

Status **Active** PolicyStat ID **5012660**



Effective 01/2011  
Approved 11/2021  
Last Revised 11/2021  
Next Review 11/2024

Owner **Maria Fox:**  
Director,  
Advanced  
Practice  
Providers

Area **Department of  
Nursing (DON)  
General**

Applicability **TUKHS- Kansas  
City Division**

## Nurse Credentialing and the Nurse Credentialing Committee

### SCOPE:

This policy is applicable to Credentialing at The University of Kansas Hospital.

### PURPOSE:

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.

### DEFINITIONS:

**Advanced Practice Nurse (APRN)** - licensed as a registered professional nurse and meets the requirements of the Nurse Practice Act in the state they are licensed and practicing.

**Collaborative Practice Agreement (CPA):** written agreement, jointly agreed upon protocols, or evidence based practice guidelines "specific to the clinical conditions treated" by collaborating physician and the advanced practice registered nurse.

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

**Direct Supervision Privilege** - Can be performed when the sponsoring physician is immediately available.

**Focused Professional Practice Evaluation** - A systematic process to evaluate and confirm the current competency of practitioners initially granted and seeking additional privileges at University of Kansas Hospital (KUH). This process is implemented for all initially requested privileges and whenever a question arises regarding a practitioner's ability to provide safe, high-quality patient care.

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

**Privileging** - Process of Approval for a clinician to provide specific patient care activities.

**Responsible/Sponsoring Physician** - A person licensed to practice medicine and surgery, who has accepted responsibility for the protocol and the actions of the advanced practice registered nurse when prescribing drugs.

## **POLICY:**

All APRN's, expanded practice RN and non-health system employee RN/LPN applicants requiring credentialing will successfully complete the credentialing and privileging process and adhere to the following policy.

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 APRN and 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-employed roles are qualified, capable and prepared to perform the services they are authorized to provide.

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. Advanced Practice Nurse**

1. 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.
2. 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)

B. Expanded Practice Nurse:

1. 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 (RNFA):
    - works in collaboration with the surgeon and other health care team members to achieve optimal patient outcomes;
    - has acquired the necessary knowledge, judgment, and skills specific to the expanded role of RNFA clinical practice;
    - intraoperatively practices at the direction of the surgeon; and
    - does not concurrently function as a scrub person.

C. Responsible/Sponsoring Physician:

1. 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 sponsoring physician in the Collaborative Practice Agreement, and is credentialed and in good standing through the University of Kansas Hospital Medical Staff Credentialing Committee.
2. 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. This oversight can be documented and updated annually during the Collaborative Practice Agreement (CPA) review process.
3. All APRN practice is performed under a Collaborative Practice Agreement (CPA) with the sponsoring 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.
  - APRNs who are in system-based roles and not directing care as an advanced practice provider (APP) will not be required to be credentialed through the Medical Staff Office or complete a Collaborative Practice Agreement.
4. 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 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 collaboration of patient care activities.

5. Nurses in either expanded roles or RN/LPN in non-traditional roles must also have a sponsoring physician to be credentialed.
6. Nurses (APRN or expanded role) who are employed by the Hospital and are seeking to be credentialed will be assigned to the clinical department of their sponsoring physician. This department will be different than their hiring entity (e.g. Internal Medicine vs. Department of Nursing).

#### **D. NURSE CREDENTIALING COMMITTEE:**

1. The Nurse Credentialing Committee is chaired by the Chief Nursing Officer or designee.
2. A designee will be named by the Chair and responsibilities will include:
  - a. Assuring that monthly meetings are scheduled, meeting room is booked, and notices are provided to members.
  - b. Collaborating with the Chair and the Office of Medical Staff Affairs to determine meeting agendas and coordination of the credentialing review process.
  - c. Providing meeting minutes in a timely manner for submission to the Medical Staff Credentialing Committee.
  - d. Tracking Collaborative Practice Agreements for APRN's.
3. The Committee is composed of Standing and Appointed members. Each member has equal voting privileges.
4. The composition of Standing members includes a minimum of:
  - a. Two (2) Hospital Nursing Directors
  - b. One (1) Hospital Nurse Manager
  - c. The Director of the Office of Medical Staff Affairs
  - d. Ambulatory Nursing Director
  - e. The Director of Advanced Practice Providers
5. Standing members are appointed by the Committee Chair.
  - a. The duration of standing membership is ongoing.
6. The composition of Appointed members includes a minimum of:
  - a. Four (4) Nurse Practitioners
  - b. One (1) Clinical Nurse Specialist
  - c. One (1) Clinical Nurse Coordinator
  - d. One (1) Certified Registered Anesthetist (CRNA).

