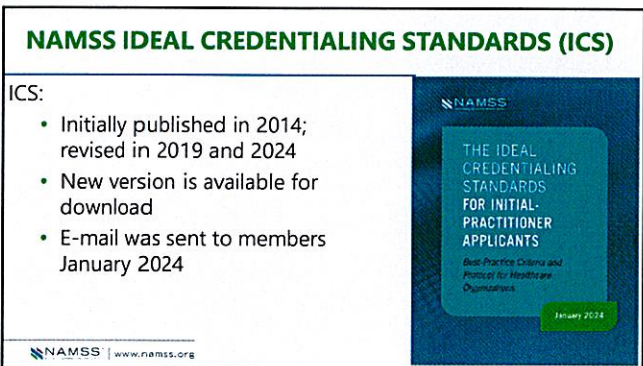
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**Standard Occupational Classification (SOC) Task Force**

- SOC Task Force is led by Dianne Meldi (our past president)
- It is part of the NAMSS 2021-2024 initiative
- We are pursuing the SOC as MSPs
- **WHY?**




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**Standard Occupational Classification (SOC) Task Force**

- MSPs are currently categorized as HR Personnel
- NAMSS is attempting to obtain a classification code for MSPs with the Department of Labor's Bureau of Labor Statistics
- SOC code enables official entities to collect, calculate, and publish MSP workforce data
- SOC will help the future of the profession
- The Task Force is setting a strategy to obtain SOC code from Dept. of Labor
- Survey was sent out in 2023 – look out for another in 2024
- **NAMSS needs you! Look for announcements on ways to help.**




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**SOC Process**

1. Application opened – NAMSS will respond and submit the app along with supporting data/documents.
2. Congress will review and make decisions.
3. **Public comments period after decision – This is when our involvement are crucial !**

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### What's new on Certification?

Remote proctoring in 2020 to accommodate those whose local testing centers may be closed. contact the [certification@namss.org](mailto:certification@namss.org) for details.

Fall 2024 examinations, CPCS and CPMSM will be administered as a two-part exam.

- Once you complete the first part of the examination you will click "submit".
- You will then be allowed up to a 15-minute break. This will be the only authorized break permitted during the examination.

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### What's new on Certification? - Continued

#### Report Your CE's

- You will be able to add CEs for the entire 3 years of your recertification period prior to completed the application
- Add/Update as you earned your CEs making your next recertification quick and easy
- **Orange** Button will appear = meet CE requirements
- You can **search all NAMSS pre-approved activities within the 'Continuing Education - Pre-Approved' section – auto populate data on your application**
- **Must upload certificate/supporting document to complete the reporting – Have this document ready before you start.**

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### Certification

#### 2024 Dates and Deadlines

**Spring Testing Period (CLOSED)**

*Application Deadline – Wednesday, January 31, 2024*

**Testing Period – Wednesday, March 13 through Wednesday, April 10, 2024**

**Summer Testing Period (Opened Monday, April 15, 2024)**

**Application Deadline – Wednesday, May 15, 2024**

**Final Application Deadline with late fee – Wednesday, June 5, 2024**

**Testing Period – Wednesday, June 26 through Wednesday, July 24, 2024**

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<https://www.namss.org/Certification/Exam-Information/Dates-and-Deadlines>

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**Certification**

**2024 Dates and Deadlines - Continues**

**Fall Testing Period** (Opening Date: Monday, July 29, 2024)  
**Application Deadline – Wednesday, August 28, 2024**  
*Final Application Deadline with late fee – Wednesday, September 18, 2024*  
**Testing Period – Wednesday, October 9 through Wednesday, November 6, 2024**

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**PROVIDER ENROLLMENT LEARNING**

"NAMSS wants to help YOU become a Provider Enrollment MSP"  
 Education offerings include:

- New! Provider enrollment glossary
- 2023 Provider enrollment Series Sessions recordings (4 sessions - 4CEs)
- Provider enrollment building blocks bundle (3 sessions - 3.75CEs)
- 2022 Provider enrollment virtual course series bundle (6 sessions – 9.0CEs)

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**Dates to be Aware!**



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**2024 Education Calendar**

<p><b>May (Virtual)</b></p> <ul style="list-style-type: none"> <li>CPCS® Prep – 6, 8, 13, 15</li> </ul> <p><b>June (Virtual)</b></p> <ul style="list-style-type: none"> <li>CPMSM® Prep – 3, 5, 10, 12</li> <li>Credentialing 101 – 13, 18, 20, 25, 27</li> </ul> <p><b>July (Virtual)</b></p> <p>Credentialing 201 – 22, 24, 29, 31</p>	<p><b>September (In-Person – Denver)</b></p> <ul style="list-style-type: none"> <li>CPCS® Prep</li> <li>CPMSM® Prep</li> <li>Cred 101</li> <li>Leadership Certificate Program</li> </ul> <p><b>November (Virtual)</b></p> <ul style="list-style-type: none"> <li>CPCS® Prep – 12, 14, 19, 21</li> </ul>
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<https://www.namss.org/Education/Program-Calendar>

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**NAMSS #MSPWeek®**



In 1992, President George Bush signed Congressional House Joint Resolution #399 proclaiming the first full week in November as National Medical Staff Services Awareness Week. Since then, NAMSS has partnered with hospitals, MCOs, doctor's offices, university health systems, and government agencies to promote awareness of the medical services professional (MSP)

<https://www.namss.org/Tomorrows-MSP-MSPWeek>

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**NAMSS #MSPWeek® – November 3-9, 2024**

Promote #MSPWeek®

NAMSS has put together resources for #MSPWeek that include: a video of what medical staff management is and what MSPs do, a downloadable poster, ideas on celebrating #MSPWeek, and a fact sheet to share with fellow colleagues.

- [What Is Medical Staff Management Video](#)
- [7 Steps for a Successful Celebration](#)
- [Download the NAMSS Logo - Click Here](#) to learn how add this to your email signature. (Outlook)
- [#MSPWeek Poster](#) \*New

<https://www.namss.org/Tomorrows-MSP-MSPWeek>

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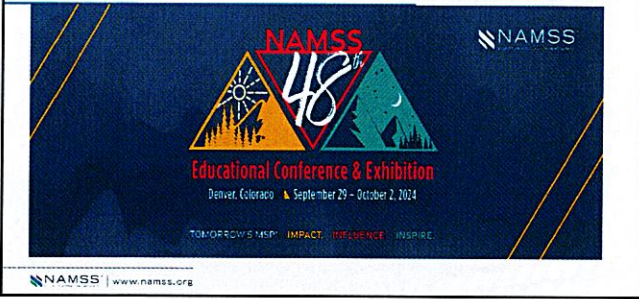
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### NAMSS 48th Educational Conference & Exhibition



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### More Networking Opportunities

Join the discussion on the NAMSS Connection Zone!  
<https://community.namss.org/home>

Visit the NAMSS website for the Gateway Hub:  
<https://www.namssgateway.org/>

Follow us on Twitter  
[https://twitter.com/NAMSS\\_News](https://twitter.com/NAMSS_News)

Join our LinkedIn Group  
<https://www.linkedin.com/company/namss-national-association-medical-staff-services>

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**"I has been 3 years already"**



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**Previous Information/Presentations!**



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**Your Link to MSPs  
From Across the Nation**

<https://www.youtube.com/watch?v=hmhQXLETS08>

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**Learning Objectives**

1. Describe the history of NAMSS, strategic initiatives and impact on the industry.
2. Identify elements of the NAMSS Leadership and Volunteer Pathways to better support the profession.
3. Discuss verification benchmarks and grassroots efforts NAMSS is supporting to improve credentialing efficiencies.

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**NAMSS Overview**

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**Our Mission**  
To enhance the professional development and recognition of the medical services profession through education and advocacy.

**Our Vision**  
Ensure healthcare quality and patient safety.

NAMSS was first formed in California in 1978. Twenty members participated in the first organizational meeting.

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**NAMSS Overview**

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- **NAMSS Strategic Plan**
  - Strategic planning completed every 3 to 4 years
  - Current plan was adopted in June 2021
  - The strategic plan drives activities for the year as well as how we are using NAMSS resources
    - It's at the forefront of budget planning each year

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**NAMSS Overview – Member Benefits**

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- NAMSS Gateway – bi-monthly e-newsletter and online content hub
  - Synergy content in 2024 and beyond
- Online Mentor Matching Program
- Tomorrow's MSP® Resources
  - Job Description Builder
  - Self-Assessment Tool

*What is your favorite benefit?*

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### State Association Resources

- Many State Associations have determined to pursue a closer connection with NAMSS by becoming "Affiliates," which fosters greater collaboration between the entities and permits these State Associations to take advantage of additional benefits afforded by affiliation. Find out more about this collaboration through the links below.
- [Find Your State Association's Website](#)
- [State Association Leaders](#)
- [Affiliated State Information](#)
- [Education Resources for State Associations](#)
- [State Affiliate Resources](#) - Must be logged in as a State Affiliate Leader to view these resources.
- [State Leaders Connection Zone Community](#) - Must be logged in to join this discussion

<https://www.namss.org/About/State-Associations>

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### NAMSS Rules of Ethics & Code of Conduct

Use this link <https://www.namss.org/About/Ethics-Resources> to obtain information on the Rules of Ethics and the Code of Professional Conduct. From this page, you can also access:

- Ethics Committee Description & Responsibilities
- NAMSS Ethics Complaint Form
- Professional Ethics Self-Assessment Tool
- NAMSS Ethics Policy
- Ethics Resource Center
- Knowledge Leader (subscription based website that provides audit programs, checklists, tools, and training.
- Ethics complaints must be submitted using the Ethics Complaint Form, found on the [NAMSS website](#)
- The complainant is responsible for providing as much information as possible in order for the Ethics Committee to review.
- Ethics complaints, investigations, findings and actions/recommendations are **confidential**, even to the Board of Directors.
- *NAMSS is not in a position to evaluate claims related to professional competency/job performance. Evaluating professional competency and job performance is the responsibility of the employer/supervisor.*

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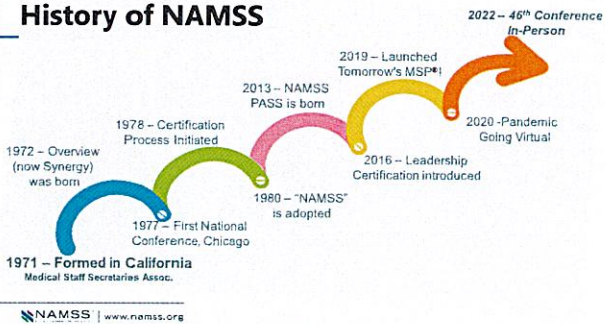
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### History of NAMSS



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**NAMSS GROWTH!**

Membership has grown to over 5,500 members!

International Member Presence

Growing partnerships with accrediting bodies and industry leaders (AHA, AMA, ABMS, etc.)





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**What NAMSS does for MSPs**

- Serve as the voice of the profession, advocating on behalf of MSPs across the nation
- Provide educational and professional development opportunities that meet the ever-changing healthcare environment we navigate through today
- Inform and connect the network of medical services professionals and credentialing services professionals
- Support state affiliates and associations on the local level

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**What NAMSS does for MSPs**

- Serve as the voice of the profession, advocating on behalf of MSPs across the nation
- SOC Task Force
- Ideal Credentialing Standards
- Leadership Certification
- Tomorrow's MSP® Campaign
- Diversity, Equity & Inclusion Task Force
- Annual Roundtable

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**Leadership Development Work Group**

**Chair:** Gina M. Mortensen, BS, CPMSM, CPCS, RHIT, FMSP  
**Vice-Chair:** Diana (Di) Hall, CPCS, CPMSM, FMSP

**Goals:**

- Identify future NAMSS leaders
- Build a pipeline/database of potential volunteer leaders
- Mentor potential candidates for Board of Director and Committee roles



**LEADERSHIP**

- ✓ Inspire People
- ✓ Empower People
- ✓ Shared Vision
- ✓ Lead Change

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**Leadership Selection Committee**

**Focused on:**

- Vetting Future Leaders
- Overseeing NAMSS Hall of Fame program
- Overseeing Fellow Designation



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**Leadership Certificate Program**

- Launched in 2016
- Combination of online modules and live workshop
- Ideal Participants:
  - CPCS® and/or CPMSM® certification
  - Minimum five years of experience in the industry
  - Title of "Manager" or above
- FREE Introduction course – 1.0 CE
- \*Online modules must be completed prior to live workshop participation



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NAMSS Leadership Career Path			
Element	Entry Level	Experienced	Leadership
Experience	0 - 4 Years	5-14 Years	15 and above
Education	Associates or Undergraduate Degree	Undergraduate Degree	Master's or Doctorate Level
Certifications	*CPCS*	*CPCS* and/or CPMSM*	*CPCS* and CPMSM* and other healthcare related certifications (Quality, Risk Management)
Training/Ongoing Education	Medical Services Professional Education	*NAMSS Leadership Institute *Education on Accreditation/Regulations *Patient Safety and Quality *Risk Management *Six Sigma *Budgets *Finance *Legal *Leadership	*Participate in NAMSS Virtual Round Table
Skills, Knowledge and Responsibilities	*Credentialing *Meeting Preparation	*Liaison between Administration and Medical Staff Leaders *Supervision of Employees *Meetings Management *Education and Training of Staff *Onboarding Process *Meets Regulation and Accreditation Standards *Quality and Peer Review *Leadership	*Governance and Org Structure *Human Resources *Finance *Collaborate with Legal Counsel *Healthcare Technology and Information Management *Quality and Performance Improvement *Laws and Regulation *Professionalism and Ethics *Healthcare Industry *Team Development *Vision *Contract Management *Business Planning

