*UNC Health*

*University of North Carolina Medical Center*

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*Advanced Practice Provider Center UNC Health 101 Manning Drive Chapel Hill, NC 27514 3.30.2020*

1. **Human Resources**— will send you (1) an **offer letter** with your tentative start date and (2) **forms to complete** to initiate your background check and drug screening. **These forms will need to be returned to the HR Recruiter as soon as possible** to initiate the hiring process.

Prior to Employment

1. **Department Credentialing Coordinator** — will contact you with instructions on completing your Collaborative Practice Agreement (CPA)
	* **Collaborative Practice Agreement (CPA)** — you will be responsible for completing the CPA template The CPA template is provided at the end of this document. As part of your CPA, you will be expected to meet with your supervising physician to review your draft. You will need to contact your supervising physician via email to schedule a time to meet. \*\*If you have any questions on how to fill out your CPA, please reach out to your Department Credentialing Coordinator.
2. **UNC Talent Requisition Department —** will contact you to formally extend the offer of employment to you. If you

accept the position, they will go over the on-boarding process and start date information with you. There will be

 five (5) on-boarding emails sent to you, which will include your offer letter, basic pre-employment paperwork,

 employee health form and Federal I-9 work authorization form from "Hire Right." The fifth and final email is the

 most time-sensitive from "noreply@mycrc.com." This is where you will sign the release form for the background

 check and schedule your drug screen. Instructions on time limitations with these documents will be given to you

 by the recruiter at the time of your acceptance. **Three to five days prior to orientation, you will receive an**

 **email with orientation information.**

 **You will also need to bring two valid forms of identification to orientation:**

 **(U.S. passport or U.S. Passport Card; Driver’s License or ID card issued by a state or outlying possession of the**

 **U.S. provided it contains a photograph or information such as name, DOB, gender, height, eye color and ad**

 **dress; Social Security Account Number card; School ID with photograph; U.S. Military card or draft record;**

 **U.S. Citizen ID Card (Form I-197))**

1. **APP Mentor** — will be designated once you have a set start date. This is an informal relationship with another APP.

This will be someone to turn to with questions and for support. You should receive an email from the mentor intro-

 ducing himself/herself.

1. **General Information**:

**EPIC Training**—sign up/schedule training through LMS and ARC (Access Request Center) will be arranged with your manager. EPIC training occurs through several instructor-led courses at an off-site location. Training is specific to your role and privileges. Some of the available courses include:

* + Ambulatory Provider 100/200 (2 classes)
	+ Ambulatory-Trained Inpatient Provider 100/200
	+ Personalization Lab
	+ Dragon Voice Recognition (to dictate notes)
	+ Other specialty courses may include:

**-** Ambulatory Oncology Provider

1. **Orientation –** (See next pages for orientation specifics)

First Day



Second Day Onward

**Department – specific Orientation (Day 2 onward)**

* + Review basics with your Department/Division HR Coordinator

**Details:** Department/Division HR Coordinator will help orient and provide you with:

* + - Physical mail box
		- Office location
		- Pager and pager instructions: [http://intranet.unchealthcare.org/hospitaldepartments/telecom/pagers,](http://intranet.unchealthcare.org/hospitaldepartments/telecom/pagers) pager batteries, labels, and support is located in the telecommunications office- Telecommunications: 984- 974-4357 or 919-966-2354 (SOM)
		- Order/verify business cards
		- One Card (if applicable)
		- Lab Coat
		- Attending clinic schedules
		- Ongoing conference/meeting schedules
		- Freedom Pay: These cards are funded securely by your credit card or checking account, work like mini-

credit cards at our retail establishments and entitle you to 20% off every purchase you make in UNC’s retail venues. https://my.freedompay.com/MyFreedompay/faqs.aspx

* + - Create an ONYEN (used for TimeTrex and University online resource access)
	+ **Tour: Hospital Map—**[**http://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/?**](http://www.uncmedicalcenter.org/uncmc/hospitals-locations/profile/)

