

# Medical Staff Standards



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# CREDENTIALLED PROVIDER QUALITY PROFILE

- Criteria is set by the medical staff at department level and approved by appropriate medical staff committees
- Monitoring is ongoing at the department level, with oversight by the Professional Practice Evaluation Committee (PPEC)
- Focused Professional Practice Evaluation (FPPE) results and Ongoing Professional Practice Evaluation (OPPE) metrics are incorporated and considered as part of the reappointment appraisal process for all credentialed providers



# FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE)

- FPPE is a time-limited process whereby the organization evaluates practitioner competence in performing a newly granted clinical privilege or when issues affecting the provision of safe, high-quality patient care are identified through the performance evaluation process.
- The FPPE must be based on the performance of clinical privileges and professional practice within the organization.



# FPPE

- FPPE is completed in the following circumstances:
  - Clinical privileges granted at initial appointment
  - Any additional privileges granted
  - When concerns arise regarding a practitioner's professional practice
- The organized medical staff defines the circumstances requiring monitoring and mode of evaluation of a practitioner's professional performance.
- The process requires evaluation of all practitioners credentialed through the medical staff process.



# OPPE

- OPPE is a documented summary of ongoing data collected for the purpose of assessing a practitioner's clinical competence and professional behavior.
- The information gathered during this process is factored into decisions to maintain, revise, or revoke existing privileges prior to or at the end of the two-year privilege renewal cycle.
- Performance data or outcomes are evaluated periodically to assist with the reappointment appraisal process.



# Medical Staff Requirements for Reappointment

## **Include, but not limited to:**

- Obtain specialty or subspecialty ABMS or AOA certification within 7 years of completion of residency/fellowship training, including any requirement for Maintenance of Certification (MOC)
- Maintenance of GA Medical License
- Active staff members must be involved in a minimum of 20 patient contacts every two years, i.e. admissions, consultations, procedures
- Satisfactory outcomes as evidenced through professional practice evaluation process
- Refer to [Medical Staff Bylaws](#), Section 4.A. for full details



# ADP Requirements for Reappointment

- Current License to practice from the appropriate GA Licensing Board
- Maintenance of Appropriate Board Specialty Certification
- Satisfactory outcomes as evidenced through professional practice evaluation process
- Refer to [Medical Staff Bylaws](#), Section 4.A. & 7.E. for full details



# APRN Protocol

- Nurse Practitioners (NP) and Certified Nurse Midwives (CNM) must have a current collaborative practice nurse protocol agreement approved by the primary delegating physician and any other designated physicians
- This agreement must be updated annually by the APRN and physician(s)
- It is the APRN's responsibility to provide the Medical Staff Office a copy of your current protocol agreement
- Review APRN protocol rules and FAQ's on the GA Composite Medical Board's (GCMB) web site at <http://medicalboard.georgia.gov/>
- When an APRN stops working with their delegating (sponsoring) physician, the nurse protocol agreement is no longer in effect, therefore the protocol is terminated. Termination Notification Form B must be submitted to the GCMB within 10 days from the date of termination





# Clinical Privileges

- Each provider shall be entitled to exercise only those clinical privileges specifically granted by the Board
- Completion of recent training or previous experience performing a clinical procedure does not infer authorization for clinical privileges
- Requests for clinical privileges must be submitted through the Medical Staff Office and recommended for approval by the Credentials Committee and MEC



# Definition and Role of Nurse Extender

- The nurse extender is a licensed registered nurse (RN) who is employed and/or sponsored by a physician. The nurse extender practices under the direct supervision of a primary sponsoring physician or designated supervising physician(s) and is an integrated member of the physician's solo or group practice.
- The Nurse Extender scope of practice is defined by:
  - \* GA Law
  - \* GA Board of Nursing
  - \* CMS
  - \* Medical Staff Bylaws and Rule & Regulations



# Utilization of Nurse Extender is a Credentialed Privilege

- Physician must complete a privilege request form for utilization of a nurse extender.
- Nurse extender must apply for authorization to practice at Medical Center



# What is the role of the RN & MD?

- RN: May collect and document objective data (nursing assessment, patient history, results from labs or tests, descriptions of patient s & sx, vital signs)
- Physician must perform physical assessment and manage coordination of care

These guidelines apply to both dictated and written documentation including but not limited to: Progress Notes, H&P, Consult Notes

Discharge Summaries MAY **ONLY** be delegated to a NP or PA



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# H&P: Appropriate Documentation by RN Extender

With H&Ps, Consults, & Progress Notes, the Extender must use the following verbiage (whether written or dictated):

- “Objective data authenticated and physical assessment conducted by Dr. X. Findings as dictated to RN Y are as follows: .....
- “H&P conducted by Dr. X. Findings dictated to RN Y are as follows:.....”

If a nursing assessment is documented, it must be documented as a “nursing assessment”



# Self Assessment III: Medical Staff Standards

[Click here to complete self assessment:](#)  
[Medical Staff Standards](#)



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