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NAMSS Leadership Career Path (Continued)			
Element	Entry Level	Experienced	Leadership
Skills, Knowledge and Responsibilities (Continued)			*Marketing *Compliance *Recruitment *Service Line Development *Project Management *Shared Services *Affiliation Agreement – Medical Institutions, Corporate Responsibilities *Product Development *Culture Change
Servant Leadership	*Volunteer in Community *Volunteer in Local Chapter or State Association	*Volunteer in Local Chapter, State Association and National Association Medical Staff Services	*Volunteer in Healthcare Related Associations and Community Services
Professional Contributions	*Local Chapter Medical Staff Services Newsletter *Medical Staff Newsletter	*State or national medical staff services publication or web content *Editor of Newsletter *Peer Review Publications *Book Contributor *Serve as an Expert Witness *Presentations for Professional and/or Healthcare Organizations	*Serve on National Healthcare Related Interest Groups *National Association Medical Staff Services Publication and/or other Healthcare Organizations *Fellow designation in NAMSS and/or related professional organizations

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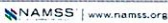
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## Volunteering with NAMSS

- Board Nomination/ Application process
- Committees
  - Audit and Finance Committee
  - Certification Commission
  - Ethics Committee
  - Membership Committee
  - NAMSS Liaisons to the Board of Directors (Bylaws & Industry)




<https://www.namss.org/About/Volunteer-Leaders>

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### Professional Development Council (PDC)

**Chair:** Michelle Stultz, RN, CPMSM, CPCS, FMSP

- Accreditation Subcommittee
- Subject Matter Expert (SME) Subcommittee
- Conference Committee
- Education Committee
  - Courses Subcommittee
  - Products/Resources Subcommittee



<https://www.namss.org/About/Volunteer-Leaders/NAMSS-Professional-Development-Council>

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### NAMSS Volunteer Path

	Entry Level	Intermediate	Advanced
Support of Medical Staff Services	Joins State/Local Association Joins NAMSS Becomes a NAMSS Volunteer Promotes value of NAMSS to non-member Attends State/Local Association Meetings Volunteers to be on State/Local Association Team	Establishes formal mentor relationships with novice MSPs Supports NAMSS	Advanced support of the professional occurs through achievement of credentials, publishing/research, MSS advocacy, education and NAMSS services and leadership.
Credentials	Prepares for and achieves CPCS and/or CPMSM Actively promotes NAMSS to other MSPs	Contributes potential CPCS/CPMSM exam questions or serves on Task Force regarding credentials	Serves on Certification Task Force or Committee

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### NAMSS Volunteer Path (cont.)

	Entry Level	Intermediate	Advanced
Publishing and Research	Contribute to NAMSS E-News Submits articles for State/Local Association Newsletter Assists with management of State/Local Association website Serves on State/Local Association or Communication Team	Published in Synergy Published in another Peer reviewed Journal	Published research that advances the profession Author/Editor of healthcare text/resource
Medical Staff Services Advocacy	Responds to call for input from NAMSS Responds to requests for support for State/Local Association advocacy efforts	Leads/coordinates State/Local level advocacy efforts	Leads/coordinates NAMSS advocacy efforts

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### NAMSS Volunteer Path (cont.)

	Entry Level	Intermediate	Advanced
<b>Education</b>	Attends NAMSS Annual Conference Attends State/Local educational events Assists with conference planning for State/Local Begins enrolling in NAMSS Leadership Development	Presenter at State/Local association conferences Presenter at other national-level conference Serves on NAMSS Conference Committee Continues NAMSS Leadership Development Training	Presenter for NAMSS educational event Named to NAMSS Speaker Bureau Listed as approved faculty for *NAMSS educational programs. Completed NAMSS Leadership Development Training
<b>Association Service and Leadership</b>	Serves on State/Local Association team Serves on NAMSS standing team or task team Services as State/Local association board member	Serves as an officer for the State/Local Association Serves as a NAMSS Committee member	Serves as Chair of NAMSS Committee Serves on NAMSS Board of Directors Services as NAMSS Officer

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### Defining Tomorrow's MSP®: The Future of the Medical Services Profession Report

<https://www.namss.org/Advocacy/Tomorrows-MSP>

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### The MSP of Tomorrow Starts Today Tomorrow's MSP®

<https://youtu.be/jzsv-MA80SM>

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### Diversity, Equity & Inclusion Task Force

- Chair: James Frieberg, MBA, CPMSM, CPCS
- Goals:
  - Ensure that NAMSS embodies all facets of diversity (inclusiveness, mutual respect, multiple perspectives, and equitable opportunities) so that all members, irrespective of race, ethnicity, nationality, cultural background, sexual orientation, gender identity, religion, age, income, physical and mental ability have equal opportunity to participate in NAMSS and thrive in the Medical Services Profession.

<https://www.namss.org/About/Volunteer-Leaders/Diversity-Equity-Inclusion-Task-Force>

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### NAMSS Annual Roundtable

Collaboration between NAMSS leaders and industry partners

- 2017 – Building Blocks for the Future
- 2018 – The Future of Digital Credentialing
- 2019 – Credentialing for Tomorrow
- 2020 – [canceled due to COVID-19]
- 2021 – Focused Revision: Moving to a Three-Year Practitioner Reappointment Cycle and Enhancing Continuous Monitoring
- 2022 – Standardizing Quality: Best Practices for Measuring Practitioner Competency
- 2023 – The Role of Physician Measurements in Guiding Performance
- 2024 – TBA



<https://www.namss.org/Advocacy/NAMSS-Roundtable-Reports>

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### FSMB Interstate Medical Licensure Compact (IMLC)

Mission: To increase access to health care for patients in underserved or rural areas. IMLCC.org

- Makes it easier for physicians to obtain licenses to practice in multiple states.
- Strengthens public protections by enhancing the ability of states to share investigative and disciplinary information.
- NAMSS official position on FSMB Interstate Medical Licensure Compact available at the end of presentation or on the NAMSS site.



<https://www.imlcc.org/participating-states/>

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### What NAMSS does for MSPs?

Provide educational and professional development opportunities that meet the ever-changing healthcare environment we navigate through today

- Ideal Credentialing Standards
- Credentialing Data Dictionary
- Credentialing by Proxy Guide
- Certifications
- Recertification online
- Virtual Conference

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### Ideal Credentialing Standards

#### Hospital Credentialing

1. Proof of Identity
2. Education and Post Graduate Training
3. Military service information
4. Professional licensure held in all states
5. DEA registration and state DPS certification
6. Board certification status
7. Practitioner Affiliation and work history
8. Criminal Background Check
9. Federal and State sanction checks
10. NPDB
11. Health status
12. Professional liability carriers and certificates
13. Peer references

#### Payer Credentialing

1. Proof of Identity
2. Highest level of training
3. Professional licensure held in all states
4. DEA registration and state DPS certification
5. Affiliation history
6. Work history
7. Federal and State sanction checks
8. Credentialing application
9. Malpractice claims history
10. Evidence of professional liability insurance

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### Credentialing Data Dictionary

- Released in 2019 as a set of best practices regarding the data elements to be collected during the credentialing process.
- Can serve as a companion to NAMSS' Ideal Credentialing Standards
- The Data Dictionary provides a short title for each data point, as well as an expanded description and explanatory notes if necessary.
- The data points are separated into sections, much like one would see on a formal application for privileges. This list includes essential elements from the FSMB Uniform Licensure Application, the CAQH ProView Application, various state applications, and NAMSS' own internal model application standards.



<https://www.namss.org/Advocacy/Credentialing-Data-Dictionary>

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## NAMSS-ATA Credentialing by Proxy Guide

**Credentialing by Proxy Guide – Telemedicine – updated in 2022**  
 Joint Work Group with American Telemedicine Association (ATA)

- Glossary of Terms
- The Existing Credentialing Process
- Current Laws & Regulations
- Setting Up a Credentialing by Proxy Program
- Overcoming Hurdles



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## CERTIFICATION

**Currently**  
 3,500+ CPCS® Certificants  
 1,600+ CPMSM® Certificants

- Multiple Choice Exam – 3 options
- Practice Exam
- Official results follow within eight weeks of the closing of the testing window
- Certification is for 3 years
- Recertification required every 3 years



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## CERTIFICATION

**Why?**

- More than 27% of current certificants received a salary increase due to their certification by NAMSS.
- By achieving your CPCS® designation, you gain confidence and demonstrate professional competence in applying your knowledge.
- CPCS® certificants cite recognition and respect from peers and supervisors as a top value of certification.



NAMSS | www.namss.org

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**Certification**

<https://www.namss.org/Certification/Recertification>  
**Online Re-Certification Applications**

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**Provider Enrollment Resources**

**RESOURCES FOR PROVIDER ENROLLMENT PROFESSIONALS**

NAMSS is proud to offer resources for the new and aspiring Provider Enrollment Professional (PEP) and/or the Medical Services Professional (MSP) looking to expand their knowledge in alignment with the mission of NAMSS and the vision of **Tomorrow's MSPs**.

**Year Round Provider Enrollment Education**

Provider Enrollment has become an essential competency for Medical Service Professionals and our research has demonstrated the core function this expertise plays in the profession to become Tomorrow's MSPs.

NAMSS provides on-demand courses and interactive presentations focused on topics and skills MSPs need to tackle new provider enrollment challenges, learn how to enhance your visibility, value, and effectiveness as gatekeepers of patient safety alongside your fellow MSPs.

New to provider enrollment? Learn the basics with our **Provider Enrollment Building Blocks bundle**, a three-part series of recordings aimed to contextualize Provider Enrollment and answer the "who, what, when, where, and why" of Provider Enrollment for those new to the field.

Our **Provider Enrollment series** focuses on the more complex aspects of Provider Enrollment and provides practical, relevant tips and takeaways that will aid in tackling the most common and current issues Provider Enrollment professionals are facing today.

From **webinars** to **online courses** to **certification preparation materials**, NAMSS has a learning opportunity for you - regardless of your medical profession or level of expertise.

NAMSS | www.namss.org <https://www.namss.org/Join-NAMSS/Provider-Enrollment-Resources>

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**NAMSS Connection Zone**

NAMSS  
**CONNECTION ZONE**  
 THE VIRTUAL NETWORK OF THE MSP COMMUNITY

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### NAMSS Connection Zone



**Community Features**

- **Discussions**
  - NAMSS members can participate in one of our 18 thriving community forums for discussion and questions specific to the medical services profession. Collaborate with professionals around the country to get answers to your questions and expand your industry knowledge.
- **Library**
  - The NAMSS Connection Zone allows members to create a library of professional resources dedicated to MSPs. Share and discover new information to stay up-to-date on your knowledge of the medical services industry.
- **Connect**
  - Build your network of MSPs by saving contacts in your community contact book. Send messages following up on discussions and build relationships with your fellow MSPs.

NAMSS | www.namss.org      <https://www.namss.org/NAMSS-Connection-Zone>

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### NAMSS Fellow Designation

- Created in 2016
- Recognizes the pinnacle of achievement and acknowledgment for the medical services professional, recognizing a career MSP who has made outstanding contributions to the profession through service as a leader, mentor, and educator.
- Total Fellows as of 2023: 46
- Applications for 2024 will be open in the spring



NAMSS | www.namss.org      <https://www.namss.org/Membership/NAMSS-Fellows>

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### NAMSS Healthcare Hall of Fame

- Created in 2016
- Honors MSPs who have demonstrated enthusiasm, passion, dedication and commitment to the profession
- Nominations taken annually every February/March
- A maximum of 3 honorees will be inducted into the Hall of Fame annually
- Applications accepted January – March 2024
- Total Hall of Fame Inductees as of 2023: 13



NAMSS | www.namss.org      <https://www.namss.org/Membership/NAMSS-Hall-of-Fame>

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### Benefits of NAMSS Membership: Scholarships & Awards

NAMSS members are eligible to apply for the following scholarships and awards:

#### Scholarships

- Charlotte Cochrane Scholarship
- NAMSS Annual Conference or State/Local Annual Conference Scholarship
- NAMSS Empowering Tomorrow's MSP® Scholarship
- Continuing Education Scholarship

#### Awards

- Leadership Award
- Certification Impact Award
- Joan Covell-Carpenter Award
- ICON Award



NAMSS | www.namss.org <https://www.namss.org/Membership/NAMSS-Scholarships>

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### What NAMSS does for MSPs

Inform and connect the network of medical services professionals and credentialing services professionals

- MONTHLY NAMSS Gateway
- NAMSS PASS was launched in 2013
- Discounted Webinars & Conferences
- LIVE FREE WEBINARS!
- Mentoring Program
- Directory of NAMSS Members
- Access to the Job Board - Positions Across the US
- Discussion Forums
- Marketing Materials



NAMSS | www.namss.org

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## NAMSS PASS

PRACTITIONER AFFILIATION SHARING SOURCE

- Complete work history
- Gap Analysis and Good Standing Letters
- Resource for future initiatives
- Disaster response credentialing
- Over 650 participating entities and over 945,000 affiliations

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**NAMSS PASS**  
PRACTITIONER AFFILIATION SHARING SOURCE

- **No Charge to**
  - Create an account
  - Contribute affiliation data
  - Browse practitioners and hospitals
  - Auto-response letters to other entities
- **Charged only for printing an affiliation letter**
  - Discount for contributing entities
  - Discount for subscriptions of 11 - 99 or over 100

NAMSS | www.namss.org      <https://www.namss.org/Membership/NAMSS-PASS>

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**What NAMSS does for MSPs**

Supports state affiliates and associations on the local level

**Partnering with State Leadership**  
In 1989, state presidents came together at the first State President's Educational Retreat. This has continued annually, going virtual in 2021, 2022 and 2023 – with 100% state participation in 2022 and 2023.