**id=38&searchId=9946d705-eb35-e511-a702-2c768a4e1b84&sort=11&page=1&pageSize=10** (copy and paste into a browser)

* + - **Details**: You will be taken on a brief tour
		- **Details**: You will meet your team members
	+ **Clinic Unit Overview**:
		- **Orientation**: You will be oriented to the clinics/units basic flow - your training and work schedule should be discussed with your coordinator/manager.
		- **Introductions**: Interdisciplinary team members, which may include:
			* Primary Supervising Physician
			* Nurse Manager
			* Advanced Practice Providers
			* Support Staff
	+ **Logistics:** Technical/Computer
		- **Clock In**: \*\*Check with your manager to see if this is different for your specific area\*\*
* **Do not need to clock in or out** (unless otherwise designated by your specific

manager)

* Completed via phone
	+ Dial: \*25
	+ Enter EID (employee identification number, which is given at orientation)
	+ Enter 7 (exempt)
* **MyTime:** Check your clock-in time to be recorded—you do have to approve your time-card

 online, but errors and missed clock-ins should be reported to your coordinator/manager

* **Computer Access:** You will be given assistance with accessing pertinent software

 **Shadowing, Required Education, Getting Comfortable**

* **Required Training**: Your training schedule and work schedule should be discussed with your coordinator/manager
	+ LMS (online education and course sign-up):
		- Off campus, you may access LMS at https://csg.unch.unc.edu/Citrix/XenApp/site/default.aspx - **you**

**will need to enter your Citrix username and password.**

* + - On campus, you may access LMS via Intranet at Work at <http://intranet.unchealthcare.org/>intranet
	+ Verify Epic training has been scheduled
	+ Complete TimeTrex module in LMS
	+ Complete any other required modules that appear in your LMS home screen (eg. safety training, compliance code of conduct, etc.)
	+ MyTime
	+ Pay Stub (Pay Advice) – for viewing your paycheck
	+ Health Sciences Library/online journals
	+ UNC Healthcare Policy links

**Computer/Technology Access Item**

**Employee ID numbers**:

**EID**: Employee ID

**Use**: Internal identification of employee, clocking in

**U number**:

**Use**: Email, MyTime, CITRIX, LMS, and most online programs

**Onyen:** Additional identification # for the University

**Use**: UNC library access (university journal/resource access), TimeTrex Create through helpdesk/UNC library site

**Basic Online Systems to know**:

**Citrix**: Remote login program to UNC Healthcare intranet and applications https://csg.unch.unc.edu/Citrix/XenApp/auth/login.aspx

**LMS:** Shows you most of your required online training. Go to UNC Intranet where there is a link for LMS via Citrix

**E-mail Account**:

**UNC HealthCare:**

**Access**: **Login:**

Within Citrix: Outlook u# and password webmail.unch.unc.edu

 **Med.unc.edu account:**

You already have a UNC Healthcare email address and now need to create @med.unc.edu aliases. Please sign in as stated and begin creating email.

UNC recently deployed a new self-service tool for creating email accounts and aliases, which can be found at [http://](http://selfservice.unc.edu/) [selfservice.unc.edu.](http://selfservice.unc.edu/) To use this tool, please follow the steps below:

You already have a UNC Healthcare email address and now need to create @med.unc.edu aliases. Please sign in as stated and begin creating email.

UNC recently deployed a new self-service tool for creating email accounts and aliases, which can be found at [http://](http://selfservice.unc.edu/) [selfservice.unc.edu.](http://selfservice.unc.edu/) To use this tool, please follow the steps below:

1. Login with your Onyen at [http://selfservice.unc.edu](http://selfservice.unc.edu/)
2. Click the Email Sign-Up link on the left
3. Keep the check next to Update Listserv Subscriptions (Recommended)
4. Click the SUBMIT button to request a new email account
5. The School of Medicine’s standard is to add two email aliases 1) first\_last@med.unc.edu and 2) onyen@med.unc.edu
6. Click the My Aliases tab
7. Select the radio button next to Add Alias, then click Next
8. In the box under Alias, enter your name as firstname\_lastname, then click the drop-down arrows to select @med.unc.edu. You can use either your formal or nickname for the firstname. Click the ADD ALIAS button.
9. Repeat 6-8 add your onyen@med.unc.edu
10. Click the My Aliases tab
11. Select the radio button next to Set reply-To Address, then click Next
12. Use the drop-down menu to select firstname\_lastname@med.unc.edu
13. Press the SET REPLY-TO ADDRESS button

