POLICY STATEMENT

To describe the procedure for credentialing and privileging of Advanced Practice Nurses (APRNs), nurses in expanded roles, and non-Hospital employed registered nurses (RNs), APRNs, and licensed practical nurses (LPNs) working at The University of Kansas Hospital and Clinics in accordance with hospital policies, Medical Staff Bylaws, The Joint Commission (TJC) standards and applicable state licensing laws.

POLICY

All APRN, expanded role and RN/LPN applicants requiring credentialing will successfully complete the credentialing and privileging process.

Appointment as an APRN, Expanded Practice RN or non-Hospital employed RN or LPN is a privilege which shall be extended only to professional, competent practitioners who meet the qualifications, standards and requirements set forth in this policy. All individuals must complete the credentialing and privileging process in order to practice in these roles at the University of Kansas Hospital.

The Executive Committee of the Medical Staff has delegated the accountability and authority for approving nurse credentialing guidelines to the Chief Nursing Officer or designee. Credentialing and privileging processes at The University of Kansas Hospital are designed to ensure that nurses in advanced practice, expanded roles, or other RNs and LPNs in non-traditional roles are qualified, capable and prepared to perform the services they are authorized to provide.

Nurses in advanced and expanded roles who are employed by The University of Kansas Hospital, University of Kansas Physicians Inc. (UKP), University of Kansas Medical Center, MidAmerica Cardiology (MAC), MidAmerica Cardiology Cardiothoracic Services (MATCS), or any other independent practitioner who provide care to patients at The University of Kansas Hospital must adhere to these guidelines.

RNs and LPNs in non-traditional roles who are employed by MAC, UKP or the University of Kansas Medical Center and provide care to patients at The University of Kansas Hospital must adhere to these guidelines.

Patient care services provided by the APRN are defined in a Scope of Practice that outlines the extent of treatment and activity allowed. The Scope of Practice is jointly agreed upon by the APRN and Responsible/Sponsoring physician. Nursing and Allied Health Professionals are not automatically entitled to provide all services for which they may be licensed.

A. DEFINITIONS

1. Credentialing: Process by which a professional provides evidence that he/she is qualified to perform designated clinical activities.

2. Privileging: Process of Approval for a clinician to provide specific patient care activities.

3. Direct Supervision Privilege: Can be performed when the sponsoring physician is immediately available.

4. Indirect Privilege: Can be performed when the sponsoring physician is readily available by telephone, email, or other electronic means.

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5. Advanced Practice Nurse
   a. An Advanced Practice Nurse (APRN) is licensed as a registered professional nurse and meets the requirements of the Nurse Practice Act in the state they are licensed and practicing.
   b. APRN categories employed at the University of Kansas Hospital include:
      - Nurse Practitioner
      - Clinical Nurse Specialist (CNS)
      - Certified Registered Nurse Anesthetist (CRNA)
      - Certified Nurse Midwife (CNM)
   c. An APRN may prescribe drugs pursuant to a written protocol as authorized by a responsible physician. Each written protocol shall contain a precise and detailed medical plan of care. Any written prescription order shall contain the name, and telephone number of both the APRN and the responsible physician. The physical presence of the physician shall not be required when care is given by the APRN.

6. Expanded Practice Nurse:
   a. An expanded role nurse is a professional registered nurse with licensure to practice who has expanded nursing knowledge and clinical skills acquired through appropriate nursing education with certification (when applicable) and whose activities fall within the following categories:
      - RN First Assist

7. Responsible/Sponsoring Physician:
   a. The Responsible Physician will be a physician licensed to practice medicine and surgery who has accepted responsibility for the protocols and actions of the APRN, is designated as the administrative supervising physician in the Collaborative Practice Agreement, and is credentialed and in good standing through the University of Kansas Hospital Medical Staff Credentialing Committee.
   b. It is this physician’s responsibility to provide oversight of the credentialing process, requests for scope of practice and any subsequent changes, current and ongoing competencies, and performance improvement and risk management issues.
   c. All APRN practice is performed under the supervising physician or their designee and in accordance with the written policies and protocols developed and approved by the relevant department, the medical executive committee, nursing administration and the governing board. The responsible/sponsoring physician accepts full responsibility for the patient care services provided by the APRN. In no case shall the Scope of Practice of any APRN exceed the normal and customary practice of the responsible physician as approved with Medical Staff membership.
   d. For multi-sponsoring physicians, the Clinical Service Chief or designee may serve as “responsible physician” for the APRNs practicing within their respective areas as long as the scope of duties for the APRN remains the same as approved through the credentialing process. If working for another physician would result in a change in the APRN’s scope of practice, the Clinical