NAMSS | www.namss.org

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**NAMSS Will Continue to...**



- Serve as the voice of the profession, advocating on behalf of MSPs across the nation
- Provide educational and professional development opportunities that meet the ever-changing health care environment we navigate through today
- Support state affiliates and associations on the local level
- Inform and connect the network of medical services professionals and credentialing services professionals

*But we will be doing this in ways that create the most value and help members be the most successful in their ever changing and challenging health care roles!*

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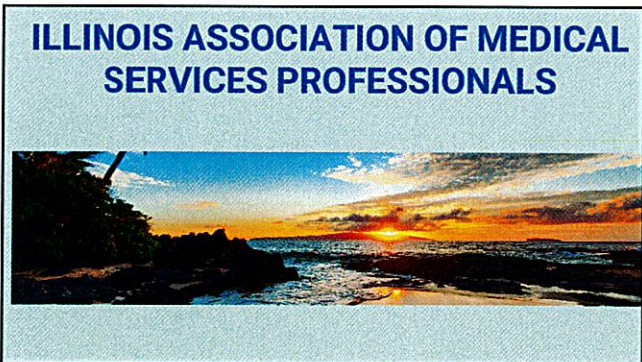
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**Regina Plank, CPMSM**

Regina Plank, CPMSM, has over 30 years of experience as a Medical Staff Professional (MSP). Currently working as a Project Consultant at Parkland Health, she received her CPMSM Certification in 1993 which opened many doors and opportunities to expand her career and knowledge as an MSP. Over the course of her career, she has served in various roles - primarily in the acute care hospital setting - in several different states.

She was fortunate to meet wonderful mentors along her journey as an MSP - fellow MSPs, Hospital Administrators, and Physicians - who provided lots of education, support, and encouragement. Over time, her passion has only grown stronger and she developed a special interest in privileging and PPE/OPPE, and APPs.

From her first experience in credentialing Advanced Practice Providers (APPs), her curiosity peaked and she wanted to learn more. It became more entrenched as she gained knowledge and understanding of APPs, their roles, scope of practice and how it has evolved over time, and the legislative landscape surrounding their practice in various states.

She is currently a member of NAIMSS and was previously a member of the Florida Association of Medical Staff Services (FAMSS), the Texas Society Medical Staff Services (TSMSS), the California Association Medical Staff Services (CAMSS). She also previously served as a Board Member on the Greater Long Beach and San Fernando Valley/Ventura County Chapters of CAMSS.

Her speaking experience includes NAIMSS 2022 and 2023 (46" & 47") Educational Conference & Exhibition and NAIMSP (Nurse Association of Medical Staff Professionals).

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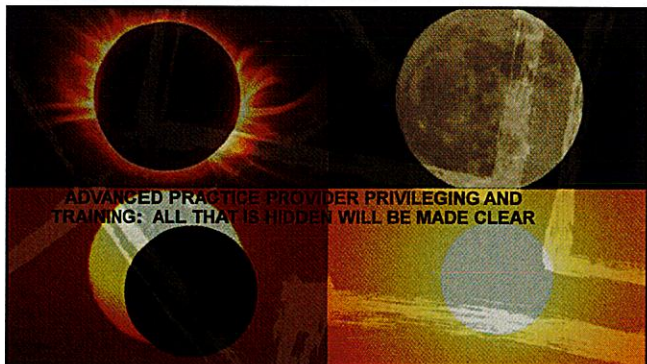
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### OBJECTIVES

- Warning signs to be aware of that APPs are training in your facility without oversight and a constructive, defined, approved process.
- Steps to begin the journey of developing a structured APP training process with examples.
- Tips to Incorporate the training into the APP Privilege Forms (with examples).

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### ADVANCED PRACTICE PROVIDERS (APP'S)????

**Advanced Practice Provider.** ("APP") means a medical professional who receives at least a graduate level degree in the relevant medical field and maintains a license to diagnose, treat, and counsel patients. APP includes physician assistants ("PA") and advanced practice registered nurses ("APRN") such as certified nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse-midwife.

**ADVANCED PRACTICE PROVIDERS** or "APPs" means a type of provider who provides a medical level of care or performs surgical tasks consistent with granted clinical privileges, but who may be required by law and/or the Hospital to exercise some or all of those clinical privileges under the direction of, or in collaboration with, a Collaborating/Supervising Physician pursuant to a written supervision, collaborative, or practice agreement.

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**APPs ARE GROWING IN NUMBERS. WHAT WILL THAT MEAN FOR MSPS??**

 According to the Bureau of Labor Statistics, these 20 occupations will see the greatest percent of employment change by 2031:

 #1 Nurse practitioner @ 45.7%

 #17 Physician assistants @ 27.6%

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### Nurse Practitioner Scope of Practice throughout the United States

**2023 NURSE PRACTITIONER STATE PRACTICE ENVIRONMENT**

- Full Practice:** The state has a full practice environment for nurse practitioners. This means that nurse practitioners can diagnose, prescribe, and manage patient care without physician supervision.
- Reduced Practice:** The state has a reduced practice environment for nurse practitioners. This means that nurse practitioners can diagnose, prescribe, and manage patient care, but they must have a physician's approval for certain tasks.
- Limited Practice:** The state has a limited practice environment for nurse practitioners. This means that nurse practitioners can only perform certain tasks, such as prescribing and managing patient care, and they must have a physician's approval for all other tasks.

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### Physician Assistant Practice throughout the United States

**FROM THE AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES PRACTICE STATEMENT 2023**

**Legend:** Full Practice, Reduced Practice, Limited Practice

**Full Practice:** The state has a full practice environment for physician assistants. This means that physician assistants can diagnose, prescribe, and manage patient care without physician supervision.

**Reduced Practice:** The state has a reduced practice environment for physician assistants. This means that physician assistants can diagnose, prescribe, and manage patient care, but they must have a physician's approval for certain tasks.

**Limited Practice:** The state has a limited practice environment for physician assistants. This means that physician assistants can only perform certain tasks, such as prescribing and managing patient care, and they must have a physician's approval for all other tasks.

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### The Joint Commission Standards Facts reference re: Physician Assistants and Advanced Practice Nurse Practitioners Scope of Practice

**Credentialed and Privileging - Requirements for Physician Assistants and Advanced Practice Registered Nurses**

Since Physician Assistants (PA) and Advanced Practice Registered Nurses (APRN) are not physicians, are organizations required to credential and privilege them via the requirements found in the Medical Staff (MS) chapter of the accreditation manual?

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**The Joint Commission Standards Facts reference re: Physician Assistants and Advanced Practice Nurse Practitioners Scope of Practice**

*Any examples are for illustrative purposes only.*

Yes, any provider recognized by state law and providing services as a Licensed Practitioner (LP)\*\* or providing a medical level of care and decision making (e.g. writing orders, directing care, etc.) is required to be granted privileges prior to providing care, treatment or services. While Physician Assistants (PA) are generally not recognized by law/regulation as 'independent practitioners', they are subject to the same credentialing and privileging requirements outlined in the Medical Staff chapter of the manual. Examples of Care, Treatment or Services subject to the Medical Staff requirements may include, but are not limited to:

- Writing orders for medications, tests, and procedures
- Interpreting tests and treatments
- Performing history and physicals
- Wound debridement
- Central line insertions
- Assisting with interventional or surgical procedures

The requirements for conducting a Focused Professional Practice Evaluation (FPPE - MS.09.01.D.1) and an Ongoing Professional Practice Evaluation (OPPE - MS.08.01.D.1) also apply to these practitioners. When an Advanced Practice Registered Nurse (APRN) or PA functions in a limited role, such as an educator, and are not directing care as a LP, the Medical Staff requirements would not apply.

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**WHAT DOES ALL THIS MEAN FOR MSPs? MORE CREDENTIALING, MORE PRIVILEGING, MORE..... QUESTIONS**

**HOW ARE THEY ARE THEY TRAINED NEW PROCEDURES, SKILLS, AND/OR QUALIFY TO TRANSFER TO NEW SPECIALTY AREAS?**

It may be happening already in your facility without MSPs knowledge or oversight. Some warning signs...

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**WARNING SIGNS:**

1. Big one – issues identified from Compliance/Billing – billing without privileges.
2. APPs requesting new privileges – where are the case logs from? Your facility?
3. APP leaders requesting that privileges be added to the privilege forms;
4. In review of APPs protocols and standardized procedures/delegation agreements, etc., procedures/privileges are on their documents but they do not currently have the privilege and have not requested the privilege.
5. Newly graduated APP applying, joining a specialty, group, or supervising physician
6. APPs transferring to a new department/specialty

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12

**POTENTIAL CONSEQUENCES OF NOT HAVING A CONCRETE APP TRAINING PROCESS WITH OVERSIGHT AND GUARDRAILS**

1. APPS PRACTICING/PERFORMING PROCEDURES WITHOUT PRIVILEGES Cease And Desist?!  
Lots of potential work & impact – including Patient Care!
2. Compliance/Regulatory Issues
3. Bypassing processes – may be due to APPs not understanding or fully being educated on 'privileges' and what that means related to their scope of practice at your facility – which may be different from the supervising physician agreement(s) they have in place – Do they know that they even need to request change in privileges? Do they know about FPPE processes, etc.?
4. Inappropriate Billing
5. When transferring from one specialty area to another – do they have the appropriate malpractice insurance coverage? supervising physician? collaborative agreements? Do their privileges need to be revised? Do they need training or are they competent to perform the new privileges?

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**YOUR ANTENNAS ARE UP – NOW... HOW TO/WHERE TO START**

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**WHEN OPPORTUNITY KNOCKS....**

- Start the journey of drafting a process for training for APPs for specific privileges;
- Maybe already underway in some way, shape, or form, but now the task is to make the process compliant, concrete, objective, tracked (by Medical Staff Office), and approved (by the Medical Staff)




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**TIPS AND QUESTIONS TO CONSIDER WHEN BEGINNING A TRAINING IN PROGRESS PROCESS:**

- Physician Champion;
- A DEPARTMENT to use as a beta sight;
- Develop a good rapport with APP leadership;
- Get the process approved by your Medical Staff (leverage);
- What does your request for new privileges process look like as it will have impact on the flow?
- How about FPPE after training and after approval of privileges?
- Consider a streamlined approach.
- Education – Of Chairs/Chiefs, Supervising Physicians, Managers In Department(s) BEFORE The Training Is Going To Occur
- Consider notifying Other Departments That May Be Affected – Hirn; Finance; Billing

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**NOW LET'S GET TO THE FUN STUFF – Training Processes And Privilege Forms**

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**TRAINING IN PROGRESS (TIPs)**

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**TRAINING IN PROGRESS (TIP) PROCESS –  
IN THE BEGINNING....**

1. Manager provides written notification to MSPS – TIP (Training in Progress) to begin on X,Y,Z privileges (transdermal implants or IUD insertion for example) for practitioner
2. MSPS data entry for practitioner that specific privileges are "Training in Progress" which will allow viewable to anyone checking on privileges throughout the facility.
3. Prior to scheduling procedure, a preceptor is identified. Procedure will not begin with applicant as operator without the preceptor being present
4. After training completed, applicant will apply for additional/modification of privileges which will be processed, per facility's modification of privileges process.
5. After privileges approved via additional privilege request and approval, FPPE requirements begin and continue until satisfactorily completed

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**TRAINING IN PROGRESS (TIP) PROCESS –  
NOW....**

2. TIPs and Modification of Privileges (MoP) in conjunction with FPPE at initial appointment or for APPs that have previously completed requirements for initial FPPE.
  - APP Manager notifies MSPS of the TIPS initiation w Preceptor name and plan
  - Preceptor and Applicant sign attestation.
  - Training in Process begins.
  - Once Training in Process (TIPs) is completed and documentation of completion of TIP and request for MoP has been received from APP Director to Operations (OPS), OPS begins process for MoP (approx. 60 day process as it goes through committees)
  - FPPE Forms must be completed and returned to the Support Services team in MSPS.
  - Support Services Team sends documents to Chief for sign off (VCOMM)
  - Chief Signs off favorable (if unfavorable, see slide 3)
  - MDS updated, letter sent by MSPS
  - Provider can independently perform those procedures unsupervised once the Chief approves release from FPPE.
  - Provider completes FPPE, MSPS SS notified and release from FPPE is processed
  - Report of all FPPE Releases will be forwarded to CC/MEC/BOM for ratification.