These same instructions along with pictures can be found at <http://help.unc.edu/help/email-self-service-tool>

**Emergency Procedures:**

Emergency Preparedness: <http://intranet.unchealthcare.org/hospitaldepartments/disaster>

Paid Time Off ( PTO)

**Paid Time Off (PTO)**:

**HCS** -The accrual rate is based upon years of service with UNC Health Care. See chart below

**Requesting PTO**: Coordinate with your manager

**Taking PTO**: Notify your manager of any days you take off/PTO and any missed clock-ins

**Sale of PTO**: To be eligible for the sell-back, employees must have more than 140 hours of PTO available— anything over the 140 can be sold back

**Questions/Concerns**: Contact HR manager

**Reference for Time and Attendance**:

 <http://www.aasa1.org/sites/default/files/Member-Toolkit/time_and_attendance.pdf>

 [www.unchealthcare.org/site/humanresources/careers/benefits/pto/](http://www.unchealthcare.org/site/humanresources/careers/benefits/pto/)

**HEALTH CARE EMPLOYEE EARNING FOR PTO**

|  |  |  |
| --- | --- | --- |
| **Table 1. PTO Leave credits for Full time employees (80-hour appointment) hired be-****fore December 31st 2016. Years of Service** | **Biweekly Accrual \*** | **Total Annual Accrual\*** |
| < 5 | 11.539 hours | 300 hours |
| 5 but less than 10 | 12.500 hours | 325 hours |
| 10 but less than 15 | 13.462 hours | 350 hours |
| 15 but less than 20 | 14.423 hours | 375 hours |
| 20+ | 15.385 hours | 400 hours |

\*Accrual is pro-rated for Part-time employees (less than 80 hour appointment) Accrual rate will remain at rate for December 2016 years of service if greater than new accrual rates below, so long as the employee does not terminate employment with UNC Hospital or UNC Faculty Physicians.

|  |  |  |
| --- | --- | --- |
| **PTO Leave credits for Full time employees (80-hour appointment) hired after January****1st, 2017. Years of Service** | **Biweekly Accrual \*** | **Total Annual Accrual\*** |
| < 4 | 9.846 hours | 256 hours |
| 4 but less than 9 | 10.769 hours | 320 hours |
| 9 but less than 15 | 12.308 hours | 328 hours |
| 15 but less than 20 | 12.165 hours | 328 hours |
| 20+ | 13.538 hours | 352 hours |

\*Accrual is pro-rated for part-time employees (less than 80-hour appointment)

|  |  |
| --- | --- |
| **Table 2. PTO Balance Distributions at Termination to UNC Healthcare Service Date (EOD) or Reason** |  |
| 0-9 months | 0% of PTO Balance |
| 9 months-2 years | 50% of PTO balance under 281 hours |
| 2-5 years | 75% of PTO balance under 281 hours |
| >5 years | 100 % of PTO balance under 281 hours |
| Discharge | 0% of balance |
| Death While Employed | 100 % of PTO balance |
| Retirement | 100 % of PTO balance |

School of Medicine PTO

 **UNIVERSITY EMPLOYEE- ONLY**

The following summarizes annual leave, sick leave, and holiday leave guidelines for faculty employees.

For information on payout or transfer of faculty leave in the event of termination, change of position or to transfer to/from another State agency or UNC campus, see [Guidelines on Faculty Leave Transfer or](http://academicpersonnel.unc.edu/faculty-policies-procedures-guidelines/retirement-and-end-of-employment/guidelines-on-faculty-leave-payout-or-transfer/)

 [Payout.](http://academicpersonnel.unc.edu/faculty-policies-procedures-guidelines/retirement-and-end-of-employment/guidelines-on-faculty-leave-payout-or-transfer/)

**Annual (Vacation) Leave for Twelve-Month Faculty Members**

* Twelve-month faculty members are entitled to **24 days of annual leave** per calendar year.
* The amount of annual leave is adjusted proportionately for part-time employees in covered positions who work half-time (50% FTE) or more.
* Leave shall be earned on a monthly basis. The monthly earnings amount is equal to one-twelfth (1/12) of the annual leave accrual rate for each month the employee works or is on approved leave with pay at least half the working days of a month.
* The scheduling of an employee’s annual leave shall be subject to the approval of his or her Department Chair or other individual

designated by the Chair to authorize leave requests.