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Service Chief (or their designee) may not serve as “responsible physician” and completion of paperwork for such additional scope of duties would be required to be approved. The designee is defined as an attending physician with a scope of practice that matches the scope of practice of the APRN and his/her responsible physician. Alternate physicians may share responsibility for clinical supervision of patient care activities.

e. Nurses in either expanded roles or RN/LPN in non-traditional roles must also have a sponsoring physician to be credentialed.

f. Nurses (APRN or expanded role) who are employed by the Hospital and are seeking to be credentialed will be assigned to the department of their sponsoring physician. This department may be different than their hiring entity (e.g. Internal Medicine vs. Department of Nursing).

B. NURSE CREDENTIALING COMMITTEE:

1. The Nurse Credentialing Committee is chaired by the Chief Nursing Officer or designee.

2. A Recording Secretary will be named by the Chair. Recording Secretary responsibilities include:
   - Assuring that monthly meetings are scheduled, meeting room is booked, and notices are provided to members.
   - Collaborating with Chair and the Office of Medical Staff Affairs to determine meeting agendas and coordination of the credentialing review process.
   - Providing meeting minutes in a timely manner for submission the Medical Staff Credentialing Committee.

3. A 3-person Nominating Committee shall be appointed by the Chair. Nominating Committee responsibilities include:
   - Serving a 2-year term.
   - Identifying potential new Committee members to fill scheduled and unscheduled openings.
   - Seeking endorsement of potential member’s immediate supervisor.
   - Assist in filling scheduled openings by bringing the names of endorsed candidates forward to the Committee by March of each year, so discussion, selection and appointments can be completed by the June meeting and membership can begin in July.
   - Assist in filling unscheduled openings by bringing names forward to fill openings within 3 months of identified need.

4. The Committee is composed of Standing and Appointed members. Each member has equal voting privileges.

5. The composition of Standing members includes a minimum of:
   - Two (2) Hospital Nursing Directors
   - One (1) Hospital Nurse Manager
   - The Director of the Office of Medical Staff Affairs
   - The UKP Director Clinical Operations & Quality Assurance

6. Standing members are appointed by the Committee Chair.
   - The duration of standing membership is ongoing.

7. The composition of Appointed members includes a minimum of:
   - Four (4) Nurse Practitioners
   - One (1) Clinical Nurse Specialist
   - One (1) Clinical Nurse Coordinator

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d. One (1) Certified Registered Anesthetist (CRNA).

8. Starting in FY 2011, the duration of terms for Appointed members will be three years, with the possibility of reappointment for a 2nd consecutive 3-year term. A schedule will be utilized to identify and stagger terms so that no more than half of the appointed members will leave the committee in a given year.

9. For appointment/reappointment purposes, potential members are brought forward by and agreed upon by the Committee. Final approval occurs through a simple majority Committee vote.

10. Except for absences due circumstances approved by the Chair, each member is expected to attend a minimum of 75% of scheduled meetings (i.e., miss no more than one meeting per quarter or three consecutive meetings in a 12-month time frame).

11. When possible, the member should notify the Chair at least 24 hours prior to a missed meeting.

12. Members not meeting attendance requirements will be notified in writing by the Committee chair.

13. If attendance issues are not resolved, a second notification will result in removal from the Committee.

14. Prior to attending the first meeting new members will sign two forms: Affirmation of Non-discrimination Nursing Credentialing Committee and University of Kansas Hospital Medical Staff Office Confidentiality Policy.

15. The same forms will be re-signed by each committee member annually, during the first meeting attended of the fiscal year.

C. QUORUM REQUIREMENT

1. The presence of the Chair or designee and at least five (5) other members of the Nurse Credentialing Committee shall be required in order for the Nurse Credentialing Committee to transact any business at any of its meetings.

2. If circumstances require decisions to be made between scheduled meetings or in the absence of a quorum, alternative communication methods such as e-mail telephone voting or telephone polls can be utilized.