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**Training in Progress (TIPs) Requirements**

New applicants or current members of the Non-Physician Clinical Provider Staff who require specific specialty training must request and complete training as follows and in accordance with the requirements as outlined below.

The Non-Physician Clinical Provider Staff, must complete training as outlined in this TIP (TRAINING IN PROGRESS). Specific TIP Criteria (as outlined on the DoP).

Any additional training requirements or clarification required for the training will be determined by the Chief of Service prior to initiation of the TIP.

**NOTIFICATION:** Prior to initiation of training, the Non-Physician Clinical Provider Staff's Director will notify MSPS and provides the following information:

- a. Name of practitioner who will begin training;
- b. List of specific privileges to be trained.
- c. Name of Preceptor.

**PRIOR TO INITIATION OF TIP:** MSPS will forward the "Applicant Acknowledgement of Responsibilities" Form to the Trainee AND the "Preceptor Acknowledgement of Responsibilities" Form to the preceptor. Upon receipt of signed form(s), MSPS will record (TIP) in the practitioner's privileget(s) in MD Staff.

**TIP IN PROCESS:** All required components of training, i.e., didactic, observation, direct supervision, will be completed and documented on the "TIP Summary Documentation" Form.

Once all training requirements have been satisfactorily completed, all required documents shall be submitted to MSPS and Modification of Privileges - Request for New/Additional Privileges process will begin.

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**CMS**

CMS CONDITIONS OF PARTICIPATION (CoPs)

The hospital's privileging process must be in compliance with the hospital's GAs at §482.12 (Governing Body), §482.22 (Medical Staff).

The hospital's Medical Staff bylaws must describe the privileging process to be used in the hospital. The process must include criteria for determining the privileges that may be granted to individual practitioners and a procedure for applying the criteria to individual practitioners.

The individual practitioner's ability to perform each task/activity/privilege must be assessed and not assumed. If the practitioner is not competent to perform one or more tasks/activities/privileges, the list of privileges is modified for that practitioner. **Hospitals must insure that practitioners are competent to perform all granted privileges.**

Any procedure/task/activity/privilege requested by and recommended for a practitioner beyond the specified list of privileges for their particular category of practitioner would require evidence of additional qualifications and competencies, and be an activity/task/procedure that the hospital can support and is conducted within the hospital. **Privileges cannot be granted for tasks/procedures/activities not conducted within the hospital despite the practitioner's ability to perform the requested tasks/procedures/activities.** The hospital's Governing Body and Medical Staff must ensure that every individual practitioner who provides a medical level of care and/or who conducts surgical procedures in the hospital is competent to perform all granted privileges."

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**PRIVILEGING REQUIREMENTS/DEFINITIONS:**

**GENERAL CORE PRIVILEGES:** General Core Privileges are those procedures or privileges that any well-trained practitioner within the provisions of the Definition of Privileges within a particular specialty or subspecialty should be competent to perform upon completion of postgraduate training and any length of time after completion of training. NOTE: Regulatory requirements necessitate having an "opt out" option for all core privileges.

**NON-CORE PRIVILEGES:** In addition to meeting the general core privilege requirements, Non-Core Privileges are those procedures or privileges that do not require any specific education/training outside of the requirements for general core privileges, however, current clinical competency requirements are needed to validate the competency of the practitioner(s) on the specific non-core privilege. Current clinical competency requirements can be satisfied in a # of cases required for initial appointment, renewal of privileges at reappointment, and FPPE to validate a practitioner's competency after being approved for that particular privilege(s).

**SPECIAL NON-CORE PRIVILEGES:** Special Non-Core Privileges are those procedures or privileges that, in addition to meeting the requirements for general core privileges, require completion of special training, i.e., fellowship or training course/certificate AND requirements for current clinical competency at initial appointment, reappointment, and FPPE.

**INITIAL APPOINTMENT - CURRENT CLINICAL COMPETENCY REQUIREMENTS AT INITIAL APPOINTMENT:** Required elements, i.e., education/training AND # of cases performed during the past 12 months, whether in a training program or after a training program if the training program was completed over 12 months ago.

**FPPE:** Per the Joint Commission standards, The Focused Professional Practice Evaluation (FPPE) is a process whereby the medical staff evaluates the privilege-specific competence of the practitioner. A period of FPPE is required for all new privileges. This includes privileges requested by new applicants and all newly-requested privileges for existing practitioners. There is no restriction based on board certification, documented experience, or reputation. Goals: The FPPE process must be pre-defined and consistently implemented for all newly requested privileges. The performance monitoring process must also be clearly defined and include, at a minimum, the following:

- criteria for conducting performance evaluations;
- method for establishing the monitoring plan specific to the requested privilege;
- method for determining the duration of performance monitoring, and circumstances under which monitoring by an external source;
- Types of FPPE include:
  - Case-based:** Direct observation, real-time observation of a procedure being performed or medical management either through observation of practitioner interactions with patients and staff members or review of clinical history and physical and review of treatment orders during the patient's hospital stay.
  - Prospective:** means a presentation of cases with planned treatment outlined. The Practice set includes the case, including all documentation, for treatment concurrence, completion of a review of any intervention, or case analysis.
  - Retrospective:** "chart review," a review of medical record documentation after a case has been completed. This may involve interviews of personnel directly involved in the patient's care.

NOTE: FPPE must be completed with cases performed at Parkland Health.

**Reappointment - Current Clinical Competency Requirements at Reappointment:** Required elements, i.e., # of cases performed during the reappointment period (which is a three-year period) in order to support the practitioner's current clinical competency. NOTE: Case logs/reports do not have to exclusively be performed at Parkland Health.

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**CREATE A PROCESS FOR DESIGNATION OF CORE, NON-CORE, SPECIAL NON-CORE PRIVILEGES (Including App Leadership In The Specific Specialty Area/Department)**

Privilege	Specialty Area with Leadership and App/Practitioner Input				If Non-Core (NC) or Special Non-Core Privilege (SNC) Please Indicate Specific Competency Requirements, App, Reappointment, and FPPE box # & Requirement			
	Core	Non-Core	Special Non-Core	TP - Observation	Initial	FPPE	Reappointment	TP - Didactic Training for SMC?
Name of Privilege								

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**Considerations.....**

- Consider incorporating training criteria into Privilege Forms to make it Objective (vs. on a case-by-case basis).
- Adding to the current privilege forms is a big job and will take time. In the interim, what's the game plan? Forward to Department Chairs for consideration based on need?
- What about those APPs who's training is already in process – they are out there???

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**WHAT HAVE WE LEARNED/ TAKE AWAYS**

ABOVE ALL, CONSIDER ROLLING OUT ONE AREA AT A TIME. NO COME OUT, COME OUT WHEREVER YOU ARE! THINK ABOUT IT FIRST AND BE PATIENT..LET THE PROCESS WORK IN ONE AREA/DEPARTMENT FIRST BEFORE ROLLING OUT TO OTHERS...



HAVE A CLEARLY DEFINED PROCESS FIRST AND EDUCATE, EDUCATE, EDUCATE!!

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**QUESTIONS??**

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# TIPS

TRAINING IN PROGRESS



# Initial Application (APP)

1. Initial Applicant eligible General APP privileges only
  - ▶ Initial appointment goes through normal committee process CC/MEC/BOM.
  - ▶ Support Services (SS) will obtain the initial applicants list from the Credentials Report each month to initiate actions for FPPE.
  - ▶ SS works in collaboration with APPs Director in obtaining the documentation that satisfactorily meets FPPE requirements.
  - ▶ Once FPPE requirements has been satisfactorily met, Support Services will forward FPPE documentation to the Chief for review and approval.
  - ▶ Once Chief has approved release from FPPE, the FPPE report is forwarded to CC/MEC/BOM for ratification.

# Training in Progress (TIP) Modification of Privileges (MOP)

2. TIPs and Modification of Privileges (MOP) in conjunction with FPPE at initial appointment or for APPs that have previously completed requirements for initial FPPE. .

- ▶ APP Director notifies MSPS of the TIPs initiation w Preceptor name and plan
- ▶ Preceptor and Applicant sign attestation.
- ▶ Training in Process begins.
- ▶ Once Training in Process (TIPs) is completed and documentation of completion of TIP and request for MOP has been received from APP Director to Operations (OPS), OPS begins process for MOP (approx. 60 day process as it goes through committees
- ▶ FPPE Forms must be completed and returned to the Support Services team in MSPS.
- ▶ Support Services Team sends documents to Chief for sign off (VCOMM)
- ▶ Chief Signs off favorable (if unfavorable, see slide 3)
- ▶ MDS updated, letter sent by MSPS
- ▶ Provider can independently perform those procedures unsupervised once the Chief approves release from FPPE.
- ▶ Provider completes FPPE, MSPS SS notified and release from MOP FPPE is processed
- ▶ Report of all FPPE Releases will be forwarded to CC/MEC/BOM for ratification.

# FPPE is extended by Chief

1. If the Chief recommends an extension of FPPE for:
  - A period of time of unsupervised practice as an additional phase of the FPPE (not including for cause or concern issues), after completion of the primary requirements of the FPPE for that privilege(s), the Chief may recommend release from supervised FPPE.
    - a. The Chief will outline the provisions for the extension of unsupervised FPPE, i.e., duration of 3 months (timeframe) or 20 cases (# of cases). Notification of the chief's recommendation will be forwarded to the practitioner and the unsupervised FPPE period will begin.
    - b. When the practitioner has satisfactorily met the requirements of the extension of the FPPE, the Chief will review and approve the release from FPPE. The recommendation will go to the CC, MEC, and BOM for ratification.
  - If there are concerns that warrant the Chief to extend FPPE requirements with direct supervision, when the FPPE is satisfactorily completed and the practitioner has been released from FPPE, the recommendations will be forwarded to the CC/MEC/BOM for APPROVAL

## **TRAINING IN PROGRESS (TIP) REQUIREMENTS**

**Prior to initiation of TIP process in any clinical area, education regarding the TIP process must occur including but not limited to:**

- All prospective preceptors;
- All managers in the clinical area;
- All Non-Physician Clinical Provider Staff Sponsoring/Supervising Physicians with oversight of any Practitioner training.

**NOTE: COMPLETION OF GENERAL INITIAL FPPE REQUIREMENTS AND, IF APPLICABLE, RETURN TO PRACTICE OR NEW TO PRACTICE REQUIREMENTS**

- 1) For any newly appointed non-physician clinical provider staff, completion of all requirements for initial general FPPE must be fulfilled prior to initiating any TIP for any additional privilege(s);

**TIP (TRAINING IN PROGRESS) FORMS**

**TRAINING IN PROGRESS (TIP) REQUEST  
Attachment A  
Applicant Acknowledgement of Responsibilities**

<b>NAME OF PRACTITIONER -</b>
<b>1. NAME OF PRIVILEGE -</b>
<b>REQUIRED TRAINING (refer to DoP for initial requirements)=</b>
<b>IF MULTIPLE PRIVILEGES ARE REQUESTING TIP, PLEASE LIST ADDITIONAL PRIVILEGES BELOW.</b>
<b>2. NAME OF PRIVILEGE -</b>
<b>REQUIRED TRAINING =</b>
<b>3. NAME OF PRIVILEGE -</b>
<b>REQUIRED TRAINING =</b>

I am applying for privileges via a TIP and acknowledge that, in order to do so, I must comply with all of the requirements of Parkland Health Training in Progress (TIP) as follows:

In conjunction with my TIP request, I agree to comply with all of the following responsibilities:

1. To be bound by the terms of the Training in Progress (TIP).
2. To secure, with the assistance from the Program/Service Chief, a qualified preceptor;
3. To continuously participate in the TIP for the length of time established by the Program/Service Chief;
4. To consistently maintain contact with my preceptor (or covering designee) while I am involved in patient care activities at Parkland Health & Hospital System;
5. To provide full cooperation to my preceptor and to follow his/her guidance and instructions;
6. To comply with all requirements of the TIP;
7. To accept and to abide by a determination to extend the duration of my participation in the TIP in order to fully assess my performance;
8. To provide safe, quality care for patients;
9. To cease patient care activities should my preceptor withdraw from the TIP until such time as a replacement preceptor is approved by the Program/Service Chief. I acknowledge that cessation of my practice under these circumstances is not suspension of clinical privileges for medical disciplinary cause or reason; not hearing rights shall be afforded to me under Article 14 of the Medical Staff Bylaws;
10. I further acknowledge and agree that the TIP/ is part of the Medical Staff peer review and quality improvement process. My preceptor (and any covering designee) is entitled to all the immunities and protections from the liability afforded to individuals who participate in this process.