* The maximum number of unused days of annual leave that may be accrued and carried forward from one year to the next shall be 30 work days; however, unused annual leave in excess of thirty (30) days shall be converted to sick leave on December 31st of each year. In the event of a part-time faculty member, the thirty-day limit is pro-rated based on the faculty members part-time work schedule (FTE).

**Sick Leave for Twelve-Month Faculty**

* Twelve-month faculty earn **12 sick days** per year accrued on a monthly basis. Unused sick leave may be accumulated and carried forward from year to year on an unlimited basis.
* Upon separation, unused sick leave is not paid out. Only members of TSERS are eligible to have sick leave credit converted to

creditable service upon retirement. For ORP participants, any unused sick leave balance at termination or retirement is forfeited.

* Sick leave is restored to an employee’s leave record when the employee returns from an approved period of leave without pay.
* Sick leave is restored to an employee’s leave record when the employee is reinstated to State service within five years of any type

of separation.

* Sick leave is reinstated when an employee returns to State service within five years after separating from EPA employment with a local government, public school, community college, or technical institute.
* Twelve-month faculty members are also eligible for paid serious illness and parental leave which when used does not require use of accumulated annual or sick leave. For more information on this policy, [click here.](http://academicpersonnel.unc.edu/faculty-serious-illness-major-disability-and-parental-leave-policy/)

**Annual (Vacation) and Sick Leave for Nine-Month Faculty**

Nine-month faculty **do not** earn either annual or sick leave. They are eligible for paid serious illness and parental leave. For more infor- mation on this policy, [click here.](http://academicpersonnel.unc.edu/faculty-policies-procedures-guidelines/leave/faculty-serious-illness-major-disability-and-parental-leave-policy/)

**Holidays**

Both nine- and twelve-month faculty generally observe the same holidays as other University employees except that when classes are scheduled during a normal university holiday, faculty are expected to work when assigned teaching duties.

Please refer to <https://hr.unc.edu/benefits/leave-holidays/> for the most current holiday schedule. Please note that certain clinical departments of the School of Medicine have a modified holiday schedule for their employees. Clinical departments will communicate any such modified holiday schedule directly to their employees.

Basic information

**Directory**:

**Entry**: Once you have your pager you will need to update your profile in the WebXchange directory. Check

with your manager or team lead on how to access this site.

**Updates:**Your Division HR or Administrative Coordinator is responsible for adding your contact

information in the Division’s contact list, and then you are responsible for any future adjustments. If

 you have questions on this process, again, please reach out to your manager or team lead.

**Phone Directory/Voice Mail/Long-Distance Phone Access:**

Telecommunications: 984-974-4357 for HCS

 919-962-4357 for SOM

**Daily Basics:**

* + **ATMs/Banking/Money**: **ATMs**:

Cash Points

SECU (State Employees Credit Union)

Main lobby, N.C. Memorial Hospital opposite pay phones

N.C. Women's Hospital lobby near the escalator Ambulatory Care Center, 1st floor

**Banking:**

**CCB** (Main lobby, N.C. Memorial Hospital, opposite pay phones)

**Bank of America** (Ground floor, N.C. Memorial Hospital, near coffee shop)

**Wachovia** (Main lobby, N.C. Memorial Hospital, opposite registration desk)

**Food and Beverages: \*\*Due to COVID-19, most of the cafes are closed. You can utilize the following for “grab and go” and grocery items pick-up:**