7. The duration of terms for Appointed members will be no less than three years and at the discretion of the Chair, with the possibility of reappointment for a 2<sup>nd</sup> 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.
8. 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.

**E. Committee Member Expectations and Duties:**

1. Time Requirement - Commitment of time outside of the Nurse Credentialing meeting is expected:
  - a. Monthly - Application Reviews prior to the monthly meeting
  - b. Monthly - Reappointment file reviews
2. Attendance
  - a. 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). Except for absences approved by the Chair,
  - b. When possible, the member should notify the Chair at least 24 hours prior to a missed meeting.
  - c. Members not meeting attendance requirements will be notified in writing by the Committee chair.
    - If attendance issues are not resolved, a second notification will result in removal from the Committee.
3. 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.

**F. QUORUM REQUIREMENT**

1. The presence of the Chair or designee and at least two (2) 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 or telephone polls may be utilized.

**G. SPECIFIC QUALIFICATIONS FOR APRN CREDENTIALING APPOINTMENT:**

1. Valid license by the Kansas and/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.
2. New applicants will be considered for Core privileges and non-core as indicated.

3. 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.
4. Must be Board eligible for professional certification. Must achieve certification, within one year of hire.
5. Professional liability insurance coverage in the amount of \$1,000,000/\$3,000,000 as determined by the Authority Board.

**H. SPECIFIC QUALIFICATIONS FOR RN/LPN CREDENTIALING APPOINTMENT:**

1. Current active licensure to practice professional nursing in the State of Kansas and/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.

**I. 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 Advanced Practice Providers is notified.
  - c. The applicant can choose to schedule an appointment with the Director, Advanced Practice Providers and Clinical Excellence to discuss the credentialing process.
  - d. During the orientation period the applicant will not function 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
  - DEA certificate if applicable
  - Copies of National/Professional Certifications
  - Current digital head-shot photograph
  - Copy of official picture ID of one of the following types:
    - Drivers License (Front and Back)
    - Passport/Passport ID
    - Hospital ID badge
  - A Medicare Provider Enrollment form included in the packet for those eligible to bill for services.
  - Nurse Practitioners, Clinical Nurse Specialists and Mid-Wives must submit a copy of their Collaborative Practice Agreement (CPA) to the Nurse Credentialing Coordinator or the Medical Staff Office prior to their start date..
    - Collaborative Practice Agreements will be updated accordingly with changes. Reviews will be completed on a yearly basis within one year of the signed effective/review date.
- c. 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 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.

## **J. CATEGORIES OF CREDENTIALING AND PRIVILEGING**

1. Provisional: All APRNs will serve a minimum of three months as Provisional APP

(APRN) staff. At the completion of the Focused Professional Practice Evaluation (FPPE) plan the APRN will be eligible to upgrade to active staff. The three month period may be extended up to an additional three months upon approval by the Nurse Credentialing Committee.

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/APPROVED BY:

Nurse Credentialing Committee; 9/2021

Director, Medical Staff Affairs

Director, Advanced Practice Providers and Clinical Excellence; 9/2021

## REFERENCES:

The Joint Commission Manual, E-dition

## SUPPORTING DOCUMENTS:

[Allied Health Professionals Policy](#)

[Rules and Regulations of the Medical Staff](#)

[Focused Professional Practice Evaluation for Granting Privileges \(FPPE\)](#)

**Note: The University of Kansas Health System policies are maintained electronically and are subject to change. Printed copies may not reflect the current official policy.**

## Approval Signatures

Step Description	Approver	Date
	Jennifer Palmer: Health System Policy Administrator	11/2021
	Judi Smedra: DIR OF MEDICAL STAFF AFFAIRS	11/2021
Nurse Credentialing Committee	Jennifer Palmer: Health System Policy Administrator	11/2021
	Maria Fox: Director, Advanced Practice Providers	11/2021



COPY