Print Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TRAINING IN PROGRESS (TIP) REQUEST**  
**Attachment B**  
**Preceptor Acknowledgement of Responsibilities**

I agree to serve as a Preceptor for \_\_\_\_\_ who is seeking a TIP. I agree to comply with all of the following responsibilities during the entire duration of the TIP.

As a preceptor for \_\_\_\_\_, I agree to the following:

- a. Accept the responsibility to serve as preceptor for the entire period of time the practitioner is in the TIP unless and until an acceptable replacement is found.
- b. To evaluate the performance of all privileges included in the TIP to be exercised by the practitioner and to personally observe an appropriate number of patients under the practitioner's care to ensure patient safety and the provision or quality care by the practitioner as outlined in the TIP.
- c. To provide evaluation of the practitioner's performance to the appropriate Program/Service Chief at the conclusion of the TIP period.
- d. To be physically present at all times, as applicable, for any specific invasive or diagnostic procedures included in the TIP, Direct Observation period until the specified number of cases designated by the Service Chief requiring direct observation has been met. After which I will continue to indirectly supervise the applicant until all phases of the TIP have been completed and approved for release by the Program/Service Chief.
- e. I will immediately communicate all concerns regarding the practitioner's performance to the appropriate Program/Service Chief and the Chief of Staff or Chief Medical Officer.
- f. If I will be away from Parkland Health & Hospital System or Community Outpatient Clinics, I agree to designate another member of the Active Medical Staff or Non-Clinical Provider Staff to cover for a defined and agreed upon period of time who shall be responsible to report on the practitioner's activities. The name of the covering designee will be timely communicated in writing to the Medical Staff Professional Services and Regulatory Affairs Department and approved by the Program/Service Chief.

I further acknowledge and agree that the TIP is part of the Medical Staff peer review and quality improvement process. As a preceptor, I (and any designated covering preceptor) am entitled to all of the immunities and protections from liability afforded to individuals who participate in the process.

Print Name: \_\_\_\_\_ Specialty/Service: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Preceptor

**ATTACHMENT C**  
**TIP SUMMARY DOCUMENTATION**

- TO BE SUBMITTED FOR MODIFICATION OF PRIVILEGE (MoP) REQUEST -  
 NOTE: A SEPARATE SUMMARY FORM MUST BE SUBMITTED FOR EACH PRIVILEGE REQUESTING MoP

NAME OF PRACTITIONER =
NAME OF PRIVILEGE =
REQUIRED TRAINING =

**PHASE I – DIDACTIC TRAINING - DETAILS (For Special Non-Core Privileges)**

**Didactic training includes:**

*Please list all required didactic training with completion dates. (If the privilege undergoing training is not a Special Non-Core Privilege, check "NA" and skip to Phase II* \_\_\_\_NA

<u>Name/Type of Didactic Training:</u>	<u>Date Completed</u>

**PHASE I COMPLETION VALIDATION BY PRECEPTOR:** I confirm that the above-named practitioner has completed the requirements as listed above for Phase I: Didactic Training and recommend they be moved to Phase II: Observation

<u>PRECEPTOR'S INITIALS</u>		<u>DATE</u>	
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**PHASE II – OBSERVATION PHASE DETAILS (if applicable).**

**Observation Phase includes observation of \_\_\_\_\_ # of cases performed by Preceptor (or applicable designee) and observed by trainee.**

*Please List the Medical Record # and dates observed for all cases performed by preceptor (or applicable designee) that the trainee observed . If not applicable, check "NA", and skip to Phase III  
 If more than 5 cases are required and additional lines are needed, please add lines for the additional Phase II cases required.*

\_\_\_\_NA

<u>Medical Record # of Cases Observed</u>	<u>Date Observed</u>
1.	
2.	
3.	
4.	
5.	

**PHASE II COMPLETION VALIDATION BY PRECEPTOR:** I confirm that the above-named practitioner has completed the requirements as listed above for Phase II: Observation and recommend they be moved to Phase III: Direct Supervision

<u>PRECEPTOR'S INITIALS</u>		<u>DATE</u>	
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**PHASE III - DIRECT SUPERVISION - DETAILS.**

**Direct Supervision Phase includes Direct Supervision by Preceptor (or applicable designee) of \_\_\_\_\_ # of cases performed by trainee.**

*Please List the Medical Record #, dates observed, and evaluation of all cases performed by*

practitioner.

If more than 5 cases are required and additional lines are needed, please add lines for the additional Phase III cases required.

Please List Medical Record # of Cases Performed by Practitioner under Direct Observation		S – Satisfactory I= Needs Improvement	CC = Complications/ Comments	PI = Preceptor's Initials (for each case)	DC = Date Completed
MRN	Date				
1.					
2.					
3.					
4.					
5.					

**IF PHASE IV IS NOT DEEMED APPLICABLE, PLEASE PROCEED TO TIP COMPETENCY AND COMPLETION VERIFICATION SIGNATURE PAGE AFTER SATISFACTORY COMPLETION OF PHASE III**

**PHASE IV** *(To be utilized exclusively when additional review is warranted)*

If after completion of Phase III, additional training is recommended/warranted by Preceptor, Medical Director or Program/Service Chief, please list details of additional training recommended here and document cases or type of training completed here. (If additional details are needed, please use separate sheet. )

Details of Phase IV:

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Documentation of Phase IV completion, i.e., if additional Direct Observation of cases is recommended, list MRN and date below:	S – Satisfactory I= Needs Improvement	CC = Complications/ Comments	PI = Preceptor's Initials (for each case)	DC = Date Completed
1.				
2.				
3.				
4.				
5.				

**NOTE: IF AT ANY POINT DURING TIP PROCESS, CONCERNS ARE IDENTIFIED, PLEASE CONTACT THE PROGRAM/SERVICE CHIEF IMMEDIATELY FOR DIRECTION.**

\*\*\*\*\*

## TIP COMPETENCY AND COMPLETION VERIFICATION SIGNATURE PAGE

### NON-PHYSICIAN CLINICAL PROVIDER'S UNDERGOING TIP - SIGNATURE

I have completed all of the learning activities and am competent to perform the above procedures. I understand that I may not perform these procedures independently until I am privileged to perform these procedures and deemed competent via satisfactory completion of Focused Professional Practice Evaluation (FPPE) requirements.

Non-Physician Clinical Provider's Printed Name	Non-Physician Clinical Provider's Signature and Date

### PRECEPTOR'S SIGNATURE:

The Non-Physician Clinical Provider Staff (noted above) has satisfactorily completed all TIP for the privilege listed on page 1 of this document and is competent in the performance of these procedures.

Preceptor's Printed Name	Preceptor's Signature and Date

### SIGNATURE OF PROGRAM/SERVICE CHIEF/MEDICAL DIRECTOR/PRACTICE SITE MEDICAL STAFF MEMBER

I agree that the above named Non-Physician Clinical Provider Staff member:

- TIP: has completed the TIP requirements and may apply for Modification of Privileges for the privileges listed above.

Program/Service Chief/Medical Director/Practice Site Medical Staff Member Printed Name	Program/Service Chief/Medical Director/ Practice Site Medical Staff Member's Signature, AND Date

**ATTACHMENT D**  
**FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) FORM**

**INSTRUCTIONS TO PROCTOR:** Please provide an objective and accurate evaluation of the quality of care provided. If at any time you observe or become aware of significant substandard performance, please report the issue immediately to the Service Chief.

**TYPE OF REVIEW:** RETROSPECTIVE:  CONCURRENT:  BOTH:

*\*\*For multiple medical records, please list all medical records #s with similar diagnosis, procedures, and outcomes/assessments on page 2 of this form*

<b>NAME OF PRACTITIONER BEING PROCTORED:</b>	<b>MEDICAL RECORD#**</b>
<b>SPECIALTY:</b>	<b>DATE OF ADMISSION, CONSULTATION, OR PROCEDURE:</b>

**NAME OF PROCEDURE OR DIAGNOSIS :** \_\_\_\_\_

	Satisfactory	Unsatisfactory **	N/A	COMMENT
<b>1. Assessment and Management</b>				
• H&P contains required elements and is pertinent & relevant to the patient's clinical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Orders are appropriate, complete, and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Daily progress notes are legible and reflect patient's clinical course	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consultations are appropriate and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Therapeutic regimen is modified to reflect patient's changing clinical condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Use of ancillary services is appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Discharge note and plans, including instructions to patient/family, are appropriate and timely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• For procedural/surgical cases, indications are justified, and technique meets standard of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Overall Performance</b>				
• Patient Care and Clinical Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Medical/Clinical Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Practice-Based Learning and Teaching Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Interpersonal and Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Systems-Based Practice/Use of Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*\* PLEASE PROVIDE DETAILS OF ALL UNSATISFACTORY FINDINGS ON PAGE TWO OF THIS FORM**

SIGNATURE OF PROCTOR: \_\_\_\_\_ Date: \_\_\_\_\_

PRINTED NAME OF PROCTOR: \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM DIRECTLY TO \_\_\_\_\_ Thank you.**



## Delineation of Privileges

### Non-Physician Clinical Provider Staff - Medicine

Provider Name:

Privilege	
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<b>LICENSED AND BOARD CERTIFIED:</b>		
<u>TYPE OF LICENSED APP (EXAMPLES LISTED BELOW):</u>		
NURSE PRACTITIONER (APRN)	—	
PHYSICIAN ASSISTANT (PA-C)	—	
CLINICAL NURSE SPECIALIST	—	
<p><input type="checkbox"/> Initial Application <input type="checkbox"/> Reappointment Application <input type="checkbox"/> Modification of Privileges/Additional Privileges</p> <p><b>QUALIFICATIONS for General Core Medicine Privileges:</b> In addition to meeting and following all Medical Staff Bylaws requirements, the the initial applicant must meet the Education/Training AND the Current Clinical Competency Requirements at Initial Appointment criteria outlined below:</p> <p>Applicants for initial appointment must be able to demonstrate</p> <ul style="list-style-type: none"> <li>• Completion of applicable training program (APRN, or PA);</li> </ul> <p><b>AND</b></p> <p>Applicant must hold and maintain the following:</p> <p><b>For Physician Assistants:</b></p> <ul style="list-style-type: none"> <li>• Board Certification by the National Commission on Certification of Physician Assistants (NCCPA);</li> </ul> <p><b>For Advanced Practice Registered Nurse (Nurse Practitioner):</b></p> <ul style="list-style-type: none"> <li>• Family Nurse Practitioner (FNP) by American Nurses Credentialing Center (ANCC) or American Academy of Nurse Practitioners Certification Program (AANPCP); <b>or,</b></li> <li>• Adult Nurse Practitioner (ANP) by ANCC or AANPCP; <b>or,</b></li> <li>• Gerontology Nurse Practitioner (GNP) by ANCC or AANPCP; <b>or,</b></li> <li>• Adult-Gerontology-Primary Care Nurse Practitioner by ANCC or AANPCP; <b>or,</b></li> <li>• Adult-Gerontology-Acute Care Nurse Practitioner by ANCC or American Association of Critical-Care Nurses Certification Corporation (AACNCC); <b>or,</b></li> <li>• Acute Care Nurse Practitioner (ACNP) by ANCC or AACNCC; <b>or,</b></li> <li>• Pediatric Nurse Practitioner – Primary Care (PNP-PC or PPCNP) by Pediatric Nursing Certification Board (PNCB) or ANCC; <b>or,</b></li> <li>• Pediatric Nurse Practitioner – Acute Care (PNP-AC) by PNCB</li> </ul> <p><b>For Advanced Practice Registered Nurse (Clinical Nurse Specialist):</b></p> <ul style="list-style-type: none"> <li>• Adult Clinical Nurse Specialist (CNS) by ANCC or AACNCC</li> </ul> <p><b>AND</b></p> <p>Applicant must provide and maintain the following:</p> <ul style="list-style-type: none"> <li>• Basic Life Support (BLS) for Healthcare Providers Certification through the American Heart Association or the content-equivalent course offered by the American Red Cross (ARC) or the Military Training Network(MTN)</li> </ul> <p><b>INITIAL APPOINTMENT: Case/Volume Requirements for Current Clinical Competency At Initial Appointment:</b> Must provide documentation of current competence and provision of care, treatment, or services with 25 of patients in the previous 12 months. Experience must correlate with privileges requested.</p> <p><b>FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) REQUIREMENTS:</b> Must complete satisfactory review of 10 cases from the General Core Medicine Privileges Section representative of the privileges granted.</p> <p><b>REAPPOINTMENT: Case/Volume Requirements for Current Clinical Competency at Requirement:</b> Must provide evidence of current demonstrated competence by providing documentation of caring for at least 75 patients or 75 patient encounters during the reappointment cycle.</p> <p><b>Reappointment Options:</b> Practitioners and Non-Physician Clinical Providers who do not complete the minimum number of cases required for the Core, Non-Core, or Special Non-Core Privilege(s) requested but would like to maintain the Privilege(s):</p> <ol style="list-style-type: none"> <li>1. Must (Will) submit a written request for a one-year extension of Privilege(s) with their reappointment application.</li> <li>2. Over the one-year extension period, if granted, the applicant must(will):             <ol style="list-style-type: none"> <li>a. Undergo a retrospective review of said Privilege(s) at Parkland. The number of cases reviewed will be equivalent to the number listed in the "FPPE requirement" for the said Privilege(s). If the applicant has not</li> </ol> </li> </ol>		