* + **Terrace Café**: Located on the first floor terrace of the Children’s Hospital—**Open 24 Hours**
	+ **Corner Grocery Store:**  Offering “essential grocery packages” for you and your family. There are four packages being offered – use this link to see the packages offered <https://uncmedicalcenter.intranet.unchealthcare.org/Pages/2020/04-April/Essential-Grocery-Packages.aspx>. Located on the ground floor of the Children’s Hospital. To place an order, call 984-974-7929 Monday – Thursday between the hours of 9:00 am – 3:00 pm. \*\*Please make sure to call 24 hours in advance of pickup. **\*\*only credit cards and white Freedom Pay tags will be used as payment. NO CASH will be accepted.**
	+ **Courtyard Café**: Located near the ACC Building for “grab and go”—**Open 7:00 am – 4:00 pm \*\*only for employees with UNC badge.**
	+ **The Beach**: Located behind the hospital on the first floor of the Brinkhous-Bullitt Building next to the

School of Medicine (Bondurant Hall) - **Open Mondays —Thursdays from 7:00 am to 4:00 pm; Fridays—7:00 am –3:00 pm; closed on Saturdays and Sundays.**

1. TimeTrex is a time-keeping system developed and used by UNC Health to accurately calculate UNC Hospital’s reimbursement for Part A activities (hospital related services) on the hospital cost report. All Other activities are related to Part B (direct patient care) or other School of Medicine activities (not for hospital benefit).

TimeTrex

1. Complete mandatory training at LMS site: <https://unchcs.sumtotal.host/Core/search>

 [Search for UNCHTIMETREX20 and the module will appear if not already auto-assigned to you](https://rod.sumtotalsystems.com/unchcs/app/taxonomy/learnerSearch/LearnerSearch.aspx?UserMode=0).

1. You will be sent a monthly email with instructions on how to access the site to enter your time. You will be instructed to enter time during one (1) selected week per month. Your TimeTrex monthly entry is **REALTIME**. 100% of your time should be reported.

\*\*Please see an example of the timetrex entry page and category lines with explanations on the following pages. If you have questions, please review LMS or contact Roberta Byrd at Roberta.Byrd@unchealth.unc.edu.

Time Trex



**Line 1 - Instruction (Non-Patient Care) w/Residents**

TimeTrex– Category Lines and Explanations

* Training of Physician Residents

**Line 2 - Instruction of or Acting as Hospital Staff in Inpatient/Outpatient Hospital Setting**

* Training of RNs, NAs, etc
* Routine RN Activities on Hospital Unit or Department- Not Hospital Based Clinic
* Administrative duties on Hospital Unit or Department- Not Hospital Based Clinics (Such as Clinic Manager)
* Instruction of or Acting as Hospital Staff in Inpatient/Outpatient Hospital Setting

**Line 3 - Hospital Services in a Hospital Based Clinic**

* Routine RN Activities in Hospital Based Clinics
* Administrative duties in Hospital Based Clinics (Such as Clinic Manager)

**Line 4 - Inpatient care coordination and patient education related to hospital activities that does not require an**

**advanced license** (i.e. could be provided by Case management or a Registered Nurse)

* Active implementation of post discharge care and transitions of care
* Patient and patient family education as it relates to care (not part of the Professional (APP or Physician) explanation of the patient's diagnosis or plan of care)
* Examples of case management such as:
	+ Arrange home health infusions
	+ Arrange local transportation to/from UNC
	+ Arrange home health nursing, wound vac, outpatient OT/PT
	+ Make changes as needed to post hospitalization care transition arrangements
* Example of education such as:
	+ Actively arrange. Facilitate patient/family discussions re: care continuum needs
	+ Review understanding of discharge plan/meds/wound care
	+ Educate patients/family on G-tubes, etc. before discharge

**Line 5 – Hospital Committees and inpatient quality/performance improvement and patient safety activities**

* Committees served on which benefit the hospital
* Quality improvement/performance improvement/patient safety
* Examples such as:
	+ Green belt project (inpatient) or Kaizen event in hospital unit
	+ Review of patient satisfaction data
	+ Patient safety root-cause analysis

**Line 6 - Direct Medical and Surgical Services to Individual Patients (with or without Residents)**

* Information and education to the patient and their families that are part of the initial explanation of the patient’s diagnosis or plan of care
* Additional education and information provided to the patient or their families in the physician clinic
* Education provided to the physician clinic staff
* Taking the patient history
* Physical examination
* Medical diagnosis or judgment
* Ordering tests or treatments
* Coordinating medical care
* Counseling patients regarding prognosis, test results, diagnosis, treatment options, and risk factors
* Nursing care provided in a FP clinic
* Providing services in the Pediatric Continuity Clinic
* Billable Services