D. SPECIFIC QUALIFICATIONS FOR APRN CREDENTIALING APPOINTMENT:

1. Current active licensure to practice professional nursing in the State of Kansas or Missouri, as applicable.

2. Valid license by the Kansas or Missouri State Board of Nursing as an Advanced Practice Registered Nurse in appropriate category, i.e., NP, CNS, and CRNA, as applicable to role.

3. New applicants will be considered for Core privileges.

4. Current competence and expertise to provide services at an acceptable level of quality and efficiency are required, as evidenced by current curriculum vitae, work references, patient logs and competency checklists.

5. Must be Board eligible for professional certification. Must achieve certification, within one year of hire.

6. Professional liability insurance coverage in the amount of $1,000,000/$3,000,000 as determined by the Authority Board.

7. Current BLS/ACLS as required. Courses must be American Heart Association, American Red Cross or approved by the American Heart Association. They must also contain a skills check off as part of the course.

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E. SPECIFIC QUALIFICATIONS FOR RN/LPN CREDENTIALING APPOINTMENT:
1. Current active licensure to practice professional nursing in the State of Kansas or Missouri as applicable.
2. New applicants will be considered for Core privileges.
3. Current competence and expertise to provide services at an acceptable level of quality and efficiency as evidenced by current curriculum vitae and work references.
4. Specialty certification is preferred.
5. Professional liability insurance coverage in the amount of $1,000,000/$3,000,000 as determined by the Authority Board.
6. Current BLS/ACLS as required. Courses must be American Heart Association, American Red Cross or approved by the American Heart Association. They must also contain a skills check off as part of the course.

F. PROCEDURE FOR CREDENTIALING:
1. Application Process:
   a. Credentialing and Privileging process begins when a written application request form is received by the Office of Medical Staff Affairs from the Sponsoring Department as defined in the Medical Staff Bylaws.
   b. Once the request has been processed, an Application packet is provided to the Advanced Practice or Expanded Practice applicant requesting credentialing and privileging, and the Director of Nursing Practice is notified.
   c. The applicant can choose to schedule an appointment with the Director of Nursing Practice to discuss the credentialing process.
   d. During the orientation period the applicant will not function without direct supervision in the role requiring credentialing and privileging until application process is completed and approval has been granted.

2. Content of the Application
   a. The application will contain a request for specific clinical privileges, signed by applicant and sponsoring physician.
   b. The application will require detailed information concerning the applicant’s professional qualifications, including, but not limited to:
      - Current Kansas or Missouri nursing license as required for job
      - Current curriculum vitae
      - Copy of the face sheet of current malpractice insurance policy certificate
      - Copies of diplomas for undergraduate and graduate education
      - Copies of Certification of Completion of HIPAA On-Line training
      - Current digital head-shot photograph
      - Copy of official picture ID of one of the following types:
         a. Drivers License
         b. Passport/Passport ID
         c. Hospital ID badge
      - A Medicare Provider Enrollment form included in the packet for those eligible to bill for services.
      - Nurse Practitioners and Clinical Nurse Specialists with prescriptive authority must submit a copy of their Collaborative Practice Agreement.

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The completed file is returned by the applicant to the Medical Staff Affairs Office. The application packet will then be reviewed to verify that all questions have been answered and all references and other material information deemed pertinent are included. Once this step has been completed, primary source verification will commence.

d. Once primary source verification has been completed, the applicant's file is forwarded to the Nurse Credentialing Committee (NCC). The NCC reviews the application. If it is determined that the candidate meets the requirements/standards for privileges, the privilege application is signed by the CNO or designee and the recommendations are forwarded to the Medical Staff Credentialing Committee.

e. The Medical Staff Credentialing Committee reviews the application and forwards its recommendations to the Executive Committee of the Medical Staff (ECMS).

f. ECMS reviews the application and forwards its recommendations to the Hospital Authority Board.

g. The Hospital Authority Board renders its final decision.

h. If approved by the Board, the applicant may begin functioning in the APRN or expanded role. If required, the collaborative practice agreement must be completed at this time.

G. CATEGORIES OF CREDENTIALING AND PRIVILEGING

1. Provisional: All Allied Health Professionals will serve a minimum of one year as Provisional AHP staff. At the completion of this Provisional period, a reappointment application will be processed and considered for upgrade to Active AHP status.

2. Active: Active category will be granted to those AHPs who have successfully completed the provisional period.

3. Re-credentialing occurs every two years.

REVIEWED BY:
Nurse Credentialing Committee; 3/2014

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