## Delineation of Privileges

### Non-Physician Clinical Provider Staff - Medicine

Provider Name:

Privilege	
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<p>completed the number of cases listed in the FPPE requirement, all cases completed by the applicant for the said Privilege(s) will be reviewed.</p> <p><b>OR,</b></p> <ul style="list-style-type: none"> <li>• b. Submit case logs reflecting the applicant's completion of a sufficient number of cases to satisfy the case number requirement for the Privilege(s) requested from another TJC-accredited hospital where the applicant is currently practicing.</li> </ul> <p><b>OR,</b></p> <ul style="list-style-type: none"> <li>• A combination of (a) and (b) above. Note: If this option is submitted, at least one case must be retrospectively reviewed by Parkland.</li> </ul> <p>If the applicant is unable to complete the requirements outlined above, said Privileges will be forwarded to the Chief of Service for review and consideration of specific written plan to continue FPPE or voluntarily withdraw the Privilege(s).</p> <p><b><u>AFFILIATION WITH MEDICAL STAFF MEMBER/SUPERVISION: THE EXERCISE OF THESE CLINICAL PRIVILEGES REQUIRES A DESIGNATED SUPERVISING PHYSICIAN WITH CLINICAL PRIVILEGES AT PARKLAND HEALTH IN THE SAME AREA OF SPECIALTY PRACTICE.</u></b></p> <p><b><u>SERVICE CHIEF APPROVAL – ALL REQUESTED PRIVILEGES IN EACH SPECIALTY SECTION REQUIRES REVIEW AND APPROVAL BY THE CHIEF OF SERVICE IN THAT SPECIFIC CLINICAL SPECIALTY AREA.</u></b></p> <p><i>**Note: Privileges with an (F) require documentation of current Fluoroscopy Training.</i>  <i>**Note: Privileges with an (MS) require meeting all Moderate Sedation requirements including providing documentation of a Current Advanced Cardiac Life Support (ACLS) Certificate.</i></p>	
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**INSTRUCTIONS: For Any General Core Medicine Privileges Listed Below, Please Indicate Any Core Privileges That You DO NOT Wish To Request Or Do Not Intend to Perform By Unchecking The Individual Privilege(s)**

<b><u>General Core Medicine Privileges:</u></b>	
Assess, stabilize, and determine the disposition of patients with emergent conditions consistent with medical staff policy regarding emergency and consultative services.	—
Counsel and instruct patients and significant others, to meet the patient needs	—
Facilitate admission and/or discharge of patients under the direction of supervising physician, including writing admit notes and discharge summaries	
Formulate diagnosis and develop and implement a treatment plan	
Initiate referral to appropriate physician or other health care professional	
Make daily rounds and record progress notes on hospitalized patients with or at the direction of the supervising physician	
Monitor and manage acute and chronic illnesses and provide health care maintenance of population served	
Obtain and record medical/social history and perform physical examinations	
Order, and/or perform diagnostic and therapeutic procedures	
Prescribe, order, dispense and administer a drug or device, as delegated by a physician, and allowed by Texas state law	

<p><b>NON-CORE PRIVILEGES – GENERAL INSTRUCTIONS</b></p> <p><b>QUALIFICATIONS FOR GENERAL NON-CORE AND SPECIALTY NON-CORE PRIVILEGES:</b> In order to qualify for any non-core privileges, the applicant must meet the specific non-core criteria in each specific specialty area.</p> <p>Requirements for <b>Current Clinical Competency (CCC)</b> Volume at Initial Appointment (within past 12 months), FPPE, and Reappointment (during reappointment cycle) for all Non-Core Privileges listed below are as follows:</p> <p><b><u>CURRENT CLINICAL COMPETENCY = "CCC":</u></b></p> <ul style="list-style-type: none"> <li>• Initial Appointment Requirements: Indicated by ("I =")</li> <li>• FPPE Requirements: Indicated by ("FPPE =")</li> <li>• Reappointment Requirements: Indicated by ("R=")</li> </ul>	
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## Delineation of Privileges

### Non-Physician Clinical Provider Staff - Medicine

Provider Name: \_\_\_\_\_

Privilege	
<p><b>TRAINING IN PROGRESS:</b> If unable to meet the requirements for initial appointment noted above, must undergo satisfactory training at Parkland with a qualified preceptor as outlined in the TIP (Training in Progress) Guideline which may include:</p> <ul style="list-style-type: none"> <li>• TIP/O = observation of a minimum of number of cases performed by an appropriately qualified Medical Staff/Non-Physician Clinical Staff member</li> </ul> <p style="text-align: center;"><b>AND</b></p> <ul style="list-style-type: none"> <li>• TIP/I = satisfactory completion of a minimum of cases under direct observation of an appropriately qualified Medical Staff/Non-Physician Clinical Staff member.</li> </ul> <p><b>REAPPOINTMENT CURRENT CLINICAL COMPETENCY OPTIONS:</b> Practitioners and Non-Physician Clinical Providers who do not complete the minimum number of cases required for the Core, Non-Core, or Special Non-Core Privilege(s) requested but would like to maintain the Privilege(s):</p> <ol style="list-style-type: none"> <li>1. Must (Will) submit a written request for a one-year extension of Privilege(s) with their reappointment application.</li> <li>2. Over the one-year extension period, if granted, the applicant must(will):               <ul style="list-style-type: none"> <li>• a. Undergo a retrospective review of said Privilege(s) at Parkland. The number of cases reviewed will be equivalent to the number listed in the "FPPE requirement" for the said Privilege(s). If the applicant has not completed the number of cases listed in the FPPE requirement, all cases completed by the applicant for the said Privilege(s) will be reviewed.</li> </ul> <p style="text-align: center;"><b>OR,</b></p> <li>• b. Submit case logs reflecting the applicant's completion of a sufficient number of cases to satisfy the case number requirement for the Privilege(s) requested from another TJC-accredited hospital where the applicant is currently practicing.</li> <p style="text-align: center;"><b>OR,</b></p> <ul style="list-style-type: none"> <li>• c. A combination of (a) and (b) above. Note: If this option is submitted, at least one case must be retrospectively reviewed by Parkland.</li> </ul> <p>If the applicant is unable to complete the requirements outlined above, said Privileges will be forwarded to the Chief of Service for review and consideration of specific written plan to continue FPPE or voluntarily withdraw the Privilege(s).</p> </li></ol>	
<b>General Non-Core Medicine Privileges:</b>	
Abdominal Paracentesis ( <b>I = 5; FPPE=5; R= 5</b> )( <b>TIP/O= 3; TIP/I = 5</b> )	---
Administer digital block, isolated peripheral nerve block, and field infiltrations of anesthetic solutions ( <b>I = 5; FPPE=5; R= 5</b> )( <b>TIP/O=3; TIP/I= 5</b> )	---
Biopsy (Excision & Punch) for skin and subcutaneous lesions ( <b>I = 3; FPPE=3; R=3</b> )( <b>TIP/O=3; TIP/I=3</b> )	---
Joint Aspiration/Injection ( <b>I = 5; FPPE=5; R=5</b> )( <b>TIP/O=3; TIP/I=5</b> )	---
<b>SPECIALTY MEDICINE PRIVILEGES</b>	
<p>In order to request and be approved for any Medicine specialty privileges, must meet all requirements for general Medicine privileges;            And            Must meet the requirements for initial granting of privileges within that specialty;            And,            Must hold a delegated agreement with a supervising physician in that specialty.</p>	

## Delineation of Privileges

### Non-Physician Clinical Provider Staff - Medicine

Provider Name:

Privilege		
<b><u>SPECIALTY CONSULTATION PRIVILEGES</u></b>		
<p>Although consultation privileges are considered core privileges, in order to be approved for specialized consultation privileges,</p> <p>1. For Non-Physician Clinical Provider Staff requesting <u>solely</u> Specialty Consultation privileges, the practitioner must provide the following documentation of actively participating in patient care in that specialty:</p> <ul style="list-style-type: none"> <li>• Initial Appointment: &gt; 100 patients over the past twelve months:</li> <li>• At Reappointment: &gt; 200 patients over the reappointment cycle.</li> </ul> <p>2. For Specialty Consultation privileges in specialties that do not list specific core, non-core, or special non-core privileges, i.e., specialty consultation privileges is the only privilege listed in that specialty, and cannot provide documentation listed in "1" above, must follow the following Training in Progress (TIP) Process requirements:</p> <ul style="list-style-type: none"> <li>• Observation of a minimum of number of 10 cases performed by an appropriately qualified Medical Staff/Non-Physician Clinical Staff member;</li> <li>AND,</li> <li>• Satisfactory completion of a mix of concurrent/retrospective review of a minimum of 10 cases under observation.</li> </ul> <p>3. For Non-Physician Clinical Provider Staff requesting consultation privileges in conjunction with privileges in that specialty, i.e., core, non-core, special non-core privileges, if the practitioner meets the requirements for the requested specialty privileges, the practitioner meets the requirements for specialty consultation privileges (no additional specific documentation is required for specialty consultation privileges within the specialty in which the practitioner qualifies for privileges)</p>		
<b><u>CARDIOVASCULAR DISEASE SPECIALTY PRIVILEGES</u></b>		
Cardiovascular Disease Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	---	
<b><u>Non-Core Cardiovascular Disease Privileges</u></b> (Please see "NON-CORE PRIVILEGES – GENERAL INSTRUCTIONS" on this DoP for further details):		
Performance of non-pharmacological stress tests ( <b>I=10; FPPE=10; R=10</b> )( <b>TIP/O=3; TIP/I=10</b> )	---	
Performance of pharmacological stress tests ( <b>I=10; FPPE=10; R=10</b> )( <b>TIP/O=3; TIP/I=10</b> )	---	
<b><u>AMBULATORY MEDICINE (COPC / EHC / HOMES / YOUTH AND FAMILY CLINIC /CORRECTIONAL HEALTH) SPECIALTY PRIVILEGES</u></b>		
<b><u>INSTRUCTIONS:</u> For Any Core Ambulatory Medicine Privileges Listed Below, Please Indicate Any Core Privileges That You <b>DO NOT Wish To Request Or Do Not Intend to Perform</b> By Unchecking The Individual Privilege(s)</b>		
<u>Core Ambulatory Medicine Privileges:</u>	---	
Cryotherapy	---	
Excision of toenails		
Laceration repair (simple)		
Orthopedics (uncomplicated)		
Pap Smear		
Perform incision and drainage of abscesses		
Skin Tag Removal		
Wound Incision and Debridement with or without Wound Closure		
<b><u>ENDOCRINOLOGY, DIABETES, AND METABOLISM SPECIALTY PRIVILEGES</u></b>		

## Delineation of Privileges

### Non-Physician Clinical Provider Staff - Medicine

Provider Name:

Privilege		
Gastroenterology Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
<b>HEMATOLOGY SPECIALTY PRIVILEGES</b>		
Hematology Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
<b>HOSPITAL MEDICINE SPECIALTY PRIVILEGES</b>		
<b><i>INSTRUCTIONS: For Any Core Hospital Medicine Privileges Listed Below, Please Indicate Any Core Privileges That You DO NOT Wish To Request Or Do Not Intend to Perform By Unchecking The Individual Privilege(s)</i></b>		
<b>CORE HOSPITAL MEDICINE PRIVILEGES</b>	—	
Hospital Medicine Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
Wound Incision and/or Debridement with or without wound closure		
Suture related to bedside procedure performance.		
<b><i>Non-Core Hospital Medicine Privileges</i></b> (Please see "NON-CORE PRIVILEGES – GENERAL INSTRUCTIONS" on this DoP for further details):		
Peripherally (PICC) (I=5; FPPE=5)(TIP/O=3; TIP/I=5)	—	
Subclavian (I=5; FPPE=5)(TIP/O=3; TIP/I=5)	—	
Internal Jugular (I=5; FPPE=5)(TIP/O=3; TIP/I=5)	—	
Femoral (I=5; FPPE=5)(TIP/O=3; TIP/I=5)	—	
Lumbar Puncture (I=5; FPPE=5; R=5)(TIP/O=3; TIP/I=3)	—	
Thoracentesis, Posterior Approach (I=5; FPPE = 5; R=5)(TIP/O=3; TIP/I= 5)	—	
<b>INFECTIOUS DISEASES SPECIALTY PRIVILEGES</b>		
Infectious Diseases Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
<b>MEDICAL ONCOLOGY SPECIALTY PRIVILEGES</b>		
<b><i>INSTRUCTIONS: For Any Core Medical Oncology Privileges Listed Below, Please Indicate Any Core Privileges That You DO NOT Wish To Request Or Do Not Intend to Perform By Unchecking The Individual Privilege(s)</i></b>		
<b>Core Medical Oncology Privileges</b>	—	
Medical Oncology Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
Perform incision and drainage of abscesses		
Removal of surgical drains (e.g., JP, Hemovac, Penrose, etc.)		
Suture lacerations, with or without field infiltrations of anesthetic solutions		