**Line 7 – Clinical Administration (Department, Clinic Specific and UNC FP Committees)**

TimeTrex– Category Lines and Explanations

* Procedural issues in the physician clinics
* Quality control activities in the physician clinics
* Documentation review in the physician clinics
* Work on policies and protocols in the physician clinics
* Other management issues in the physician clinics

**Line 8 – School of Medicine/Nursing and Other Activities**

* Medical School Activities
* Research activities (excluding direct patient care)
* School of Medicine Department Committees
* Contract services to outside parties
* Teaching any students including: Nursing, NP, PA, Medical, etc.
* Other non-patient care activities

**Line 9 – Paid Leave Time and Other Mixed Time**

* Continuing education
* Administrative time not otherwise allocated
* Health Care System administrative activities
* Completing TimeTrex monthly time studies
* PTO or vacation and sick time
	+ Paid Administrative Leave
	+ Paid FMLA
	+ Paid Holiday
	+ Paid Parental Leave
	+ Paid PTO
	+ Paid Sabbatical Leave
	+ Paid Sick Leave
	+ Paid Vacation

**Line 10 – Activity at Rex Hospital (describe type of activity in note section)**

* Patient care activities for which UNC FP WILL NOT bill
* Patient care activities performed in a Rex Hospital clinic
* Patient care activities performed incident to a Rex Hospital physician

**Line 11 – Activity at Chatham Hospital (describe type of activity in note section)**

* Patient care activities for which UNC FP WILL NOT bill
* Patient care activities performed in a Chatham Hospital clinic
* Patient care activities performed incident to a Chatham Hospital physician

**Line 12 – Activity at Pardee Hospital (describe type of activity in note section)**

* Patient care activities for which UNC FP WILL NOT bill
* Patient care activities performed in a Pardee Hospital clinic
* Patient care activities performed incident to a Pardee Hospital physician



**COLLABORATIVE PRACTICE AGREEMENT**

**UNC SCHOOL OF MEDICINE, DEPARTMENT/DIVISION OF**

(\*\*this is the required CPA template for use at UNC Health as it includes all the required components of the CPA by both NCMB and NCBON)

\*\*electronic fillable form is provided in your credentialing/privileging packet. If you have questions, contact APP Center or your Department Credentialing Coordinator.

This Collaborative Practice Agreement (“Agreement”) is by and between , nurse practitioner (“NP”)/ physician assistant (“PA”), collectively referred to throughout as Advanced Practice Provider (“APP”) and , (the “Primary Supervising Physician”) (MD/DO).

It is recognized that no collaborative practice agreement can effectively cover every clinical situation. Therefore, the collaborative practice agreement is not intended to be, nor should it be, a substitute for the exercise of professional judgment by the Nurse Practitioner/Physician Assistant.

#  I. DEMOGRAPHIC INFORMATION

**APP Name:**

**N.C. Approval Number (NPs)/ N.C. License Number (PAs):**

Certification Number:

Certifying Organization:

Certification Number:

Certifying Organization:

# Primary Supervising Physician: Dr.

**Practice Site(s)** (including name, address, phone number)**:**

#  II. SETTING

The APP will function within the following settings:

Inpatient Outpatient Both inpatient and outpatient

#  III. PATIENT POPULATION

Patient population served will include:

Adults Pediatrics Both adult and pediatrics Service/clinic setting: *(example: BMT, CVTICU, GI, Family Medicine, etc.)*

#  IV. SCOPE OF PRACTICE AND CLINICAL RESPONSIBILITIES

APPs use independent professional judgment derived from advanced formal education, skills, and expe- rience when providing diagnostic and therapeutic health care to patients.

Their practice is measured by acceptable standards of care for this patient population. As with other pro- fessional health care providers, APPs know the boundaries of their competence. Thus, as is ethically and legally mandated, they will consult and refer to their physician colleagues and other health care provid- ers when that boundary has been reached. Although clinical guidelines and protocols offer suggestions for acceptable practice, they are not exhaustive summaries of approaches to diagnosis and treatment.

 **Procedures:** Authorized procedures are set forth in the completed UNC Practice Privileges Request form, attached hereto and incorporated by reference as if fully set forth herein.

#  V. PHYSICIAN SUPERVISION

The Primary Supervising Physician shall maintain adequate oversight of the APP and ultimate responsibil- ity to assure that high-quality care is provided to all patients treated within the scope of this Agreement in accord with existing state and federal law and the rules and regulations of the North Carolina Medical Board.

#  VI. PHYSICIAN CONSULTATION/AVAILABILITY

The Primary Supervising Physician or back-up supervising physician will be continuously available to the APP either by direct in-person communication or telecommunication, including telephone and e-mail.

The APP and the supervising MD aforementioned will:

1. Collaborate in regards to the care of the patients under our care at the above listed facilities.
2. The APP will consult with the supervising physician and/or backup supervising physician in any situa- tion in which they feel uncertain regarding management of any patient problem or concern.
3. The PRIMARY SUPERVISING PHYSICIAN will evaluate care given by the APP by reviewing notes written

by the APP and reviewing patient cases as needed.

1. Direct consultation with the supervising MD or back-up physician will always be available by direct

 communication or telecommunication.

In the event the supervising physician is unavailable, these standards will apply to the backup supervising physician with whom the APP is working.

#  VII. PRESCRIBING AUTHORITY

The APP may prescribe/order all drugs, devices, tests, medical treatments, and procedures as permitted within the scope of practice, in accordance with applicable North Carolina law and pertinent to the pa- tient population being served as outlined above in Section III of this CPA.

<https://www.ncbon.com/practice-nurse-practitioner-general-information>

<https://www.ncmedboard.org/resources-information/faqs/physician_assistant>

All prescriptions will include the supervising physician(s) name, name of the patient, APP’s name, tele- phone number, and approval number, and NC DEA number for controlled substances. Each prescription will include the name of the medication, dose, amount prescribed, directions, number of refills, and the APP’s signature.

As stated in the North Carolina Board of Nursing Rules, for the Nurse Practitioner, and North Carolina Medical Board, for the Physician Assistant, each may prescribe controlled substances (Schedules II, IIN, III, IIIN, IV, V) as defined by the State and Federal Controlled Substances Acts providing the APP has an assigned NC DEA number entered on each prescription for a controlled substance; and the supervising physician(s) must possess the same schedule(s) of controlled substances as the APP’s DEA registration

and the name of the supervising physician must be included on the prescription. There must be a policy for periodic review by the physician of these instructions and policy.

 As of July 1, 2017 the APP must also adhere to new rules related to controlled substance prescribing per

 the STOP Act:

<https://www.ncleg.net/Sessions/2017/Bills/House/PDF/H243v6.pdf> Medications and devices that will be prescribed include the following:

All medications and devices pertinent to the patient population being served as outlined above in Section III of this CPA

#  VIII. DOCUMENTATION

This Agreement must be agreed to and signed by the Primary Supervising Physician and the APP. The backup physician log must be signed and dated by any backup physician, the primary supervising physi- cian and the APP. It is the APP’s responsibility to maintain a copy of the Agreement in each practice site.

The Agreement must be reviewed at least annually, and an attachment shall be added to this Agreement,

 signed and dated by both the Primary Supervising Physician and the APP, acknowledging each review. The BON and NCMB accept electronic communication between a NP/PA and his or her primary supervis- ing physician as valid quality improvement meetings as long as the spirit of BON Rule 21 NCAC 36 .0810

(4) (a)-(c) and NCMB Rule 21 NCAC 32S.0213 (d) Supervision of Physician Assistants is satisfied.

#  IX. CONSULTATIONS/QUALITY IMPROVEMENT/EDUCATION PLAN

During the initial six (6) months of collaboration with a new Primary Supervising Physician, the APP and

the Primary Supervising Physician shall meet at least monthly in order to discuss clinical issues and quali- ty improvement measures.