## Delineation of Privileges

### Non-Physician Clinical Provider Staff - Medicine

Provider Name:

Privilege		
<b>Non-Core Medical Oncology Privileges</b> (Please see "NON-CORE PRIVILEGES – GENERAL INSTRUCTIONS" on this DoP for further details):		
Bone Marrow Aspiration with or with-*/out Biopsy (I=5; FPPE=5; R=5)(TIP/O=3; TIP/I=5)	—	
Lumbar Puncture with Intrathecal Chemotherapy Administration (I=5; FPPE=5; R=5)(TIP/O=3; TIP/I=5)	—	
Intrathecal Chemotherapy Administration via Ommaya Reservoir (I=5; FPPE=5; R=5)(TIP/O=3; TIP/I=5)	—	
Removal Thoracostomy Tube (Chest tube or small bore/pigtail catheter) (I=2; FPPE=2; R=3)(TIP/O=1; TIP/I=2)	—	
Ventricular Reservoir/Ommaya Shunt Aspiration (I=5; FPPE=5; R= 5)(TIP/O=3; TIP/I=5)	—	
<b>NEPHROLOGY SPECIALTY PRIVILEGES</b>		
Neurology Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
<b>Non-Core Neurology Privileges</b> (Please see "NON-CORE PRIVILEGES – GENERAL INSTRUCTIONS" on this DoP for further details):		
Botox Injections (I=5; FPPE=5; R=5)(TIP/O=3; TIP/I=5)	—	
Interrogation and manipulation of vagus nerve stimulation (VNS) therapy and responsive nerve stimulation (RNS) (5 interrogations) (I=5; FPPE=5; R=5)(TIP/O=3; TIP/I=5)	—	
Nerve Block (if requesting multiple types of blocks, "R" must be a combination reflective of the privileges requested/approved) (R=5)		
Greater Occipital Nerve Block (I=2; FPPE=5)(TIP/O=1; TIP/I=2)	—	
Lesser Occipital Nerve Block (I=2; FPPE=5)(TIP/O=1; TIP/I=2)	—	
Supraorbital/Supratrochlear Nerve Block (I=2; FPPE=5)(TIP/O=1; TIP/I=2)	—	
Auriculotemporal Nerve Block (I=2; FPPE=5)(TIP/O=1; TIP/I=2)	—	
<b>PALLIATIVE CARE SPECIALTY PRIVILEGES</b>		
Palliative Care Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
<b>PHYSICAL MEDICINE &amp; REHABILITATION SPECIALTY PRIVILEGES</b>		
Physical Medicine and Rehabilitation Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
<b>Non-Core Physical Medicine &amp; Rehabilitation Privileges</b> (Please see "NON-CORE PRIVILEGES – GENERAL INSTRUCTIONS" on this DoP for further details):		
Intrathecal Baclofen Pump Privileges: (If requesting any or all of the Intrathecal Baclofen pump privileges, "R" must be a combination reflective of the privileges requested/approved) (R= 3)		
Intrathecal Baclofen pump refills and programming (I=3; FPPE=3)(TIP/O=3; TIP/I=3)	—	
Intrathecal Baclofen pump interrogation (I=3; FPPE=3)(TIP/O=3; TIP/I=3)	—	
Intrathecal Baclofen pump port aspiration (without Fluoroscopy and Dye Injection) (I=3; FPPE=3)(TIP/O=3; TIP/I=3)	—	
<b>PULMONARY DISEASE SPECIALTY PRIVILEGES</b>		
Pulmonary Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	

## Delineation of Privileges

### Non-Physician Clinical Provider Staff - Medicine

Provider Name:

Privilege		
<b><u>RADIATION ONCOLOGY SPECIALTY PRIVILEGES</u></b>		
Radiation Oncology Specialty Consultation Privileges (see specialty Consultation privilege requirements on page 2 of this DoP)	—	
<b><u>RHEUMATOLOGY SPECIALTY PRIVILEGES</u></b>		
Rheumatology Specialty Consultation Privileges (see specialty Consultation privilege requirements above)	—	
<b>OTHER SPECIAL PRIVILEGES</b>		
<b>Moderate sedation and Analgesia Privileges (Required for Applicable Privileges listed on this DoP with an "MS" following the privilege)</b>		
<b>QUALIFICATIONS FOR MODERATE SEDATION AND ANALGESIA PRIVILEGES</b>		
<b>Initial Appointment:</b>		
<ul style="list-style-type: none"> <li>• Successful completion of an approved moderate sedation module and post-test</li> </ul>		
<b>AND</b>		
<ul style="list-style-type: none"> <li>• <u>Any of the following:</u> Current Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), or Neonatal Resuscitation Program (NRP) certification.</li> </ul>		
<b>Reappointment:</b>		
<ul style="list-style-type: none"> <li>• Successful completion of an approved moderate sedation module and post-test</li> </ul>		
<b>AND</b>		
<ul style="list-style-type: none"> <li>• <u>Any of the following:</u> Current Advanced Cardiac Life Support (ACLS), Advanced Trauma Life Support (ATLS), Pediatric Advanced Life Support (PALS), or Neonatal Resuscitation Program (NRP) certification</li> </ul>		
<b>Use of Fluoroscopy Equipment (Required for Applicable Privileges listed on this DoP with an "F" following the privilege)</b>		
<b>QUALIFICATIONS FOR FLUOROSCOPY</b>		
<b>Criteria:</b> To be eligible to apply for privileges that utilize fluoroscopy equipment, as indicated by(F) following the specific privilege, the applicant must meet the following criteria:		
<b>Initial Appointment:</b> Documentation of completion of the on-line fluoroscopy training course		
<b>Reappointment:</b> Must provide documentation of current fluoroscopy training.		
<b>ACKNOWLEDGMENT OF PRACTITIONER</b>		
<p>By requesting the above privileges, I hereby acknowledge that I have had the necessary training/experience performed as a Nurse Practitioner/Physician Assistant and shall restrict my clinical activities to those requested privileges/procedures. I understand that documentation of training for any and all privileges may be requested as appropriate. I also state I am mentally and physically able to perform the clinical privileges requested above.</p> <p>I acknowledge that the granting of clinical privileges is based on unbiased, objective results of care according to the Hospital's quality improvement mechanisms. In addition, continuing medical education related to a Nurse Practitioner/Physician Assistant will be required.</p>		
_____ Applicant's Signature	_____ Date	



## Delineation of Privileges

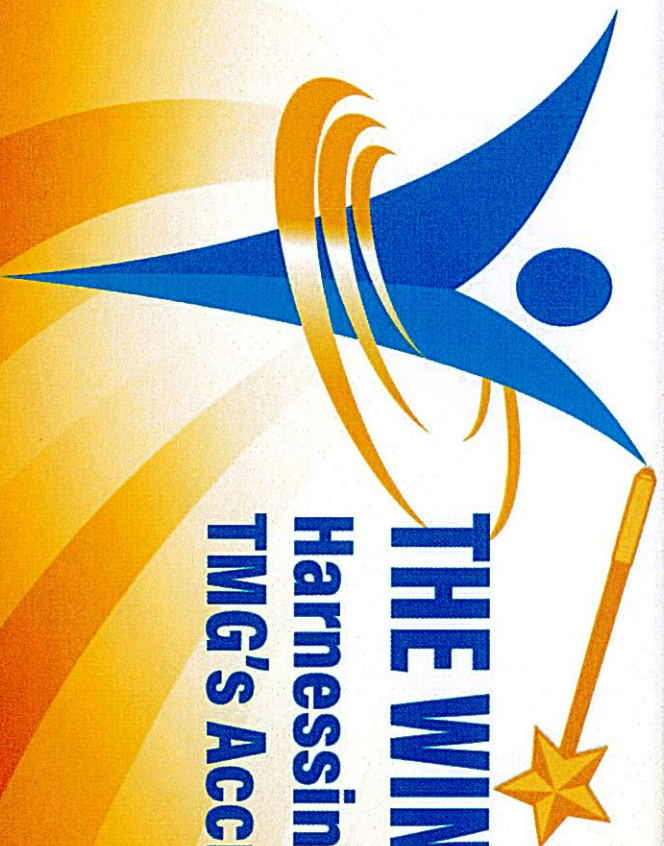
### Non-Physician Clinical Provider Staff - Medicine

Provider Name:

Privilege	
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<p><b><u>APPROVALS:</u></b></p> <p><i>Jose Joglar, MD - Program Chief, Internal Medicine: 10/30/2023</i></p> <p><i>Sandeep Das, MD - Service Chief, Cardiovascular Disease: 5/17/2023 &amp; 10/30/2023</i></p> <p><i>Noel Santini, MD - Program Chief, Community Medicine/Population Health: 5/17/2023 (for CH) &amp; 10/30/2023-11/27/2023</i></p> <p><i>Barry Lewis-Harris, MD - Service Chief, Correctional Health: 5/17/2023 (for CH) &amp; 11/20/2023</i></p> <p><i>Eugene Chu, MD - Service Chief, Hospital Medicine: 11/15/2023 &amp; 12/04/2023</i></p> <p><i>Jenny Li, MD - Service Chief, Hematology/Medical Oncology: 8/15/2023 &amp; 11/20/2023</i></p> <p><i>Miguel Vazquez, MD - Service Chief, Nephrology: 5/09/2023 &amp; 10/24/2023</i></p> <p><i>Christiana Hall, MD - Service Chief, Neurology: 5/22/2023 &amp; 11/02/2023</i></p> <p><i>John Thottakara, MD - Service Chief, Physical Medicine and Rehabilitation: 5/08/2023 &amp; 11/16/2023</i></p> <p><i>John Barr, MD - Program Chief, Radiology: No response. Radiology privileges removed from DoP.</i></p> <p><i>Privileging Committee: 12/04/2023 (as revised)</i></p> <p><i>Credentials Committee:</i></p> <p><i>MEC:</i></p> <p><i>BoM:</i></p>	
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**April 26, 2024 - 10:30 a.m.**



**THE WINNING END:  
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Presented by:  
Donna Goestenkors, CPMSM®, EMSP, CLE



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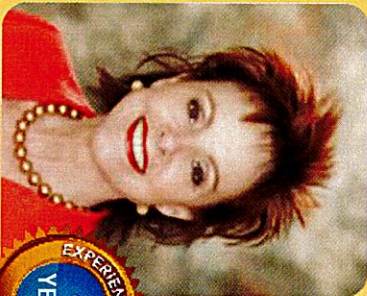
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# Meet Your Presenter



**Donna Goestenkors, CPMISM<sup>®</sup>,  
EMSP, CLE  
TMG**

## Objectives

- 1** Recognize the major regulations and standards of credentialing, privileging, and competence.
- 2** Interpret the complexities of compliance among the different regulatory and accreditation bodies.
- 3** Apply this new knowledge to improve compliance interpretations, workflow to reduce inefficiencies and confirmation in verification practices.



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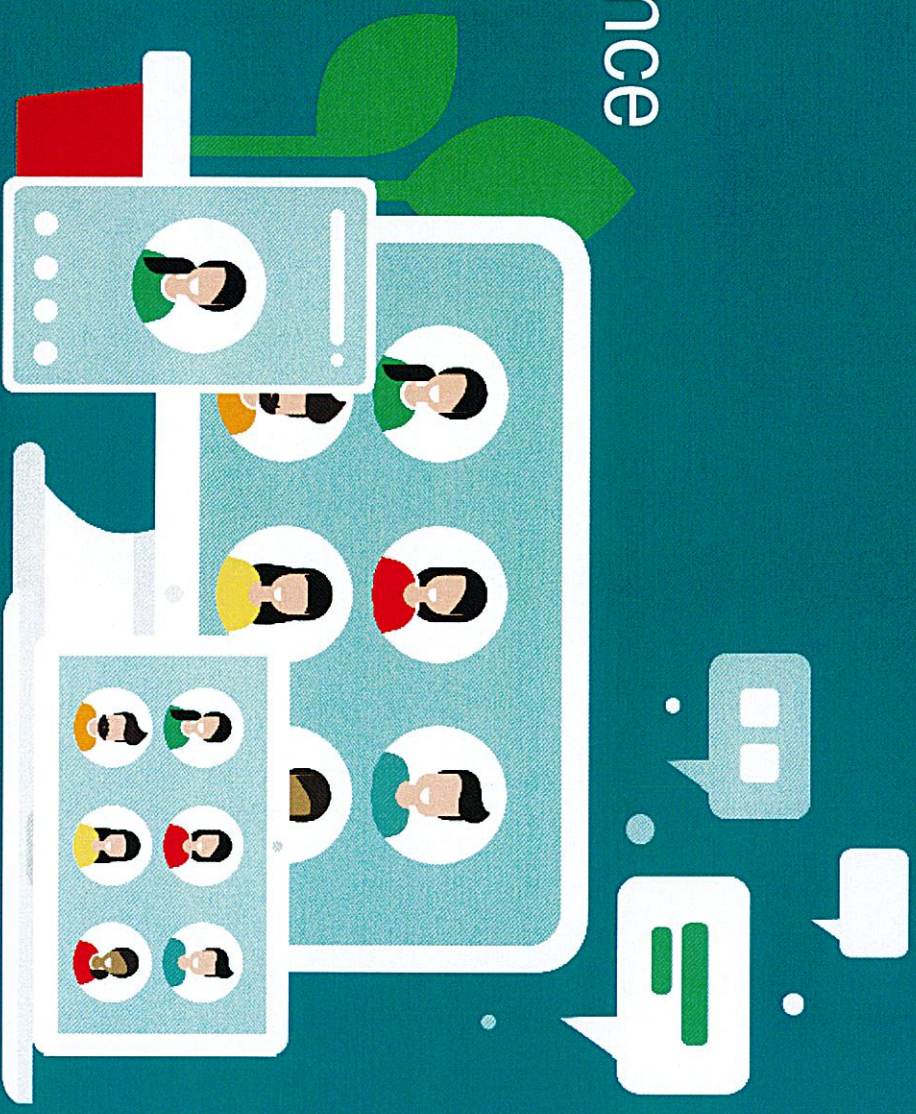
TMG's self-assessments are designed to illuminate your professional strengths, carve out pathways for growth, and champion your pursuit of excellence.

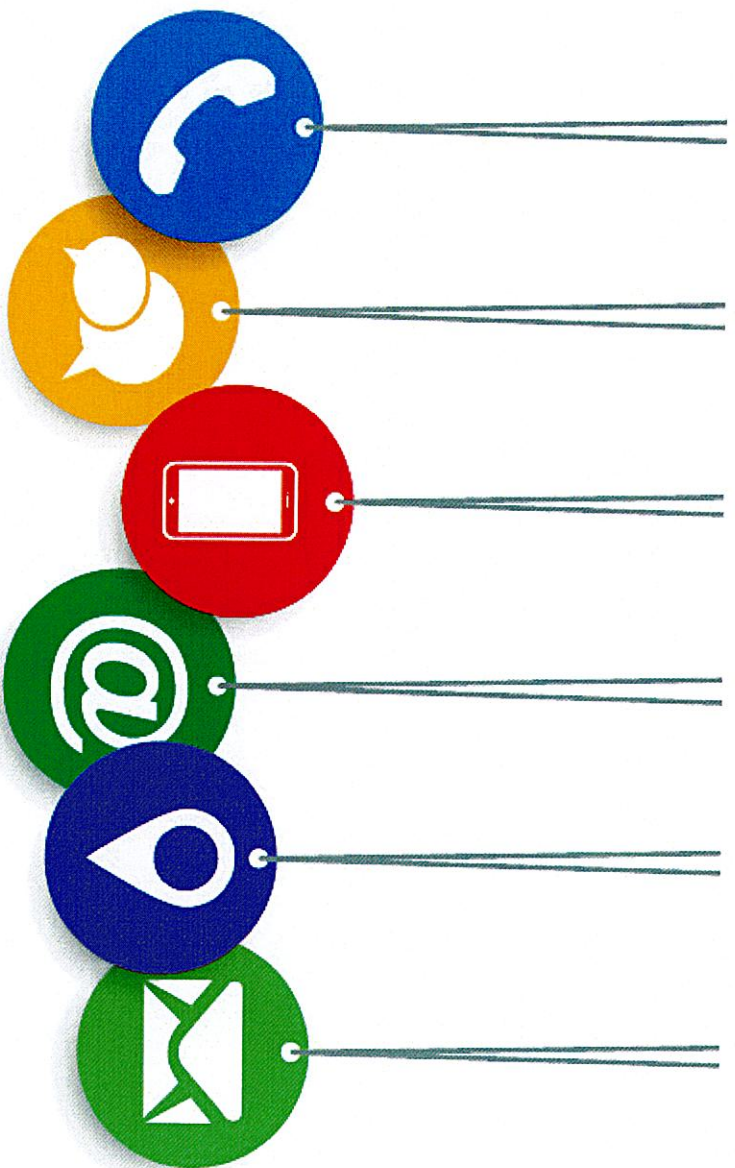
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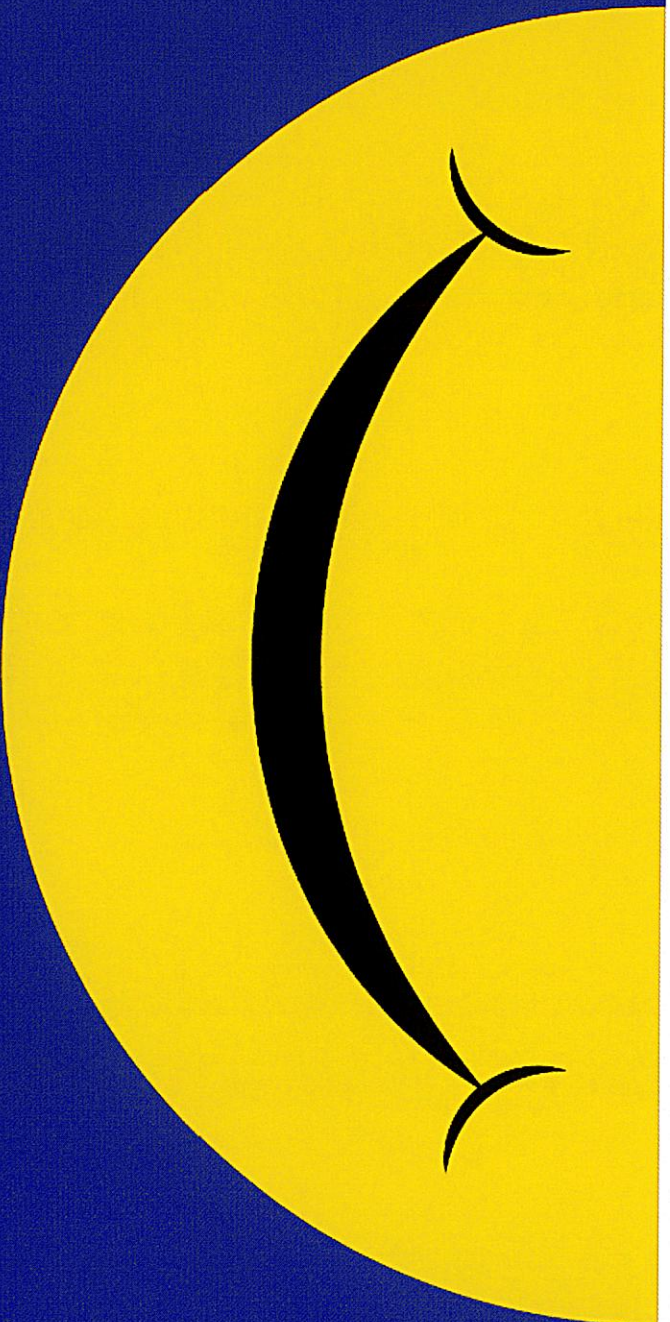
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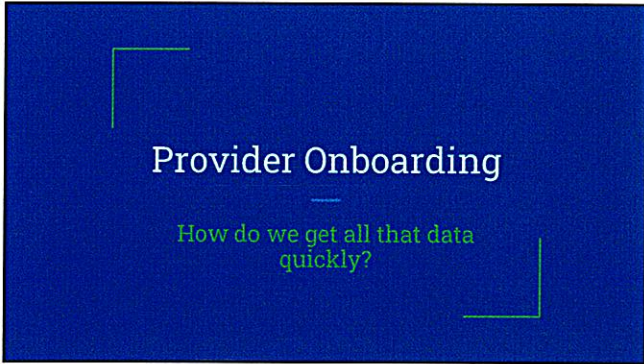


**Donna Goestenkers, CPMSM<sup>®</sup>, EMSP, CLE**  
President - Team Med Global  
(618) 830-0057 | [donna@teamedglobal.com](mailto:donna@teamedglobal.com)



*Thank You*





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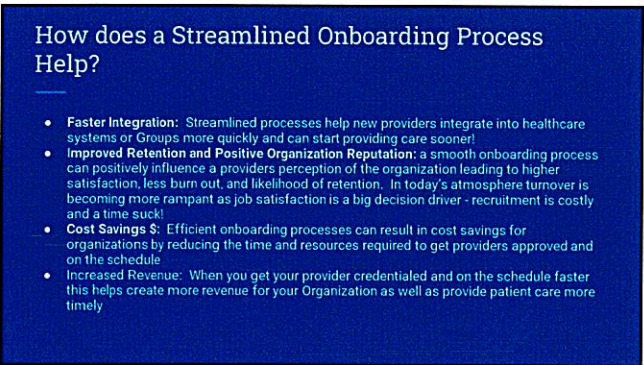
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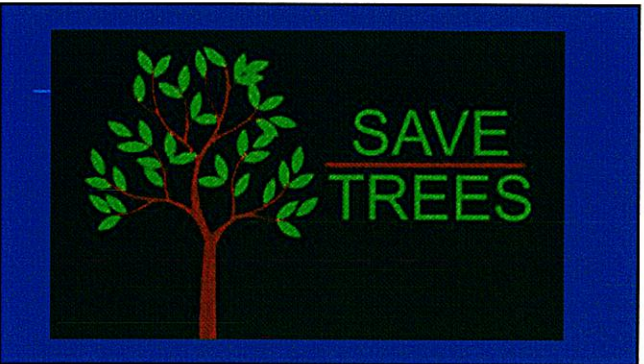
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Save Trees! Stop using paper! Here are some ways to do this....

- **Digital Documentation:** Transitioning to digital documentation eliminates the need for paper-based forms and enables faster processing.
- **Online Portals:** Create online portals or platforms where new providers can access and complete onboarding tasks, such as filling out forms, submitting credentials, and completing required training modules. This centralizes information and simplifies things for both you and the provider.  
Ideally, have your system be available in Mobile format also - many want to be able to do everything via their ipad or other smart tablet and allows them to do from anywhere

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- **Remote Onboarding:** By utilizing virtual onboarding sessions and teleconferencing tools to conduct orientation, training, and meeting with new providers eliminates the need for paper-based materials and reduces logistical challenges associated with in-person sessions.
- **Electronic Communications:** Use email, messaging apps, or secure communication platforms to instruct provider.  
This also gives you digital proof of communicating important topics and reduces the "I didn't get that message" conundrum i.e. renewal reminders

continued...

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- **Electronic Credentialing and Privileging:** Implement electronic credentialing and privileging systems to streamline the verification and approval process for new providers. Digital platforms facilitate the exchange of credentialing information between departments and reduces paperwork and processing time
- **Cloud-Based Storage:** Store onboarding documents, records, and files in a secure cloud-based system. This allows only authorized personnel to access, update, and track documents electronically and eliminates the need for physical storage space (file cabinets are ugly)
- **Automated Workflows:** Implement automated workflows and task management systems to track the progress of onboarding tasks and send reminders to new providers about pending requirements

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By leveraging digital tools and technologies, organizations can effectively onboard new providers while reducing reliance on paper-based processes. This not only enhances efficiency and productivity but also provides an overall better experience for both you and the provider

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### Does Your Credentialing Software Function Effectively?

Not all Credentialing software is created equal. If it doesn't have the basic features, ditch it for a new one! Here are some of the best features/functions that it should have:

- Automated Data Collection such as verifications
- Document Management
- Automated Reminders for expirables
- \*Integration Capabilities
- Reporting
- Security and Compliance
- Customizable workflows

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### Integration Capability - An API, What is This?

The mysterious thing that allows two systems to talk to each other and share data is referred to as an API (Application Programming Interface). A great Credentialing software will have an API with CAQH or Federation of State Medical Boards (preferably both) - why is this important?

Integration between credentialing software and CAQH and FSMB platform via an API can streamline the provider credentialing process by automating data exchange and reducing a great deal of manual entry of information for both you and the provider. It can also synchronize the data across all systems and reduce the amount of times you have to update each individually

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### No Software? Now What?

So I've talked about how software can help you by automating and importing provider data, but realistically not everyone has the size, power to choose, or the finances to use these types of systems. Here are other tools you can use to streamline your process: *(these are typically inexpensive to use)*

- Online Form Builders
- Spreadsheets
- Airtable
- Project Management platform
- YOU

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### What Can YOU Do to Streamline things?

- Be organized and do not send info via multiple emails, try to consolidate communication as much as possible
- Do the manual entry yourself prior to Onboarding the provider

Information sources for you to glean their information from:

- Internet
- Federation of State Medical Board
- CAQH
- CV
- Digital Onboarding forms
- Fillable pdf Forms (stop assuming every provider owns a printer)

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### Data Entry First

One of the worst things you can do is send a provider 20 pages of blank forms, whether digitally or paper. This greatly reduces the chance of them completing the information timely and is very overwhelming to them thus already gives them a negative feeling before even beginning work. Take the time to fill in as much as the providers information into whatever system you use BEFORE you send them instructions to add their information. My company changed to this method of "data entry first" and it has reduced our new provider onboarding time by 4-6 weeks.

Personally, would you like someone to give you a blank 20 page application or would you like if someone handed you 20 pages that were 80% already filled out FOR you (yes, be sure they review what you have entered)? Using this method you will have happier providers and you will get your credentialing enrollment or licensing done much faster!

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