Thereafter, the Primary Supervising Physician and the APP shall hold quality improvement meetings at

least every six (6) months to maintain an ongoing collaboration with the emphasis on utilization of estab- lished guidelines and evidence-based data, use of professional judgment, and improvement of care deliv- ered. The Primary Supervising Physician will share appropriate verbal and/or written feedback about per- formance with the APP within seven (7) days of receiving input.

Documentation of the meetings pursuant to this Section VI shall:

1. identify clinical issues discussed and actions taken, including progress toward improving outcomes and recommendations, if any, for changes in treatment plans;
2. be signed and dated by those who attended; and
3. be available for review by members or agents of the Medical Board and Board of Nursing for the previous five (5) calendar years and be retained by both the APP and the Primary Supervising Physician.

The APP shall ensure that all applicable continuing education requirements are met annually and that all related documentation is maintained and filed.

#  X. EMERGENCY SERVICES

In the event of an emergency or critical patient event, the APP will activate the emergency medical sys- tem and administer appropriate evaluation and treatment. The Primary Supervising Physician will be noti- fied as quickly as possible if the medical emergency involves a patient under the APP’s care.

#  XI. EFFECTIVE DATE

This Agreement will become effective upon signature; however, Primary Supervising Physician shall have no responsibilities under this Agreement until the APP has begun employment at UNC Health Care or

UNC School of Medicine and has privileges granted by UNC Hospitals. If the APP does not begin employ- ment at UNC Health Care or UNC School of Medicine, or if such employment terminates for any reason,

this Agreement shall be null and void. Likewise, if the APP is not granted privileges by UNC Hospitals, or if such privileges terminate for any reason, this Agreement shall be null and void. APP has the responsibil-

ity to update the applicable licensing board(s) about the existence and status of this Agreement, and shall notify the applicable licensing board(s) within ten (10) calendar days of this Agreement becoming null and void.

#  XII. APPROVAL STATEMENT

Having read and understood the full contents of this Agreement, the parties hereto agree to be bound by its terms.

Primary Supervising Physician signature: Date: Supervising Physician typed name:

Advanced Practice Provider signature: Date: APP typed name:

# BACK-UP SUPERVISING PHYSICIAN(S) FORM

**Name of Advanced Practice Provider:**

Please keep a copy of this form on file at all practice sites for which it applies as part of the inspectable supervisory arrangements statement.

#  DO NOT send this form to the NCBON/NCMB.

**\*Signature of Primary Supervising Physician (PSP)**: Date:

**\****must be signed and dated after signatures of backup MDs completed*

# \*Signature of Advanced Practice Provider: Date:

**\****must be signed and dated after signatures of backup MDs completed*

PSP APP

Initials Initials

Back-up supervising MD name: Date:

Signature:

Back-up supervising MD name: Date:

Signature:

Back-up supervising MD name: Date:

Signature:

Back-up supervising MD name: Date:

Signature:

Back-up supervising MD name: Date:

Signature:

# INITIAL APP and Supervising Physician Collaboration

**REVIEW OF CLINICAL ISSUES AND QUALITY IMPROVEMENT DOCUMENTATION**

The APP and supervising physician will meet monthly for the initial six months of collaboration with a new supervising physician, and then at least once every six months thereafter to maintain ongoing collaboration with same supervising physician.

(\*\*this form may be used, but is not required. The key components listed here are what should be included in whatever format you decide to use.)

# Month #: of 6

**Date:**

**Relevant Clinical Issues Discussed:**

**Quality Improvement Measures Discussed (including desired time frame):**

**Other Relevant Issues Discussed:**

**Signature of primary supervising physician: Date:**

**ONGOING COLLABORATION**

**REVIEW OF CLINICAL ISSUES AND QUALITY IMPROVEMENT**

**DOCUMENTATION**

**Semiannual Review**

**Date:**

**Relevant Clinical Issues Discussed:**

**Quality Improvement Measures Discussed (including desired time frame):**

**Other Relevant Issues Discussed:**

**Signature of primary supervising physician: Date:**

**Signature of Advanced Practice Provider: Date:**

Special thanks to Kate Pepin, NP, Dell Strayhorn, NP, Kimberly Smith and the Department of Medicine, Division of Hematology/Oncology for allowing the APP Center to adapt this onboarding document from their original work.